(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

Depa	artment of t	he Treasury	▶ Go to i	www.irs.gov/Forms	90 for instructions	and the latest	informatic	on.	Ins	pection
Inter	nal Revenu	2019 cal	endar year, or tax yea		7/1/2019	, and e	nding	6/30/20		
		pplicable:	C Name of organization	FAMILIES ON TH	E MOVE OF NEW			Employer ider	ntification numb	ber
	Address o		Doing business as		· ··· · · · · · · · · · · · · · · · ·					
		-	Number and street (or P	O. box if mail is not del	vered to street address	Room/suite		0-2147756		
Ш	Name cha	ange	358 ST MARKS PLAC			302	E	Telephone nun	nber	
П	Initial retu	rn	City or town		State	ZiP code	(3	347) 682 - 4870)	
=			STATEN ISLAND		NY	10301		141 / 002 4010		
Ш	Final return	/terminated	Foreign country name	Foreign pro	vince/state/county	Foreign posta				. ==0 0.45
П	Amended	return					G	Gross receipts	\$	1,572,615
\Box	A 11 41 -		F Name and address of or	incinal officer:			H(a) Is this	a group return for sul	bordinates?	Yes X No
Ш	Application	n pending			PL, STATEN ISLA	ND NY 10301	1 ''	Il subordinates inc	F	Yes No
			EUPHIMIA S#					," attach a list. (s	_	
1	Tax-exer	npt status:	X 501(c)(3) 501	(c) () ◀ (iz	nsert no.) 4947(a)(1) or 527	1	•		
J	Website	: 🕨 fotn	nnyc.org				H(c) Group	p exemption numb	ber ▶	
к	Form of	organization	: X Corporation	Trust Association	o Other ▶	LYe	ar of formation	on: 2005	M State of legal	domicile: NY
	Part I		mmary		E					
		Driefly	escribe the organizati	on'e mission or mo	et significant activ	ities: TO	PROVIDE	SUPPORT,	EDUCATION	AND ADVOC
ø	1	EOD EA	MILIES AND CAREG	IVERS OF CHILD	REN AND YOUTH					
auc		EVDED	ENCING EMOTIONA	I BEHAVIORAL	OR MENTAL HEAL	TH CHALLEN	GES.			
Ï		EVLEIN	his box ▶ if the o	L, DEIT (VIOIVIE	-time and its an avotic	no or diaposo	l of more t	than 25% of it	e not accete	
Activities & Governance	2	Check t	his box ► if the c	organization disco	nunued its operation	ons or disposed	i di illore t	3		. 5
9	3	Number	of voting members of	the governing boo	y (Part VI, line Ta)		3		5
ું જુ	4	Number	of independent voting	members of the	governing body (Pa	arivi, iirie ib).		· · · · —		46
ij	5		ımber of individuals er							
ÇĘ.	6		imber of volunteers (e							0
₹	7a		related business reve							-0
	b	Net unr	elated business taxabl	e income from For	m 990-T, line 39 .	<u> </u>				
								Prior Year		rent Year
<u> 0</u>	8		utions and grants (Par					1,300,98		1,563,010
Revenue	9		n service revenue (Pa	-	6,73		9,438			
ě	10		ent income (Part VIII,	16		167				
i.E.	111	Other re	evenue (Part VIII, colu	mn (A), lines 5, 6d	, 8c, 9c, 10c, and	11e)		4.007.00	0	0
	12		venue—add lines 8 thro				ļ	1,307,88		1,572,615
·	13		and similar amounts p		0	0				
	14		s paid to or for membe				ļ		0	0
S	15		, other compensation, e					954,04		1,132,483
Expenses	16a		ional fundraising fees				Same Carry III resident vision o	or er occasion to be also de medicale	0	0,
9	. b		ndraising expenses (P					Participation of the Control of the	Marian Park	
ij	17		xpenses (Part IX, colu					340,66		423,062
	18	Total ex	penses. Add lines 13-	-17 (must equal P	art IX, column (A),	line 25)		1,294,70		1,555,545
_	19	Revenu	e less expenses. Sub	tract line 18 from li	ne 12	<u></u>		13,1		17,070
Net Assets or	ces						Beginnin	g of Current Yea		d of Year
sets	E 20		sets (Part X, line 16)					1,170,78		860,674
.t As	្ទី 21		ibilities (Part X, line 26	•				975,74		648,568
ž	∄ 22	Net ass	ets or fund balances.	Subtract line 21 fro	om line 20	<u> </u>		195,03	36	212,106
Р	art II	Sig	nature Block					<i>i</i>		
Un	der penalt	ies of perjui	y, I declare that I have exam	ined this return, includi	ng accompanying sched	ules and statement	s, and to the	best of my knowl	ledge	
and	d belief, it	is true, corr	ect, and complete. Declaration		in officer) is based on ai	I Information of White	on preparer r	as enty knowledg	12141	34 7-3
Si	gn	🕨	Signature of officer	MICL L	NI 1 CV CCC			Date	3217	1626
	ere	'	F 1	Strauc	ha	CEC	_	Date		
			Type or print name and title		1111	ÇE	<u>, </u>	/		
	·····	Driv	Type of print name and title nt/Type preparer's name		eparer's signature	111.	Date	<u> </u>	PT	IN .
p.	aid		•	,,,,	11. 11.1	Kil	3410	Chec	k 🛛 if	•••
	aiu eparei	r Mic	CHAEL KATZ CPA	/	1110000	1 4h	12/4	I/2020 self-e	employed P0	0070834
	se Onl		n's name ► MICHAEL	KATZ CPA		'/	F	Firm's EIN 🕨		•
J:	.	y	n's address ► 1055 STE	WART AVENUE,	SUITE 20, BETHE	AGE, NY 1171	14 F	Phone no. (5	16) 605-190	0
M	ay the If		ss this return with the	•					П	Yes X No
					,					

orm 99	990 (2019) FAMILIES ON THE MOVE OF NEW YORK CITY INC 20-2147756	Page Z
Par	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO PROVIDE SUPPORT, EDUCATION AND ADVOCACY FOR FAMILIES AND CAREGIVERS OF CHILDREN AND	
	YOUTH WHO ARE EXPERIENCING OR AT RISK OF EXPERIENCING EMOTIONAL, BEHAVIORAL OR MENTAL	
	HEALTH CHALLENGES.	
		:
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
5	services?	X No
	If "Yes," describe these changes on Schedule O.	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	and total experience, and to the sample of t	
4a	(Code:) (Expenses \$ 1,471,304 including grants of \$) (Revenue \$) ",
-	SUPPORT AND ADVOCACY PROGRAM- THE ORGANIZATION PROVIDES SUPPORT, EDUCATION AND ADVOCACY FO	DR .
	FAMILIES AND CAREGIVERS OF CHILDREN AND YOUTH WHO ARE EXPERIENCING OR AT RISK OF EXPERIENCING	
	EMOTIONAL BEHAVIOUR OR MENTAL HEALTH CHALLENGES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4		
,		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· · · · · · · · · · · · · · · · · · ·
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 ► 1,471,304	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ا ا	V	
	complete Schedule A	2	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
_	candidates for public office? If "Yes," complete Schedule C, Part I	<u> </u>		7
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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-7-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	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		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			- 20
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	3.26.10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
1.	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		. N.
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 1
	Schedule D, Parts XI and XII	12a	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		^
14a		144		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		١
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		-
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ť
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part	IV Checklist of Required Schedules (continued)	—т	Ü., I	<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			V.
	employees? If "Yes," complete Schedule J	23	\dashv	<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		- 1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	.		.,
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	_,	- 1	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		ì	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		X
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		- [
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26	l	Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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		Χ-
-	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3125	能力的	
28	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	(Latinosci A		
а	If"Yes," complete Schedule L, Part IV.	28a		χ
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
С	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
-	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			١
	III, or IV, and Part V, line 1	34		X.
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	l		-
	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			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	Į	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3,		Ĥ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	
	19? Note: All Form 990 filers are required to complete Schedule O	1 30		
Pa	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			X
	Oneck is defined to Contains a response of flow to any line in this fact v	• •	Yes	No.
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 63	200
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100 30 P. LEW		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	13.00		
C	gaming (gambling) winnings to prize winners?	1c	respective file	X
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	T .	V T	
			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			
	State Helits, filed for the editined year streng man a		X	desd
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			ve this
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a	1209120 11	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	-	$\frac{\hat{x}}{x}$
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	- 55	\dashv	~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	- Tu	SHAME S	
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	120301244	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
С	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	Χ
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b	Ì	Χ.
-	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			152
а	and services provided to the payor?	7a		X
L.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	2,12		7
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		·X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	(2004) (1204)		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	and the same	Terror San Proc 14
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1850
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	62047	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		Jack I
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		2.4
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Switch:	0.01200
	Note: See the instructions for additional information the organization must report on Schedule O.	100 m		
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	4		
C	Enter the amount of reserves on hand	14a	- MET 10 10 10 10 10 10 10 10 10 10 10 10 10	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	 	
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>	l	T
15		15		l x
	excess parachute payment(s) during the year	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		编程编码	H-Market P

Part VI

Secti	on A. Governing Body and Management				
		_	Barratanii S	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5	200		W.E
	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		/A.J.		
	committee, explain on Schedule O.		100		
	Enter the number of voting members included on line 1a, above, who are independent	1b 5			
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 relations	mp waa	2	Marian C	Χ
	any other officer, director, trustee, or key employee?		 	-	
3	Did the organization delegate control over management duties customarily performed by or under	the direct	1 - 1	Į	.,
	supervision of officers, directors, trustees, or key employee's to a management company or other p	erson?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
1 a	one or more members of the governing body?		7a		\mathbf{X}^{\odot}
	Are any governance decisions of the organization reserved to (or subject to approval by) members	t .		T	
b	Are any governance decisions of the organization reserved to (or subject to approve by) members	•	7b	1	X
	stockholders, or persons other than the governing body?	n durina	25486		
8	Did the organization contemporaneously document the meetings held or written actions undertake	it during		130 7 July	
	the year by the following:		8a	Х	SALUET.
а	The governing body?		-	$\hat{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?		8b	-^-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached	1 .	l	.,
	at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		<u>X</u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.	<u>) </u>	
			$\overline{}$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		_X_
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 p	urposes?	10b		<u>X</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
b	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Χ
þ	Did the organization regularly and consistently monitor and enforce compliance with the policy?	"Yes."			
С	describe in Schedule O how this was done		12c		X
	describe in Schedule O now trits was done	• • • • • • • •	13		X
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?	ovolby	Mark III	5.824	
15	Did the process for determining compensation of the following persons include a review and appr	uval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision:	15a	X	CELERAG
а	The organization's CEO, Executive Director, or top management official.			 ^-	
b	Other officers or key employees of the organization		15b	600 de se	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar	gement	Y.Lie	N.S.C	12.334
	with a taxable entity during the year?		16a	and the second	<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	luate its	e		
	participation in joint venture arrangements under applicable federal tax law, and take steps to saf	eguard			
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b	l	L X
Sec	tion 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), 99	0, and 990-T (Section	1 501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a	pply.			
	Own website Another's website X Upon request Other (e.g., 2017)	explain on Schedule (
19	Describe on Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest p	olicy,		
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's	books and records	•		
	Ravi Ramaswamy	/0.47\ COO .407	0		
	358 ST. MARKS PLACE, STATEN ISLAND, NY 10301				

2	0-21	147	756	Pa

Page 7

Part VII

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

		ME 4	1/		كممط سنابا لمصحب	L Cammanastad	Employage
Castian A	Officers Directors	IFILETOOC	K OV	/ Emninvae	e ann minnesi	naakznen 1	FILLIK IVEES
Section 4	Officers, Directors,	. IIUSIECS.	1/CA	LIIDIOVOC	J. AIIA I HAHOU	LOCILIPOLIQUEOU	

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any	related organiz	ation	con	nper	nsat	ted an	у сі	urrent officer, dir	ector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	рох,	unies er an	ss pe	ition more rson	re than one is both an ctor/trustee) remployee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	,		e			sated				
(1) EUPHEMIA STRAUCHN	40.00 0.00			X		x		95,196	0	0
CEO (2) DEBORAH MILLER				1						
TREASURER	0.00	X								
(3) RUEZALIA WATKINS	1.00									
DIRECTOR	0.00	X				<u> </u>				
(4) MICHELLE KING	1.00									
SECRETARY	0.00		_	↓_	_	<u> </u>				
(5) WANDA GREENE	1.00	•			-					:
PRESIDENT	0.00	1	+		<u> </u>	╄				
(6)										
(7)		-								
(8)										
(9)										
(10)				T						
(11)										
(12)		-								
(13)										
(14)			T	1			<u> </u>			

Pa	t VII Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,			ghes	t Co	mpensated Em	ployees (cor	ntinu	ed)		
	(A) Name and title	(B) Average hours	box, office	unles er an	s pe d a d	ition more rson irect	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated am of other compensat		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			n the ation an	d
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)												**		
(22)			-											٠.
(23)														
(24)														
(25)		<u> </u>				ļ								
-1b	Subtotal				•			>	95,196		0			0
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).							•	95,196		0			0
2	Total number of individuals (including but not li reportable compensation from the organization	mited to those li	sted	abo	ve)	who	rece	ive	d more than \$10	0,000 of		- 1.	<u> 1</u>	0
3	Did the organization list any former officer, din employee on line 1a? <i>If</i> "Yes," complete Sched	ector, trustee, ke dule J for such ir	ey em ndivia	nplo iual	yee,	, or	highe	est c	compensated		. !	3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual.	of reportable collater than \$150,0	mper 100?	nsati <i>If "</i> Y	ion a 'es,'	and " co	other mplet	co e S	mpensation from chedule J for suc	ı ch 		4		X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensation	on fro	m a Iule	iny i <i>J fo</i>	unre r su	elated	l org	ganization or indi	vidual	•	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compound to the organization. Report compensation from the organization.	ensated indeper	the c	cor	itrac ndai	ctor: r ye	s that ar en	rec dinc	eived more than with or within th	\$100,000 of ne organizatio	n's i	tax yea	ır.	
	(A) Name and business add	dress							(B) Description of se	ervices	((C) Compens	ation	
		****		-										0
			_					+					· w	0
-								\dagger						0
											ang salaran	despession in	224, 5504	0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the			o th	ose	list	ed ab	ove () who received)					

Total revenue. See instructions. .

Form 99	90 (2019			OF NEW	YOR	K CITY INC			20-21477	56 Page 9
Part	VIII	Statement of Revenu	ıe							\Box
		Check if Schedule O con	tains	a respons	se or i	note to any line in	this Part VIII			<u> L</u>
····							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
W W	1a	Federated campaigns			1a	0			1,16	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			1b	0	1978	endought of the Control	4.	
S S		Fundraising events			1c	0		441	#161E	
An An	d	Related organizations			1d	0				
ig ig		Government grants (contribu			1e	1,560,358		er edet som state		
ns,		All other contributions, gifts,						1.00		
er fi		similar amounts not included			1f	2,652	And Are		A design	
들 원	g	Noncash contributions include	ded ir	1						
o d		lines 1a-1f			1g	\$ 0			A Print of the Control	
9 G	h	Total. Add lines 1a-1f		<u></u>			1,563,010		Lander Control	
_		-				Business Code	0.420			
Program Service Revenue	2a	PROGRAM FEES				900099	9,438			
Le Z	b						- 0			
jram Sen Revenue	C						0			
e au	đ						0			
60	e	All other program service re					0			
ا ته	T	Total. Add lines 2a-2f	venu	5	•	>	9,438		327	
	<u>g</u> 3	Investment income (including	na div	idends. in	teres	. and				
	3	other similar amounts).					167			
·	4	Income from investment of	tax-e	cempt bor	nd pro	ceeds ►	C			
	5						C			
		Royalties		(i) Re	al	(ii) Personal				
•	6a	Gross rents	6a					Section 1	1.02	Palan Pagara S
:	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c	<u> </u>	0	0	TEST STATE OF THE PROPERTY OF THE PARTY OF T			
	d	Net rental income or (loss)				/ii) Other	(
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
	•	sales of assets		ļ	0	1 c				
an a		other than inventory	7a_				4	e granitation		
ž	b	Less: cost or other basis	7b		C	.] .				
Revenue	١.	and sales expenses Gain or (loss)	7c	 			-			The state of the s
ığ.	d	Net gain or (loss)	10				()	Disability courses the second of the second	
Other	8a	Gross income from fundrais	sina		<u> </u>					
ŏ		events (not including \$	•	0						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ŀ	of contributions reported or	ı line	1c).	1		100 (44 11)			
		See Part IV, line 18			8a				The second second	
	b	Less: direct expenses			8b					
	С	Net income or (loss) from for			n <u>ts . </u>	<u> </u>				
	9a	Gross income from gaming] ,				
		See Part IV, line 19			9a					9.5
	b	Less: direct expenses			9b		Seattle and the season			
	C	Net income or (loss) from g Gross sales of inventory, le		g activitie	"S <u>· </u>	 	AMAL PLAN SERVICES			Tree Control
	10a	returns and allowances.			10a		ol - Land		Texton and the	
	b	Less: cost of goods sold.			10k					
	C	Net income or (loss) from s						0		
<u>s</u>						Business Code				
og er	11a	,						0		
lan	b							0	 	
Miscellaneous Revenue	C	All alban marks						0		+
Αis .	d d	All other revenue Total. Add lines 11a-11d .			•			0		
	L e	TOTAL AUGUMES TIA-TIU.						Participation of the Participa	No. of Charles Charles STATE CONTRACT CHARLES IN	A PARTICULAR NAME AND ADDRESS OF AN ADDRESS OF ADDRESS OF AN ADDRESS OF ADD

Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10 of Part VIII. 1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 o. 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 o. 3 3 Grants and other assistance to foreign organizations, foreign governments, See Part IV, line 22 o. 3 4 Benefits paid to or for members. 0 5 Compensation or current orificers, directors, trustees, and key employees. 95,196 7 Compensation or current orificers, directors, trustees, and key employees. 95,196 7 Other salaries and wages. 861,324 8 Pension plan accrusia and contributions (include section 4986((1)) and persons described in section 4986((3)(8)). 0 9 Other employee benefits. 175,963 11 Fees for services (nonemployees): 11,990 12 Management. 1,590 13 Office expenses or Schedule O.) 190 14 Advertising and promotion. 190 15 Royalties. 97,273 17 Travel. 190 18 Peyments for travel or entertainment expenses for any feddral, standard among, and meetings. 190 19 Compensation or current origins or travel or entertainment expenses for any feddral, standard and meetings. 190 10 Compensation or current origins or travel or entertainment expenses for any feddral, standard or entertainment expenses for any feddral, state, or local public officials. 0 10 Conferences, conventions, and meetings. 10,190 11 Feyments of travel or entertainment expenses for any feddral, state, or local public officials. 190 10 Conferences, conventions, and meetings. 190 10 Conferences, or local public officials. 190 11 Conferences, or local public officials. 190 12 Depreciation, depletion, and amontization 190 13 Office expenses itemize expenses on schedule O.) 190 14 ELEPHONE 190 15 Royalties 20,775 16 Courrences, or local public officials 190 17 Conferences, or l		Check if Schedule O contains a response or note to any line in this Part IX										
domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation or current officers, directors, trustees, and key employees. Compensation or to included above to disqualified persons (as defined under section 4958()(11) and persons (as defined under section 4958()(3)(B). Persons described in section 4958()(3)(B). Do o o o o o o o o o o o o o o o o o o	Do r 8b, 9	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.		Program service	Management and	_						
domestic governments. See Part IV, line 22. Grants and other assistence to domestic individuals. See Part IV, line 22. Grants and other assistence to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current orfideres, directors, trustees, and key employees. Compensation of current orfideres directors, trustees, and key employees. Government of the section 4958(0(11)) and persons (sac defined under section 4958(0(11)) and persons (sac defined under section 4958(0(11)) and persons (sacribed in section 4958(0(11)) and (sacribed in section 4958(0(11))	1	Grants and other assistance to domestic organizations										
individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Componsation of current officers, directors, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8). Persons described in section 4958(c)(3)(8). Other safers and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Outher employee benefits. Peyroll taxes. 175,963 Payroll taxes. 175,963 170,939 5,024 Fees for services (nonemployees): Management. 11,900 11,900 11,900 11,900 11,900 11,900 11,900 11,500 10,000 11,500 10,000 11,500 10,000 11,500 10,000			0									
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 .	2	Grants and other assistance to domestic										
organizations, foreign governments, and foreign individuals. See Part IV, line 17 and 15 and 16 and			0		Name of the Control o	nation of the second						
Individuals. See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0	3											
Individuals. See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0					The state of the second second	and the second s						
## Compensation of current officers, directors, trustees, and key employees		individuals. See Part IV, lines 15 and 16			计算程序的 经股份的 经股份的	And Carrier Carrier 1						
trustess, and key employees	4	Benefits paid to or for members	Q									
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(8). 7 Other salaries and wages. Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (nonemployees): 11 Amagement. 11 Ligon 11.900 10 Payroll taxes. 10 Payroll taxes. 11.900 11.	5	Compensation of current officers, directors,	05.400	76 157	10.030							
persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 4016) and 403(b) and 403(b) amployer contributions). 9 Other employee benefits. 10 Payrofil taxes. 175,963 170,939 5,024 11 Fees for services (nonemployees): 11 J.900 11,900 11,900 11,900 11,900 0 1,500 10 Legal		trustees, and key employees	95,196	70,107	19,035							
persons described in section 4958(c)(3)(8). 0 0 1,894 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 0 0 9 Other employee benefits. 0 0 10 Payroll taxes. 175,963 170,939 5,024 11 Fees for services (nonemployees): 11,900 11,900 15 Legal. 1,500 0 0 1,500 16 Legal. 1,500 0 0 1,500 17 Accounting. 60,025 41,517 13,508 17 Elegal 1,500 0 0 1,500 18 Professional fundraising services. See Part IV, line 17. 0 19 Other. (iffie 11g anomatoxeeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 130 130 130 130 Office expenses 13 Office expenses 14 Information technology 15 Royalties. 0 16 Occupancy. 15 S5,322 85,322 17 Travel. 10,1119 7,549 2,570 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Depreciation, depletion, and amortization 10 ELEPHONE 10 Payments of travel or expenses on Schedule O.) 11 Elegal 12 Equipment S & Manthart Expenses 13 Equipment S & Manthart Expenses 14 Elegal 15 Elegal 16 Occupancy 17 Elegal 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Elegal 10 Elegal 11,500 11,500 11,500 130 130	6											
Person's described in section 40 (A) contributions (include section 40 (N) and 40 (2)) employer contributions) 0												
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 0 0 0 0 0		persons described in section 4958(c)(3)(B)		850 430	1 894							
section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (nonemployees): 12 Management. 13 Legal. 14 Lobbying. 15 Professional fundraising services. See Part IV, line 17. 16 Investment management fees. 17 Investment management fees. 18 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 17 expenses on Shedule O.) 19 Advertising and promotion. 10 Othics (If line 11g expenses on Shedule O.) 10 Occupancy. 11 Jeou 11,900 11,500 11,500 11,500 10 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 12 expenses on Shedule O.) 12 Advertising and promotion. 13 Office expenses. 13 Jeou		Other salaries and wages	001,324	000,400	1,001							
9 Other employee benefits. 175,963 170,939 5,024 179,970 187,870 170,970 187,	8		ا									
175,963 170,939 5,024	_											
10 Fess for services (nonemployees): a Management 11,900 11,900 b Legal 1,500 0 1,500 c Accounting 60,025 41,517 18,508 d Lobbying 0 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees 0 0 Gther. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 130 130 13 Office expenses 72,337 70,837 1,500 15 Royalties 0 0 Royalties 0 0 16 Occupancy 72,337 70,837 1,500 17 Travel 10,119 7,549 2,570 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 10 Interest 0 0 0 11,900 11,900 1,500 18 Payments of firavel or entertainment expenses for any federal, state, or local public officials 0 10 Conferences, conventions, and meetings 0 10 Interest 0 0 0 11,900 11,900 1,500 18 Payments of firavel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 0 0 10 10 10 10 10 10	_			170 939	5 024							
a Management .			175,903	170,300	0,021							
a Maragelinit. b Legal	11		11 900	11 900								
Accounting 60,025 41,517 18,508 Accounting 60,025 41,517 18,508 C Accounting 60,025 41,517 18,508 Accounting 60,025 41,517 18,508 C Professional fundraising services. See Part IV, line 17. Investment management fees 60 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 60 Office expenses 70 Office expenses 70 Office expenses 70 Occupancy 70,837 70,837 1,500 Information technology 70 Royalties 70 Occupancy 70,837 70,837 1,500 Occupancy 70,837 70,837 1,500 Interest 70 Occupancy 70,837 70,837 70,837 1,500 Occupancy 70,837 70,837 70,837 1,500 Interest 70 Occupancy 70,837 70,837 70,837 1,500 Interest 70 Occupancy 70,837 70,837 70,837 1,500 Occupancy 70,837 70,837 70,837 70,837 1,500 Interest 70 Occupancy 70,837 70,837 70,837 70,837 1,500 Occupancy 70,837 70,												
Lobbying .	b											
Professional fundraising services. See Part IV, line 17. Professional fundraising services 0 0 0 0 0 0 0 0 0	_			41,017	10,000							
Investment management fees 0 0 0 0 0 0 0 0 0		Lobbying	0									
1 (investment iteral generate reses 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-	Professional fundraising services. See Part IV, line I7		5.00	SERVICE STATES OF THE PROPERTY							
(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion. Office expenses. 34,568 21,550 13,018 14 Information technology. 15 Royalties. Occupancy. Travel. 16 Occupancy. Travel. 17 Travel. 19 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 10 Interest. 10 Payments to affiliates. 10 Depreciation, depletion, and amortization. 10 Insurance. 11 Travel. 12 Payments to affiliates. 10 O O O O O O O O O O O O O O O O O O O		Investment management rees										
Advertising and promotion 130 130 130	g		l 0		0	<u> </u>						
Advertising and pictures 34,668 21,550 13,018	40				130							
13					13,018							
15 Royalties												
16				· · · · · · · · · · · · · · · · · · ·								
17 Travel			85,322	85,322								
18					2,570							
for any federal, state, or local public officials												
19 Conferences, conventions, and meetings	10	for any federal, state, or local public officials	0									
20 Interest	19	Conferences, conventions, and meetings	35,954	31,149	4,805	5						
21 Payments to affiliates			0									
22 Depreciation, depletion, and amortization			0			<u> </u>						
Insurance					<u> </u>							
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT & MAINTENANCE 6,719 6,719 b TELEPHONE 46,546 37,676 8,870 c PROGRAM EXPENSES 28,074 28,074 d PAYROLL SERVICES 4,888 4,888 e All other expenses DUES 7,753 7,508 245 Total functional expenses. Add lines 1 through 24e		•	17,227	14,977	2,250)						
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.) a EQUIPMENT & MAINTENANCE 6,719 6,719 b TELEPHONE 46,546 37,676 8,870 c PROGRAM EXPENSES 28,074 28,074 d PAYROLL SERVICES 4,888 4,888 e All other expenses DUES 7,753 7,508 245 25 Total functional expenses. Add lines 1 through 24e . 1,555,545 1,471,304 84,241 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		Other expenses. Itemize expenses not covered	96 10 34 4									
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT & MAINTENANCE b TELEPHONE c PROGRAM EXPENSES d PAYROLL SERVICES 46,546 48,88 e All other expenses DUES 7,753 7,508 245 Total functional expenses. Add lines 1 through 24e . 1,555,545 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		above (List miscellaneous expenses on line 24e. If	and the second second	Action Comments of the		Allow Control						
a EQUIPMENT & MAINTENANCE b TELEPHONE c PROGRAM EXPENSES d PAYROLL SERVICES e All other expenses DUES Total functional expenses. Add lines 1 through 24e . 1,555,545 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if												
b TELEPHONE c PROGRAM EXPENSES d PAYROLL SERVICES 4,888 e All other expenses DUES 7,753 Total functional expenses. Add lines 1 through 24e 1,555,545 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if		(A) amount, list line 24e expenses on Schedule O.)				and the second						
c PROGRAM EXPENSES d PAYROLL SERVICES 4,888 e All other expenses DUES 7,753 7,508 245 25 Total functional expenses. Add lines 1 through 24e 1,555,545 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	а											
d PAYROLL SERVICES e All other expenses DUES 7,753 7,508 245 25 Total functional expenses. Add lines 1 through 24e 1,555,545 1,471,304 84,241 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	b					,						
e All other expenses DUES 7,753 7,508 245 25 Total functional expenses. Add lines 1 through 24e . 1,555,545 1,471,304 84,241 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	_											
25 Total functional expenses. Add lines 1 through 24e 1,555,545 1,471,304 84,241 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	-											
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here												
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			1,555,645	1,471,50	5-,2-							
from a combined educational campaign and fundraising solicitation. Check here if	20											
fundraising solicitation. Check here 🕨 🔲 if												
			1									
			<u> </u>									

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. End of year Beginning of year 847,062 1,157,570 1 1 0 2 2 0 0 3 3 0 4 0 4 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 5 Loans and other receivables from other disqualified persons (as defined 0 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 0 7 Assets 0 8 8 ol Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 0 10c 0 10b Less: accumulated depreciation 0 11 0 Investments—publicly traded securities 11 0 ol 12 Investments—other securities. See Part IV, line 11 12 0 ol 13 Investments—program-related. See Part IV, line 11 13 0 14 0 14 13,612 13.215 15 15 860.674 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,170,785 16 322,371 234,454 17 17 18 0 18 741,295 19 326,197 19 0 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 0 0 Secured mortgages and notes payable to unrelated third parties 0 23 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 25 648,568 975,749 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 195,036 27 28 n 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0 29 29 Paid-in or capital surplus, or land, building, or equipment fund 0 30 30 0 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 212,106 195,036 32 1,170,785 860,674 Total liabilities and net assets/fund balances.

Form 990 (2019)

orm 9	90 (2019) FAMILIES ON THE MOVE OF NEW YORK CITY INC	20	0-214//56	Page	e 12
Part	XI Reconciliation of Net Assets			_	_
	Check if Schedule O contains a response or note to any line in this Part XI			·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,572,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,555,	
3	Revenue less expenses. Subtract line 2 from line 1	3			,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		195	,036
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		212	,106
Part	XII Financial Statements and Reporting			ſ	\Box
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		· [
			S. 1894	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 6		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		. 2a		X
2a	Were the organization's financial statements complied of reviewed by an independent decountaries.				1.64.7
	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		2b	X	26.00
b	Were the organization's financial statements audited by an independent accountant?		. 20	I ALLEMAN	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				AL Mich
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	Í			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.			e bassas	THE PLAN
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		. 3a	1	X
	the Single Audit Act and OMB Circular A-133?		. <u>Ja</u>	+	┢ᢚ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	l _x	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u></u>	<u> </u>	000	40040

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 20-2147756 FAMILIES ON THE MOVE OF NEW YORK CITY INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported h organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization (i) Name of supported organization other support (see support (see (described on lines 1-10 listed in your governing instructions) above (see instructions)) instructions) document? Yes No (A) (B) (C) (D) (E)

Total

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.)

	ion A. Public Support			() 22.4 - T	(4) 0040	(a) 2010 T	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(i) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,180,105	1,120,009	1,257,342	1,307,718	1,572,448	6,437,622 0
	to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge					4.570.440	0 407 600
4	Total. Add lines 1 through 3	1,180,105	1,120,009	1,257,342	1,307,718	1,572,448	6,437,622
	The portion of total contributions by each person (other than a governmental unit or publicly	Merganian in the control of the cont					
	supported organization) included on				Apple of the second		
	line 1 that exceeds 2% of the amount				TOTAL STORE STATE		
	shown on line 11, column (f)		de de la companya de	Control Colorada (CACACA)		18 8 6 7 E 7 F	6,437,622
	Public support. Subtract line 5 from line 4	(1885年) 學經濟學學	10000000000000000000000000000000000000		· (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Spinglight makes grather profit from any over the own	
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
,	· ·	1,180,105	1,120,009	1,257,342	1,307,718	1,572,448	6,437,622
7 8	Amounts from line 4	1,100,100	1,120,000				
0	payments received on securities loans,				ļ	İ	
• •	rents, royalties, and income from						
	similar sources	149	155	159	163	167	793
9	Net income from unrelated business						~
	activities, whether or not the business is						0
	regularly carried on						0
10	Other income. Do not include gain or					ļ	
	loss from the sale of capital assets		<u> </u>			[0
	(Explain in Part VI.)			Part of the last o			6,438,415
11	Total support. Add lines 7 through 10					12	0,100,110
12	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o	ee instructions) .		h or fifth tax vear:	as a section 501(c)		
13	organization, check this box and stop here	nganization s inst,	scoona, uma, roan				▶
				<u> </u>		······································	
	etion C. Computation of Public Su Public support percentage for 2019 (line 6, o	pport Percent	by line 11 column	(f))		14	99.99%
14	Public support percentage for 2019 (line 6, 6) Public support percentage from 2018 Scheol	Jule A Part II line	14			15	99.98%
15.	33 1/3% support test—2019. If the organization	ration did not chec	k the boy on line 1:	3 and line 14 is 33	1/3% or more, che	ck this box	2.7
16a	and stop here. The organization qualifies a	s a publicly suppor	rted organization.				. ▶ 🗓
l: h	33 1/3% support test-2018. If the organiz	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	e, check this	
Ü	box and stop here. The organization qualifi	es as a publicly su	pported organization	on			▶
17a	17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						▶ [
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization n Explain in Part VI how the organization mee supported organization	neets the "facts-an ets the "facts-and-c	d-circumstances" t circumstances" test	est, check this box . The organization	and stop here. qualifies as a publi		> [2]
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see		
	instructions						<u> ▶ [</u> _
						Cahadula A /Earn	n 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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
1	Tax revenues levied for the						. ()
7	organization's benefit and either paid to		•				
	or expended on its behalf						0
5	The value of services or facilities						
٠	furnished by a governmental unit to the	l					
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	- 0-
	Amounts included on lines 1, 2, and 3		_				
1 4	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
	received from other than disqualified						
٠.	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	ő
	Public support (Subtract line 7c from		V	·			
8	line 6.)	94.1 (199.1) 1.1 (199.1) 188.1 (199.1) 1.1 (199.1)		经未发生工程	THE PROPERTY OF		0
800	etion B. Total Support	Charles and the charles of		NORTH CONTRACTOR CONTRACTOR CONTRACTOR	No. 9 (MATA) TRANSPORT CONTRACTOR CONTRACTOR	31445-911114-014-014-014-01-01-01-01-01-01-01-01-01-01-01-01-01-	بي.
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0		0	-0
-	Gross income from interest, dividends,						1,5
IVa							
	payments received on securities loans, rents,						0
l-	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						o
	acquired after June 30, 1975		0	0	0	0	0
	Add lines 10a and 10b	- 0			<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						•
	loss from the sale of capital assets (Explain in Part VI.)						0
42	Total support. (Add lines 9, 10c, 11,						
13		0	l o	1 0	ه ا	اه	0
44	and 12.)					<u> </u>	**
14	organization, check this box and stop here						. ▶ □
15	ction C. Computation of Public Su Public support percentage for 2019 (line 8, o			(f))		15	0.00%
16	Public support percentage for 2018 Sched					16	0.00%
	ction D. Computation of Investmen		***	· · · · · · · ·		1	0.0070
17	Investment income percentage for 2019 (line			column (f))		17	0.00%
18	Investment income percentage for 2013 (inter-					18	0.00%
	33 1/3% support tests—2019. If the organ						0.0070
	not more than 33 1/3%, check this box and			•	-		▶ 🗔
b	33 1/3% support tests-2018. If the organ		•		•		· · · · · <u></u>
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation If the organization did	_	_	•			

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

		1	es	Ţ	N	0	-
200					u,		
2000		W. 25. W			¥.		200
ļ	1			-		PAXE PR	M2
704-00		100	98	è			5
100		t yllyn ei		ie.			A
la la	2	AS.	E GLES	82		re-E	rai
i i	2	18 TH		Ú			
1	23	12	David.	502	202		
- 1	3a 3h	6063					ė,
		100					
Ì	3b	8	3558	M.	rial)	MATE!	10
ţ		3000	14.50	Į.			
l	3c	ľ	SIALE)	16.	34.2		
ŀ		1000	ini Mili	1			â
- 1	4a	1		an.	124	: Disease	and a
İ		CZ C	ð.	jis Sest			Ä
1	100	4 Streether					
	1h	П			ı	GAPE SE	Er di
		100				SWE	
	-0.81						
		44.6	i Vilia				
					3		
						resoft Sa	
		I					
	in and		di.				
	5a		14.24	Santa Santa	35.5		
			414 s	Š.		hiji.	
	5b		1672		189	15/11/1	1456
	50	1			t		_
			i de la composição de l			Ma.	
	1(6)	ž					
	6	1			Т	234A)	145546
	5115 533 (12 4 54)		4100X				ħ
	7		252.5	iliana Maria	i i		CTTARY.
					4	1678.1	
	8	97.	15-Q0Ms	in Unit	2 17.	22236	unger4
			Territ				
					4		
	1 0-	\$27	304	Marie.	8	4:46	165731
	33842						
	9b				i		
		45.50		i.			
	9c				1		
		400		18			
		1					
	10a	1	1		П		
		i de			S S		
	10t		L.,		1		

Part	N Supporting Organizations (continued)	-
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	200
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sect	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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,	
Soct	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2 1 1
3600	ion o. Type if Supporting Organizations	TVIN-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Yes No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
<u>Sect</u>	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
3	activities but for the organization's involvement.	2b
ა a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or clock a majority of the afficers allowed as a second of the afficers.	
u	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	36

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	1. Dard (1) Con
4. Chock here if the organization satisfied the Integral Part Test as a qualifying	trust ;	t on Nov. 20, 1970 (explain	In Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		ļ	
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)
Aggregate fair market value of all non-exempt-use assets (see	B		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly value of documents 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	, Yi	The Region County of the Count	Superioring Constitution (Constitution)
factors (explain in detail in Part VI):		and Allian and the second of t	
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 1-1/2% of line 3 (for greater amount,			
	4	lo	0
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
	6	0	0
6 Multiply line 5 by .035.	7	0	0
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 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		C
7 Check here if the current year is the organization's first as a non-functional	lly int	egrated Type III supporting	organization (see
instructions).			

...-...

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ations					
4							
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			0			
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0.000			
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6		California de la companya de la comp	0			
2	Underdistributions, if any, for years prior to 2019	and a proper different property.		were able to specify the			
	(reasonable cause required—explain in Part VI). See			Farked-samp_CL_etsamsam_ agreement that			
	instructions.		Hamar Lauren (M. 2014) State State Control of Section (M. 2014) Se				
3	Excess distributions carryover, if any, to 2019		Mark Seek To the Part of the Seek				
a	From 2014 0						
b	From 2015						
С	From 2016						
d	From 2017 0						
е	From 2018 0	The State of	pagetheras et German	Adams and the Market Constitution of the			
f	Total of lines 3a through e	0					
g	Applied to underdistributions of prior years		0				
h	Applied to 2019 distributable amount			0			
<u>i</u>	Carryover from 2014 not applied (see instructions)		Contract Contract				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0					
4	Distributions for 2019 from						
	Section D, line 7: \$ 0						
a	Applied to underdistributions of prior years		0				
b	Applied to 2019 distributable amount			0			
С	Remainder. Subtract lines 4a and 4b from 4.	0					
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result		0				
	greater than zero, explain in Part VI. See instructions.		U				
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			0			
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j	0	Market State of the State of th				
	and 4c.		MERCHANICAL CONTRACTOR	The property of the second			
. 8	Breakdown of line 7:			7/5/ pr 19/4/19/19/19			
a	Execus nem 2010		and otherwise and discourse of the				
<u>b</u>	Excess from 2016	A service of the serv		A STATE OF THE PARTY OF THE PAR			
d d	Excess from 2018	Constitution of the contraction	State of the second second				
e	2,0000 ,000 2000						

Schedule A (F	orm 990 or 990-EZ) 2019 FAMILIES O	N THE MOVE OF NEW YORK CITY INC	20-2147756 Page 8
Part VI	Supplemental Information. Provide III, line 12; Part IV, Section A, lines B, lines 1 and 2; Part IV, Section C,	e the explanations required by Part II, line 10; Part II, I 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 line 1; Part IV, Section D, lines 2 and 3; Part IV, Secti ection B, line 1e; Part V, Section D, lines 5, 6, and 8; a	ine 17a or 17b; Part c; Part IV, Section on E, lines 1c, 2a, 2b,
		part for any additional information. (See instructions.)	
•	•		
	~~~*		
			***************************************
	~		
	·		

#### Schedule B

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

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FAMILIES ON THE MOVE OF NEW YORK CITY INC

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

Employer identification number

20-2147756

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	the Development Superior Superior Bullo				
Check if your organization is converted to the Note: Only a section 501(c)(7), instructions.	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
For an organization fili or more (in money or prontributor's total cont	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special Rules					
regulations under sec	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more 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,				

990-EZ, or 990-PF), 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

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

Employer identification number 20-2147756

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	_   \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ਰ) Type of contribution
	Foreign State or Province: Foreign Country:	    	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number 20-2147756

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(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			Employer identification number 20-2147756					
	ON THE MOVE OF NEW YORK CITY INC	tions to organizations describes						
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and							
	the following line entry. For organizations completi	ing Part III, enter the total of exclu	sively religious, charitable, etc					
	contributions of <b>\$1,000</b> or less for the year. (Enter							
	Use duplicate copies of Part III if additional space							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(5) (5)	, , , , , , , , , , , , , , , , , , , ,	-					
		(e) Transfer of gift						
		(e) Transier of gift						
	Transferee's name, address, and ZIP + 4	p of transferor to transferee						
	Transferee & flame, address, and En . 4							
	For, Prov. Country							
(a) No.	(h) Durance of wift	(c) Use of gift	(d) Description of how gift is held					
from Part I	(b) Purpose of gift	(c) Use of glit	(a) Description of now girt is neig					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, address, and ZIP + 4	Relationshi	p or transferor to transferee					
	For. Prov. Country							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1 4.11								
		l						
	(e) Transfer of gift							
		Detectorate						
	Transferee's name, address, and ZIP + 4	Relationshi	p of transferor to transferee					
	For. Prov. Country							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
raiti								
		() =						
	(e) Transfer of gift							
	Transference name address and 710 : 4	Dala4:						
	Transferee's name, address, and ZIP + 4	Relationshi	p of transferor to transferee					
	For, Prov. Country							

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**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
2019

Open to Public Inspection

Name of the organization 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 (b) Funds and other accounts Total number at end of year . . . . . . . . . 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . 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? . . . . . . . . . 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 Protection of natural habitat Preservation of a certified historic structure 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 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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	m	Organizations Maintaining C	ollect	ions of Ar	t, Histori	cal Trea	sures, or C	ther :	<u>Similar Asset</u>	s (continued)	
3	Usi	ng the organization's acquisition, acc	cession	n, and other i	records, ch	neck any	of the followin	g that	make significant	use of its	
		ection items (check all that apply):									
а		Public exhibition			d 📙	Loan or	exchange pro	gram			
b		Scholarly research			е 🔲	Other					
c	Ħ	Preservation for future generations									
4	LLI Dro	vide a description of the organization	n's coll	ections and	explain ho	w they ful	rther the orga	nizatio	n's exempt purpo	se in Part	
4	XIII				•	_					
5	Din	ring the year, did the organization so	licit or	receive dona	ations of a	rt, historic	al treasures,	or othe	er similar		
J	ass	sets to be sold to raise funds rather t	han to	be maintaine	ed as part	of the org	anization's co	ollection	า?	Yes N	lo 
Part		Eserow and Custodial Arran	deme	nts							
rait	LV	Complete if the organization a	nswer	ed "Yes" or	n Form 9	90, Part	IV, line 9, o	r repo	rted an amoun	t on Form	
		990 Part X. line 21.									
1a	is t	he organization an agent, trustee, cu	ıstodia	n or other in	termediary	for contr	ibutions or otl	her ass	ets not		
	inc	luded on Form 990, Part X?								Yes N	lo
b	If "	Yes," explain the arrangement in Pa	rt XIII a	and complete	the follow	ing table:	:			<u> </u>	
								<u> </u>		Amount	
С	Ве	ginning balance						10		·· <del>···</del>	0
d	Ad	ditions during the year						10			
е	Dis	stributions during the year						16			0
f	En	ding balance						<u>1f</u>			
2a	Dic	the organization include an amoun	t on Fo	rm 990, Parl	t X, line 21	, for escre	ow or custodi	al acco	unt liability?		No
b	if "	Yes," explain the arrangement in Pa	rt XIII.	Check here	if the expla	anation ha	as been provi	ded on	Part XIII	<u> </u>	
Part											
rait	Y	Complete if the organization a	nswei	red "Yes" o	n Form 9	90, Part	IV, line 10.				
		Complete it also organization		Current year	(b) Pric		(c) Two years	back	(d) Three years bac	k (e) Four years ba	ick
1a	Be	ginning of year balance		0		0		0		0	0
b		ontributions	· · · ·								
c		et investment earnings, gains,									
-		d losses									
d	Gr	ants or scholarships									
е	Ot	her expenditures for facilities									
	an	d programs									
f	Ad	Iministrative expenses									
g	Er	nd of year balance		0		0		0		0	0
2	Pr	ovide the estimated percentage of the	ne curr	ent year end		line 1g, co	olumn (a)) hei	d as:			
а	Во	oard designated or quasi-endowmen	t ▶		<u></u>						
b		ermanent endowment		<u></u>							
С		erm endowment	%	ulal a autal 400	00/						
_	Th	ne percentages on lines 2a, 2b, and the there endowment funds not in the	2C SNO	uia equal 10	U%. Pragnizatio	n that are	held and ad	minista	red for the		
3a			posses	SSION OF THE C	Jigailizatic	iii wat are	, noid and da		,00 10. 0.0	Yes	No
		ganization by: Unrelated organizations								3a(i)	
	(i)	) Related organizations								3a(ii)	
	(11)	"Yes" on line 3a(ii), are the related o	raaniza	 ations listed :	as require:	d on Sche	edule R?			3b	
b	וו	escribe in Part XIII the intended uses	of the	organizatio	n's endow	nent fund	ls.				
Par			ment.					a. See	Form 990. Pa	rt X. line 10.	
			2113446	(a) Cost or o			or other basis		) Accumulated	(d) Book value	
		Description of property		(investr			(other)	,	depreciation		
1a	La	and			0		. 0	2 PM 10			
b		uildings			0		0		0		(
c		easehold improvements			0		0		0		(
d		quipment			6,134		29,148		35,282		
е		ther			0	1	0		0		
Tota	ıl. Ad	dd lines 1a through 1e. (Column (d)	must e	qual Form 9:	90, Part X,	column (	B), line 10c.)	<u> </u>	<u> ▶</u>		(

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		0
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	orm 990, Part X, col. (B) line 25.)	▶   0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . Schedule D (Form 990) 2019

Schedule D (Fo		FAMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147756 р	age 5
Part XIII	Suppleme	ental Information (continued)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			*****	
		**		
		***************************************		
		***************************************		
		***************************************		
			• • • • • • • • • • • • • • • • • • • •	

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection Employer identification number

20-2147756

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 PER	RSONS
AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINA	L 990 (FILED WITH
THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION	I. IN ADDITION, UPON
REQUEST OF ANY BOARD MEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY M	IATERIAL CHANGES, AN
AMENDED 990 WILL BE FILED.	
Form 990, Part IV, Section C, Line 19: FINANCIAL STATEMENTS & OTHER DOCUMENTS AF	RE 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 ADDRES	8
Form 990, Part I, Line 1: DESCRIPTION OF ORGANIZATION MISSION:ARE EXPERIENCING	OR AT RISK OF
EXPERIENCING EMOTIONAL, BEHAVIORAL OR MENTAL HEALTH CHALLENGES	

Scriedule O (FOIR) 390 01 390-EZ) (2019)		Page	2
Name of the organization	Employer identification number	r	
	20-2147756		
			- <b>-</b> .
			• •
			-
			-
	~		-
			_
			-
			-
			_