Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

Α	For the	2023 cal	endar year, or tax year beginning	7/1/2023	, and e	nding	6	/30/2024	
В	Check if a	applicable:	C Name of organization FAMILIES ON	THE MOVE OF NEW YO	ORK CITY INC		D Employ	er identificati	on number
	Address of	change	Doing business as						
\equiv			Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	2	20-21477	56	
Ш	Name cha	ange	358 ST MARKS PLACE		302	1	E Telepho	one number	
	Initial retu	ırn	City or town	State	ZIP code	,	0.47\ 000	4070	
\equiv			STATEN ISLAND	NY	10301	(347) 682	-4870	
Ш	Final return	/terminated		province/state/county	Foreign postal	code			
	Amended	return	o ,	,	0 1		Gross r	eceipts \$	1,738,652
吕						-			
Ш	Applicatio	n pending	F Name and address of principal officer:			H(a) Is this	a group retu	rn for subordinate	s? Yes X No
			EUPHEMIA STRAUCHN 358 ST MA	RKS PL, STATEN ISLA	ND, NY 103	H(b) Are	all subordin	ates included?	Yes No
	Tay-even	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "N	o," attach a	ı list. See instru	uctions
<u>.</u>		<u> </u>		(IIISEIT 110.) 4947 (a)(1) 01 327				
J	Website:	: fotn	nnyc.org			H(c) Grou	ıp exemptic	n number	
K	Form of o	organization	: X Corporation Trust Associa	ation Other	L Yea	r of format	ion: 200	5 M State	of legal domicile: NY
	art I	S.II	mmary						
					то г	ים אורם	CLIDDO	DT EDUC	ATION AND ADVOC
Φ	1		escribe the organization's mission or						ATION AND ADVOC
2			MILIES AND CAREGIVERS OF CHI				CING OF	RAIRISK	OF
Governance		EXPERI	ENCING EMOTIONAL, BEHAVIORA	L OR MENTAL HEALTI	H CHALLENG	GES.			
ě	2	Check th	nis box if the organization dis	continued its operations	or disposed	of more	than 25%	6 of its net	assets.
တိ	3	Number	of voting members of the governing l					3	5
ಶ	4		of independent voting members of th					4	5
es									
Activities &	5		mber of individuals employed in caler		line 2a)			5	42
ŧ	6		mber of volunteers (estimate if neces					6	
ď	7a	Total un	related business revenue from Part V	'III, column (C), line 12 .	·			7a	0
	b	Net unre	elated business taxable income from I	Form 990-T, Part I, line	11			7b	
							Prior Year		Current Year
a)	8	Contribu	itions and grants (Part VIII, line 1h) .		1		1.6	75,439	1,725,915
Ĕ	9		service revenue (Part VIII, line 2g) .					15,863	12,548
Revenue	10							180	189
æ			ent income (Part VIII, column (A), line						
	11		venue (Part VIII, column (A), lines 5,					0	0
	12		enue—add lines 8 through 11 (must equ				1,6	91,482	1,738,652
	13		and similar amounts paid (Part IX, col					0	0
	14	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)]			0	0
Ø	15	Salaries,	other compensation, employee benefits	(Part IX, column (A), line	s 5–10) . .		1,2	35,844	1,271,070
JSe	16a		onal fundraising fees (Part IX, column					0	0
Expenses	b		ndraising expenses (Part IX, column (•				•
Ä	17		openses (Part IX, column (A), lines 11				1	26,702	466,346
	17			•					
	18		penses. Add lines 13–17 (must equal					62,546	1,737,416
	19	Revenue	e less expenses. Subtract line 18 fron	n line 12				28,936	1,236
Net Assets or	<u> </u>					Beginnii	ng of Curre	ent Year	End of Year
set	20		,				1,6	12,004	1,177,519
ξĞ	21	Total lia	bilities (Part X, line 26)]		1,1	28,306	692,585
ž	22	Net asse	ets or fund balances. Subtract line 21	from line 20			4	83,698	484,934
	art II		nature Block			l .			·
			/, I declare that I have examined this return, inclu	iding accompanying schedules	and statements	and to the	best of my	knowledge	
	•		ct, and complete. Declaration of preparer (other	. , .				•	
	,	1		,			ľ	Ü	
Si	gn	Ciana	ature of officer				Dete		
He	re				050		Date		
			PHEMIA STRAUCHN		CEO				
			or print name and title						<u> </u>
		Print	t/Type preparer's name	Preparer's signature		Date		Oh a al	PTIN
Pa	id	D 4.	/I DAMACIA/AN/			410	/2025	Check X	
Pr	eparer	, KA	/I RAMASWAMY	RAVI RAMASWAMY		1/8	/2025	self-employe	1
Us	•	/ Firm	's name RAVI RAMASWAMY CPA	A,CGMA		1	Firm's EIN	20-5515	790
Us	e Only	<i>'</i>	's name RAVI RAMASWAMY CPA 's address 29 PERIWINKLE DR, MC		NJ 08852		Phone no.	20-5515 (732) 35	

Form 9	90 (2023)	FAMILIES ON THE MOVE OF NE	W YORK CITY INC	20-2147756	Page 2
	t III	Statement of Program Service		20 2111100	i ago 🖴
			esponse or note to any line in this	Part III	
1	TO PRO YOUTH	lescribe the organization's mission: DVIDE SUPPORT, EDUCATION AND AI WHO ARE EXPERIENCING OR AT RIS I CHALLENGES.			
2	the prior	organization undertake any significant pr r Form 990 or 990-EZ?	ıle O.	Yes	X No
3	services	organization cease conducting, or make		any program Yes	X No
4	Describe expense	describe these changes on Schedule O e the organization's program service acc es. Section 501(c)(3) and 501(c)(4) organ expenses, and revenue, if any, for each	complishments for each of its three large nizations are required to report the amo		
4a	FAMILIE EMOTIC) (Expenses \$ 1, RT AND ADVOCACY PROGRAM- THE ES AND CAREGIVERS OF CHILDREN A DNAL BEHAVIOUR OR MENTAL HEAL	AND YOUTH WHO ARE EXPERIENCI TH CHALLENGES.		R
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses

1,610,209

Part	IV Checklist of Required Schedules	-		ago c
	Chocking of Regulate Concession		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	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		Χ
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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? If "Yes," complete Schedule C, Part II	4		Х
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
	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
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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		Χ
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
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		Χ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
	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		Χ
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		Χ
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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.

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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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 employees? If "Yes," complete Schedule J	23		~
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Х
2 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Χ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Χ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Χ
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		^
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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			
а	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	20		V
33	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	"		
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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 related	20		v
37	organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
31	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	<u> </u>		<u> </u>
33	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			Χ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		.,
	reportable gaming (gambling) winnings to prize winners?	1c		X

Part	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 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Χ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Χ
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		Χ
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
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?	6-		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		Х
b	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).	OD		<u> </u>
a	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		Χ
C	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		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			V
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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		Χ
	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			
С	Enter the amount of reserves on hand			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	۱,_		_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			ν,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or 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		Х
	If "Yes," complete Form 6069.			

Part VI

Sect	ion A. Governing Body and Management								
			Yes	No					
1a									
	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 on 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		Χ					
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		Χ					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ					
6	Did the organization have members or stockholders?	6		Χ					
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		Х					
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 O	9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	,,					
			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		Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ						
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? <i>If "No," go to line 13 </i>	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
C	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	Χ						
14	Did the organization have a written document retention and destruction policy?	14	Χ						
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	100		,					
-	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		Х					
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(-)							
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,							
	and financial statements available to the public during the tax year.	٠.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Ravi Ramaswamy (347) 682-4870								
	358 ST. MARKS PLACE, STATEN ISLAND, NY 10301								

20	044	775	
20-	-214	775	nh

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

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

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

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

Check this box if neither the organization nor any	y related organiz	ation	con	nper	nsat	ed an	ıy c	urrent officer, dir	ector, or trustee	•
				(0	C)					
				Posi	ition					
(A)	(B)					than o		(D)	(E)	(F)
Name and title	Average hours	box,	unles	ss pe	rson i	is both or/truste	an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	01110						from the	from related	compensation
	(list any	or di	1SE	Officer	(e)	igh J	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	idu	E.	ĕ	em	est loye	еr	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	[학 🖣	mal		Key employee	com		1099-1420)	1099-1420)	related organizations
	below	Individual trustee or director	Institutional trustee		ée	Highest compensated employee				
	dotted line)	й	stee			ารล				
						ied				
(1) EUPHEMIA STRAUCHN	40.00									
CEO	0.00			Х		Х		126,098		
(2) DEBORAH MILLER	1.00							-,		
TREASURER	0.00									
(3) RUEZALIA WATKINS	1.00	-								
DIRECTOR	0.00	Х								
(4) MICHELLE KING	1.00									
SECRETARY	0.00	Х								
(5) WANDA GREENE	1.00									
PRESIDENT	0.00	Х								
(6)	0.00									-
107										
(7)										
(8)										
-19/										
(9)										
-19/										
(10)										
_(10)										
(11)										
X111										
(42)										
(12)										
(13)										
7.0/										
(4.4)										
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		l	I							

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oyees (contin	uea)		
(E) Reporta compens from rela ganization 1099-MI 1099-NI	ation ated is (W-2/ SC/	cor	(F) nated am of other mpensat from the inization d organiz	ion and
	0			0
	0			0
	0			0
00 of	J			<u></u> 1
			Yes	No
		3		X
		4		Х
ual 		5		Χ
00,000 (rganiza		ax ye	ar.	
es		(C Comper)	
				0

Pa	Section A. Officers, Directors, Tru	istees, Key Em∣	pioye	es,	and	IH C	gnes	t Co	ompensated Em	ipioyees (contin	uea)
						C)					
	(A)			Position (do not check more than or					(D)	(E)	(F)
	Name and title	Average hours							Reportable compensation	Reportable compensation	Estimated amount of other
									from the	from related	compensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	dual	tion	_	m plc	st cc	"	1099-NEC)	1099-NEC)	related organizations
		organizations below	trus	al tr		уее	mpe				
		dotted line)	tee	stee			ensa			•	
							ted				
(15)									4		
(16)											
(17)											
								1			
(18)											
(40)											
(19)											
(20)			1								
\20/											
(21)				4							
(22)			_								
(23)		<									
		· ·	1								
(24)											
(25)											
1b	Subtotal								126,098	0	0
C	Subtotal			•		•			120,098	0	0
d	Total (add lines 1b and 1c)								126,098	0	0
2	Total number of individuals (including but not lir							ived	,		<u> </u>
_	reportable compensation from the organization				-, -				******	,	1
											Yes No
3	Did the organization list any former officer, dire	ctor, trustee, ke	y emį	ploy	ee,	or h	nighes	st co	ompensated		
	employee on line 1a? If "Yes," complete Sched	ule J for such in	dividu	ual .							3 X
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd d	other	con	npensation from		
	the organization and related organizations great	ter than \$150,00	00? <i>If</i>	f "Υε	s,"	con	nplete	Sc	hedule J for suc	h	
	individual										4 X
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	ıy u	nrel	ated	orga	anization or indiv	ridual	
	for services rendered to the organization? If "Ye	es," complete So	chedu	ıle J	for	suc	h per	rson	<u></u>		5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compe										
	compensation from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r end	ıng		e organization's i	
	(A) Name and business addi	ress							(B) Description of ser	vices ((C) Compensation
	realite and business dadi								Booding and the con-	71000	0
											0
-											0
											0
											0
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received		
	more than \$100,000 of compensation from the	organization					0				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	0 0 0 0 1,725,915				
Contribut and Other	g h	similar amounts not included above		1,725,915			
Program Service Revenue	2a b c d e f	PROGRAM FEES OTHER All other program service revenue Total. Add lines 2a–2f	Business Code 900099	9,098 3,450 0 0 0 12,548			
	3 4 5 6a b c	Investment income (including dividends, interest, other similar amounts)	, and	189 0 0			
er Revenue	7a b c d	Gross amount from sales of assets other than inventory . Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) .	(ii) Other 0 0	0			
Other	8a b c	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	0	0			
	b c 10a	See Part IV, line 19	0 0	0			
Miscellaneous Revenue	С	Net income or (loss) from sales of inventory	Business Code	0 0 0 0			
Ξ	e 12	Total revenue See instructions		1 738 652	0	0	(

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all	columns. All other organizations must com	plete column (A).

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	0					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	0					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign			A 4-1			
	individuals. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors,						
	trustees, and key employees	126,098	100,098	26,000			
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages	906,137	889,637	16,500			
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	238,835	229,859	8,976			
10	Payroll taxes	. 0					
11	Fees for services (nonemployees):						
а	Management	30,617	30,617				
b	Legal	0	•				
С	Accounting	98,607	85,328	13,279			
d	Lobbying	0					
е	Professional fundraising services. See Part IV, line 17.	0					
f	Investment management fees	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A), amount, list line 11g expenses on Schedule O.)	0	7.0	0			
12	Advertising and promotion	748	748	10.550			
13	Office expenses	44,488	27,936	16,552			
14	Information technology	85,101	59,601	25,500			
15	Royalties	07.044	07.044				
16	Occupancy	87,614	87,614	700			
17 10	Travel	2,962	2,262	700			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	1,591	1,591				
20	Interest	1,591	1,591				
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	0	0	0	0		
23	Insurance	22,608	18,158	4,450			
24	Other expenses. Itemize expenses not covered	22,000	10,100	1,100			
	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	EQUIPMENT & MAINTENANCE	2,319	2,319				
b	TELEPHONE	41,280	27,780				
С	PROGRAM EXPENSES	18,768	18,768				
d	PAYROLL SERVICES	29,643	27,893	1,750			
е	All other expenses	0					
25	Total functional expenses. Add lines 1 through 24e	1,737,416	1,610,209	127,207	0		
26	Joint costs. Complete this line only if the						
	organization reported in column (B) joint costs						
	from a combined educational campaig <u>n a</u> nd						
	fundraising solicitation. Check here if						
	following SOP 98-2 (ASC 958-720)						

20-2147756 P

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	1,597,786	1	1,082,752
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	81,155
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
ď	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 35,282			
	b	Less: accumulated depreciation 10b 35,282	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	14,218	15	13,612
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,612,004	16	1,177,519
	17	Accounts payable and accrued expenses	349,102	17	373,838
	18	Grants payable	0	18	,
	19	Deferred revenue	779,204	19	318,747
	20	Tax-exempt bond liabilities	0	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ģ		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	1,128,306	26	692,585
S		Organizations that follow FASB ASC 958, check here X			
JC.		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	483,698	27	484,934
ñ	28	Net assets with donor restrictions	0	28	,
В		Organizations that do not follow FASB ASC 958, check here	,		
Ţ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	483,698	32	484,934
Š	33	Total liabilities and net assets/fund balances	1,612,004	33	1,177,519
			1,012,004		- 000

1 011111	TAMILLES ON THE MOVE OF NEW TORK OF THO	20-21-1	730	гау	E 12
Part	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		1,738	3,652
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,737	',416
3	Revenue less expenses. Subtract line 2 from line 1	3		1	,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		483	,698
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		484	,934
Part	XII Financial Statements and Reporting	•		_	
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Χ
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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.				
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?		2c		Х
	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?		3a	-	Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Χ	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 20-2147756

FAM	ILIE	S ON THE MOVE OF NEW YO	RK CITY INC				20-21	47756
Par	t I	Reason for Public Chari	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	orga	anization is not a private foundati	•	•				
1	Ш	A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)(A)(i).	
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•	
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	o)(1)(A)(iii).	
4		A medical research organizatio hospital's name, city, and state:		nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	•				1	
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a govei	rnmental u	init or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organiz or university or a non-land-gran university:	zation described in s t college of agricult	section 170(b)(1)(A)(ix ure (see instructions).) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization affi	o its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section 5	no more than 33 1/39 511 tax) from busine	% of its
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See se	ection 509	(a)(4).	
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	09(a)(3).
а		Type I. A supporting organiz the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a				
b		Type II. A supporting organize control or management of the organization(s). You must c	e supporting organi	zation vested in the sa	on with its ime perso	supported ns that col	d organization(s), by ntrol or manage the	having supported
С		Type III functionally integral its supported organization(s)	ated. A supporting o	organization operated i				rated with,
d		Type III non-functionally in that is not functionally integrated requirement (see instructions)	tegrated. A support	ting organization opera ion generally must sati	ated in cor	nection with	ith its supported org	
е		Check this box if the organize functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported	organizations					0
g		Provide the following information				1		() 4
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	-	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1						0	0

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

Sec	tion A. Public Support	1 7		, ,	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,572,448	1,464,790	1.775.891	1,691,301	1,738,463	8,242,893
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	.,	., .0 .,. 00	.,	.,00.,00.	1,1 33, 133	0,2 12,000
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	1,572,448	1,464,790	1,775,891	1,691,301	1,738,463	8,242,893
6	Public support. Subtract line 5 from line 4						8,242,893
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,572,448	1,464,790	1,775,891	1,691,301	1,738,463	8,242,893
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167	194	173	180		714
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					0
11	Total support. Add lines 7 through 10						8,243,607
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	• •	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2023 (line 6, c		-			14	99.99%
	Public support percentage from 2022 Sched					15	99.99%
	33 1/3% support test—2023. If the organization qualifies as	s a publicly support	ed organization .				<u>X</u>
D	33 1/3% support test—2022. If the organize box and stop here. The organization qualified						
17a	box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the factorganization	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did instructions						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
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						0
_	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from	U		0	U	U	U
0	line 6.)						0
Sec	tion B. Total Support		V				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	Ť					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		•				•
4.4	and 12.)	0	0	0	0	0	0
14	organization, check this box and stop here	•		•	` ' ' '		
S				· · · · · · · · ·		<u> </u>	· · · · · <u>L</u>
	Etion C. Computation of Public Su		•	(f \)		15	0.00%
15 16	Public support percentage for 2023 (line 8, c Public support percentage from 2022 Sched		-			16	0.00%
	tion D. Computation of Investmen					10	0.0070
17	Investment income percentage for 2023 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se					18	0.00%
	33 1/3% support tests—2023. If the organi						0.0070
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organi	-			-		<u> </u>
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did i	not check a box on	line 14 19a or 19	b check this box a	and see instructions		

Supporting Organizations Part IV

(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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

FAMILIES ON THE MOVE OF NEW YORK CITY INC

- 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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
24		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
Ů		
9a		
9b		
9с		
10a		
10b		

Part	Supporting Organizations (continued)			ı
44	The the consideration and the sift of the first of the fall of the sign of the fall of the sign of the		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>			
	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,	2		
Sacti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations			
Jecu	on c. Type if 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		103	140
•	or trustees of each of the organization's supported organization(s)? <i>If</i> "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			ı
			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 on 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	c)	
a .	The organization satisfied the Activities Test. Complete line 2 below.	icuon	3).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	=.
2	Activities Test. Answer lines 2a and 2b below.		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	_		
	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		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ.	j trus	st on Nov. 20, 1970 <i>(explain</i> .	•
Section A - Adjusted Net Income	izati	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e 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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally	/ inte	egrated Type III supporting	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)				
Section	on D - Distributions		_	Current Year			
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	ı				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	Iministrative expenses paid to accomplish exempt purposes of supported organizations 3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in Part VI	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7	0			
8	Distributions to attentive supported organizations to which the	ne organization is respor					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9	0			
10	Line 8 amount divided by line 9 amount		10	0.000			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2023						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
С	From 2020						
d	From 2021						
	From 2022						
f	Total of lines 3a through 3e	0	•				
	Applied to underdistributions of prior years		0	^			
<u>h</u>	Applied to 2023 distributable amount			0			
<u>-</u>	Carryover from 2018 not applied (see instructions)	0					
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from	0					
	Section D, line 7: \$ 0						
	Applied to underdistributions of prior years		0				
b	Applied to 2023 distributable amount			0			
С	Remainder. Subtract lines 4a and 4b from line 4.	0					
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		0				
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain			_			
	in Part VI. See instructions.			0			
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7.						
<u>a</u>	Excess from 2019						
	Excess from 2020 0						
<u>с</u>	Excess from 2021						
	Excess from 2022						
E	LAUG33 II UIII ZUZU						

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

2023

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

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

Name of the organization
FAMILIES ON THE MOVE OF NEW YORK CITY INC
Organization type (check one):

Employer identification number
20-2147756

organization type (enteck ente).	
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 cov	ered by the General Rule or a Special Rule .
Note: Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.
Special Rules	
regulations under section 16b, and that received fr	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the yelliterary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, surposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ad of the contributor name and address), II, and III.
contributor, during the ye contributions totaled mon during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re-than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization
FAMILIES ON THE MOVE OF NEW YORK CITY INC

Employer identification number 20-2147756

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (b) (d) (a) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for Foreign Country: _ noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country:

Name of organization Employer identification number FAMILIES ON THE MOVE OF NEW YORK CITY INC 20-2147756

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization ON THE MOVE OF NEW YORK CITY INC			Employer identification number 20-2147756
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year	ear from any o completing Part r. (Enter this inf	one contributor. Complet t III, enter the total of exclu formation once. See instru	d in section 501(c)(7), (8), or e columns (a) through (e) and usively religious, charitable, etc.,
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift		ea.) Use of gift	(d) Description of how gift is held
Part I		(e) T	ransfer of gift	
	Transferee's name, address, and 2		Relationsh	ip of transferor to transferee
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and 2	<u></u>	Kelationsh	p of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FAMILIES ON THE MOVE OF NEW YORK CITY INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Colle	ctions of Art, H	istor	ical Trea	asures, or (Other S	Similar Asset	s (conti	าued)	
3	Using the organization's acquisition, accessi	ion, and other reco	rds, c	heck any	of the followi	ng that i	make significan	t use of it	s	
	collection items (check all that apply).									
а	Public exhibition	d		Loan or	exchange pro	ogram				
b	Scholarly research	е		Other						
С	Preservation for future generations			·-						
4	Provide a description of the organization's co	ollections and expl	ain ho	ow thev fu	rther the orga	anization	n's exempt purp	ose in Pa	ırt	
-	XIII.									
5	During the year, did the organization solicit of	or receive donation	s of a	ırt, historic	cal treasures,	or othe	r similar .			
	assets to be sold to raise funds rather than t							Ye	es	No
Part	IV Escrow and Custodial Arrangem	nents.								
	Complete if the organization answer		orm 9	90. Part	IV. line 9. d	r repor	ted an amour	t on Fo	m	
	990, Part X, line 21.		•		, , .					
1a	Is the organization an agent, trustee, custod	ian or other interm	nediar	v for cont	ributions or o	ther ass	ets not			
	included on Form 990, Part X?			-		inor dec		☐ Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part XIII							Ш.	~	
	, 1	'		3				Amount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount on F	orm 990, Part X, li	ne 21	, for escre	ow or custodi	ν al accoι	ınt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII				, ,		-		П	
Part	· · · · · · · · · · · · · · · · · · ·		•							
ıaıı	Complete if the organization answer	ered "Ves" on Fo	rm 0	00 Part	IV line 10					
			(b) Pric		(c) Two years	hack	(d) Three years bac	(e) Fo	ur years	hack
1a	Beginning of year balance	0	(4) ! !!	0	(0) yeare	0	(4)	0	u. you.o	0
b	Contributions	<u> </u>		J						
C	Net investment earnings, gains,									
	and losses		•							
d	Grants or scholarships	1	,							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cur	rent year end balar	nce (li	ine 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	%								
b	Permanent endowment	%								
С	Term endowment %	,								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organ	izatio	n that are	held and adr	ninistere	ed for the	ı	1	
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	` '							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz		•					3b		
4	Describe in Part XIII the intended uses of the		down	nent funds	3.					
Part			_							
	Complete if the organization answer	ered "Yes" on Fo	orm 9	90, Part	IV, line 11a	. See F	orm 990, Par	t X, line	10.	
	Description of property	(a) Cost or other ba	sis	. ,	or other basis	. ,	Accumulated	(d) B	ook value)
4.	Land	(investment)		(0	other)	de	epreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
C C	Leasehold improvements		124		20 148		35 393			0
d	Equipment	0	,134		29,148 0		35,282			0
<u>e</u> Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 000 Pe		line 10c /	•					0
. J.al		rgaari omi 990, F	a1 6 /	, <u>, , , , , , , , , , , , , , , ,</u>	. (<i>D))</i> .					

Part VII	Investments—Other Securities. Complete if the organization answered "	Yes" on Form 990	Part IV line 11b See Form 990 1	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) book value	Cost or end-of-year market	
(1) Financia	I derivatives	0		
(2) Closely h	neld equity interests	0		
(3) Other _				
(B)				
(C)			_	
(D)				
(E)				
(H)	(1)			
	n (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
Part VIII	Investments—Program Related. Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)		* .*		
(5)				
(6)				
(7)			•	
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX	Other Assets.			
	Complete if the organization answered "		Part IV, line 11d. See Form 990, I	
	(a) Descrip	otion		(b) Book value
(1)				
(2)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	ımn (b) must equal Form 990, Part X, line 15, co	ol (R))		0
Part X	Other Liabilities. Complete if the organization answered "		Part IV, line 11e or 11f. See Form	
	line 25.			
1.	(a) Descripti	ion of liability		(b) Book value
(1) Federal	income taxes			0
(2)	_			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, c			0
	r uncertain tax positions. In Part XIII, provide the tex			
organization's	s liability for uncertain tax positions under FASB AS	C 740. Check here if the	text of the footnote has been provided in	Part XIII .

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	1 720 652
1 2	Total revenue, gains, and other support per audited financial statements	1	1,738,652
² a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	\dashv	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,738,652
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,100,002
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,738,652
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,737,416
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,737,416
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)	- 4.	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	1,737,416
	Supplemental Information.	- wt \ / line - 4	Dant V. lina
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		, Part X, line
2, Fa	Tr Ai, lines 20 and 4b, and Fart Aii, lines 20 and 4b. Also complete this part to provide any additional inform	iation.	

Schedule D (F		FAMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147756	Page 5
Part XIII	Supplem	ental Information (continued)		
		<u> </u>		
)	
		• ()		
		. (/)		

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.

Attach to Form 990 or Form 990-EZ.

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

FAMILIES ON THE MOVE OF NEW YORK CITY INC 20-2147756 Form 990, Part I, Line 1: DESCRIPTION OF ORGANIZATION MISSION:ARE EXPERIENCING OR AT RISK OF EXPERIENCING EMOTIONAL, BEHAVIORAL OR MENTAL HEALTH CHALLENGES Form 990, Part IV, Section B, Line 11: THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION. IN ADDITION, UPON REQUEST OF ANY BOARD MEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED. Form 990, Part IV, Section C, Line 19: FINANCIAL STATEMENTS & OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990, Part V, Section 3B, Line 3B: THERE IS NO UNRELATED INCOME Form 990, Part V, Section 14B, Line 14B: THERE ARE NO TANNING SERVICES Form 990, Part VI, Section A, Line 9: ALL DIRECTORS CAN BE REACHED AT THE ADDRESS Form 990, Part I, Line 1: DESCRIPTION OF ORGANIZATION MISSION:ARE EXPERIENCING OR AT RISK OF EXPERIENCING EMOTIONAL, BEHAVIORAL OR MENTAL HEALTH CHALLENGES

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
FAMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147756
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Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\frac{7}{1}$, 2023, and ending $\frac{6}{30}$, 20 $\frac{24}{30}$

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
FAMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147756
Name and title of officer or person subject to tax	
EUPHEMIA STRAUCHN	CEO
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here.	check the box on line 1a, 2a, 3a, 4a, blank, then leave line 1b, 2b, 3b, 4b, e return, then enter -0- on the A), line 12)
of entity) FAMILIES ON THE MOVE OF NEW YORK CITY II, (EIN) 20-2147756 and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge a complete. I further declare that the amount in Part I above is the amount shown on the copy of the electrointermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the If acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in prothed ate of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to in (direct debit) entry to the financial institution account indicated in the tax preparation software for payment return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer inquite payment. I have selected a personal identification number (PIN) as my signature for the electronic refelectronic funds withdrawal.	onic return. I consent to allow my RS and to receive from the IRS (a) an ocessing the return or refund, and (c) nitiate an electronic funds withdrawal it of the federal taxes owed on this the U.S. Treasury Financial Agent at infinancial institutions involved in the uiries and resolve issues related to
PIN: check one box only	
X I authorize RAVI RAMASWAMY CPA,CGMA to enter my F ERO firm name	PIN 07756 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return tha a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the entity, I will enter my PIN as r electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the re	is being filed with a state agency(ies)
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
()	2702109505
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized of IRS e-file Providers for Business Returns.	
ERO's signature RAVI RAMASWAMY Date	1/8/2025
ERO Must Retain This Form—See Instructio Do Not Submit This Form to the IRS Unless Requeste	

Form 8879-TE

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\frac{7}{1}$, 2023, and ending $\frac{6}{30}$, 20 $\frac{24}{30}$

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

Go to www.irs.gov/Form8879TE for the latest information.

2023

OMB No. 1545-0047

Name of filer **EIN or SSN** FAMILIES ON THE MOVE OF NEW YORK CITY INC 20-2147756 Name and title of officer or person subject to tax **EUPHEMIA STRAUCHN** CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . Form 990-PF check here **5a Form 8868** check here **b** Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here Form 4720 check here 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of periury. I declare that I am an officer of the above entity or of entity) FAMILIES ON THE MOVE OF NEW YORK CITY II, (EIN) 20-2147756 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize RAVI RAMASWAMY CPA,CGMA to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 227021 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. RAVI RAMASWAMY FRO's signature Date **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So