Form **990**

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. 990 for instructions and the latest information.

		Treasury	► Go to www.irs.gov/Form990 for instructions and	, and end	ing 6/30/2	2018	
ternal R	evenue S	017 cal	1 viceing 7/1/2017	, and end	D Employer id	entification r	number
Cha	ok if ann	licable:	endar year, or tax year beginning C Name of organization FAMILIES ON THE MOVE OF NEW YORK	N OH I INO			
	ress cha	mounis.		Room/suite	20-2147756		
_			Number and street (or P.O. box if mail is not delivered to street address)	302	E Telephone n	umber	
Nan	ne chan	ge	358 ST MARKS PLACE	ZIP code	(347) 682-48	70	
T Initia	al return		City or town	10301	(347) 662-40	10	
_			STATEN ISLAND	Foreign postal co	ode		4 057 501
Fina	return/te	rminated	Foreign country name Foreign province/state/county F		G Gross recei	ots \$	1,257,501
7 Am	ended r	eturn			H(a) Is this a group return for	r subordinates?	Yes X No
_			F Name and address of principal officer:		H(a) is this a group return to	included?	Yes No
App	olication	pending	EUPHIMIA S ADAMS 358 ST MARKS PL, STATEN ISLAND,	NY 10301	H(b) Are all subordinates	(and instruct	ions)
			\ \(\langle \) \(\lang	or 527	If "No," attach a list.	. (see msauca	10113)
Tax	-exemp	t status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0		H(c) Group exemption nu	umber 🕨	
.I We	bsite:	➤ fotr	nnyc.org		of formation: 2005		flegal domicile: NY
			□ I I Association I Other ►	L Year	of formation. 2005		
		janization				F EDUCA	TION AND ADVOC
Pa	rt l	Su	mmary describe the organization's mission or most significant activities	TO P	ROVIDE SUPPOR	I, EDUCA	TION AND ADVOC
					PERIENCING OR A	I RISK O	F
Activities & Governance		FOR F	AMILIES AND CAREGIVERS OF CHIEDREN VILLE RIENCING EMOTIONAL, BEHAVIORAL OR MENTAL HEALTH	CHALLENC	SES.		
nar		EXPER	this box If the organization discontinued its operations this box	or disposed	of more than 25%	of its net as	ssets.
ē	2	Check	this box If the organization discontinued its operations to	or disposed		3	5
é	3	Numbe	this box if the organization discontinued its operations of the governing body (Part VI, line 1a).			4	5
8	4					5	51
S S						6	
Ξį	5						0
访	6		to the single revenue from Part VIII COMMINICOLUME 12.		•	7a	
4	7a	lotait	related business taxable income from Form 990-T, line 34		<u> </u>	7b	
	b	Net ur	related business taxable income from Formation				Current Year
			outions and grants (Part VIII, line 1h)			1,067	1,247,712
<u>o</u>	8	Contri	am service revenue (Part VIII, line 2g)			8,942	9,630
Revenue	9	Progra	am service revenue (Part VIII, IIIIe 29)			155	159
Š	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	ina 12\	1.12	0,164	1,257,501
	12	Tatale	evenue add lines 8 through 11 (must equal Part VIII, column (A), ii	1110 12/		0	0
	13	Onest	and similar amounts paid (Part IX, column (A), lines 1–3).			0	. 0
	14		the resid to or for members (Part IX, column (A), line 4)		82	9,996	954,718
40	15	Colori	ocher compensation, employee benefits (Part IX, coluitii (A), illie	55 J=10j	02	0	0
Expenses	16a	Drofa	esional fundraising fees (Part IX, column (A), line 1 le)				Mark San Carlotte San Carlotte
ē	1 .	T-4-1	fundraising expenses (Part IX, column (D), line 25)		0.00	0000	300,822
.X	b	~	Port IV column (A) lines 112-110, 111-24-1.			30,266	1,255,540
ш	17	T-4-1	avecage Add lines 13-17 (must equal Part IX, column (A), iii)	1 0 23)		10,262	
	18	lotai	nue less expenses. Subtract line 18 from line 12	<u>.</u>		9,902	1,961
	19	Reve	nue less expenses. Gubiractimo to nomina (2.2.)				End of Year
Net Assets or		_	(Dod V. line 16)		84	49,855	810,589
sets	20	Total	assets (Part X, line 16)		66	69,957	628,730
A As	21	Total	liabilities (Part X, line 26)		17	79,898	181,859
S E	22	Net a	ssets or fund balances. Subtract line 21 from line 20				
P	art II		Signature Block	es and statemen	ts, and to the best of my	knowledge	
Unc	ler pena	Ities of pe	Signature Block rjury, I declare that I have examined this return, including accompanying schedule orrect, and complete. Declaration of preparer (other than officer) is based on all in	nformation of wh	ich preparer has any kne	wledge.	
and	belief, i	t is true, o	correct, and complete. Declaration of preparer (outer than year)	W	X	1/13/	4
Çi.	gn	1	X MANORE SOL		Date	, / / //	•
		7	Signature of officer	CE	0		
п	ere		EUPHEMIA S ADAMS				
			Type or print name and title		Date		PTIN
			Print/Type preparer's name Preparer's signature	1.11		Check X	
Pa	iid		MICHAEL KATZ CRA Which Cold /2	24,	1/13/2019	self-employe	ed P00070834
	epar	er	MICHAEL KATZ CPA		Firm's EIN	•	
	se Or		Firm's name	ACE NV 117			05-1900
		- 1	Firm's address ► 1055 STEWART AVENUE, SUITE 20, BETHPA	<u> </u>	IT PHONE NO.		. Yes X No
1.1.	ay the	IRS die	cuss this return with the preparer shown above? (see instruction	ons) . . .		· · · ·	
IVI	ay ulic	vo uis					Form 990 (2017

		THE MOVE OF NEW YORK CITY INC	20-2147756	Page 2
orm 990		FAMILIES ON THE MOVE OF NEW YORK CITY INC Statement of Program Service Accomplishments Statement of Program Service Accomplishments Statement of Program Service Accomplishments		
Part		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
- - -	TO PRO YOUTH HEALT	lescribe the organization's mission: DVIDE SUPPORT, EDUCATION AND ADVOCACY FOR FAMILIES AND CAREGIVERS OF C I WHO ARE EXPERIENCING OR AT RISK OF EXPERIENCING EMOTIONAL, BEHAVIORAL H CHALLENGES.	HILDREN AND OR MENTAL	
	the pric	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	Yes	X No
3	Did the service	organization cease conducting, or make significant changes in how it conducts, any paragraphs.	Yes	<u></u>
4	Describe expense the total	be the organization's program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a large expenses, and revenue, if any, for each program service reported.		3,
4a	SUPP) (Expenses \$ 1,185,831 including grants of \$) (ROT AND ADVOCACY PROGRAM- THE ORGANIZATION PROVIDES SUPPORT, EDUCATION AND CAREGIVERS OF CHILDREN AND YOUTH WHO ARE EXPERIENCING OR AT RICONAL BEHAVIOUR OR MENTAL HEALTH CHALLENGES.	ON AND ADVOCACY F	FOR
4b	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
	(Coc	le:) (Expenses \$ including grants of \$)	(Revenue \$)
40		er program services. (Describe in Schedule O.) penses \$ 0 including grants of \$ 0) (Revenue \$	0)	
46		al program service expenses ► 1,185,831		- 000 (2017)

art I	V Checklist of Required Schedules	Y	es N	lo
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X L	
	complete Schedule A	2		<u> </u>
2	is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see metallic of or in opposition to			
3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule G</i> , <i>Schedule G</i> , behalf of or in opposition to Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in loosying dearnace, some section 501(c)(3) organizations. Did the organization engage in loosying dearnace, some section in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization and the section 501(c)(6), or 50	1		
		5		<u>X</u>
	Part III	- 1		
6	the distribution of investment of announts in scott tarted of several			.,
		6		<u>X</u> _
_		_ 1		v
7		7	\dashv	<u>X</u>
_	Bid the ergonization maintain collections of works of art, nistorical treasures, of other armial assets.			X
8		8		
0	to Doub Viling 31 for Ascrow of Chsiquid account habitity, but to			
9		9		Х
	Out IV/an II complete Schedule I) Part IV	•		
10		10		Χ
10			1. 智	\$ Th.
11	endowments, permanent endowments, or quasi-endowments. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	Production of the second of th		2.00	
а	Bid the organization report an amount for land, buildings, and equipment in Part A, line 10.1 in 16.5, complete	11a	Х	
b	Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		_X
	of its total assets reported in Part X, line 167 if Yes, complete Schedule D, Part X, line 13 that is 5% or more Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
		11c		_X
	of its total assets reported in Part X, line 167 if Tes, complete Scheduler, Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
		11d		X
	to a other lightifies in Part X line /3/ II 163. Complete Conductor - 1	11e	<u> </u>	X
e		1		
		11f	X	<u> </u>
40.		40-	X	
		12a	+^	-
		12b	.	x
•		13		X
13		148		X
	the state of office omployees of salents builded builded blacks.	1	1	
		141		X
	THE AND DOD AT MOTAL IT THE CONTINUE CO			
15	The second on Part IX column (A) line 3, more than \$5,000 or grants or other decreases			X
	- A V Lune / A Line 2 more than \$5 (100 0) addition of other			
16	t to a local and individuals? If "VAS " COMPLETE SCHEUUIG F. F also III also IV	16		X
	then then then the property of			
17	- 1 N/ Lines 6 and 1167 if "Vas " complete Scriedule G. Fait (Scottistiadan).	17	-	X
40	the management of the contraction of the contractio			
18	4 10-0 If "Voo" complete Schedille († Pali II.	18	-	X
19	by Did the organization report more than \$15,000 of gross income from gaming activities on Fair VIII, line out	19		X
10	If "Yes," complete Schedule G, Part III.			(2017)
		ro-	m フラリ	, (∠∪1/)

art	V Checklist of Required Schedules (continued)		Yes	No	_
		20a	, and a second	Х	_
0a	Figure 1 - a mital to ollitical / IT "VAS CONTURED DUTCUTO II	20b			_
					_
		21		X	
	Total V column (A) line 17 if Yes Collidiate Solication, 1 and 1 and 1				
	The de non of drante of other assistance to or for domostic manner	22		X	
	- Inc. 10 If "Voc." complete Schedille I. Palls I allu III				_
	Dort VII Section A line 3. 4. 01 5 about compensation of the			1	
	the design of the former officers directors in stees, key employees, and mignest some	23		X	
					_
24a					
		24a		x	
	1. t. Oalaadula IZ It "NO " OO TO IIDE 200	24b	T		
b	the state of the second of the				_
С	and the maintain an escrow account other than a returning escrow at any time daming and	24c		İ	
		24d			
d			T		_
25a		25a	.	x	
	the standard porcon during the vest (II TES, complete contents at the				_
b	the state of the s				
	and that the transaction has not been reported on any of the organizations prior i since of the transaction has not been reported on any of the organizations prior i since of the transaction has not been reported on any of the organizations prior i since of the transaction has not been reported on any of the organizations prior i since of the transaction has not been reported on any of the organization has not been reported on any of the organization of the organization is a since of the organization has not been reported on any of the organization of the organization of the organization has not been reported on any of the organization of	25k	اا	x	(
			1		
26	and the second and amount on Part X. line 5, 6, of 22 for receivables from or payables to any				
	trustees key employees, highest compensated on project of	26		>	(
	" " " " " " " " " " " " " " " " " " "				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1		
	bid the organization provide a grant of other assistants of other	27	·	>	<u> </u>
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		12 A		
28	was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	a		<u>X</u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			- 1	
b	A family member of a current or former officer, director, trustees, or key officer, or seed to be s	28	b _		<u> </u>
	Schedule L, Fait IV.		1		
С	and the state of direct or indirect owner / I THS COMPLETE OUTCOME IN ALL THE	28	c		<u>X_</u>
	the state of the s	29	9		<u>X_</u>
29	the second state of art historical treasures of other similar assets, or quantos				
30	" Libertage Off "Voo" complete Schedille W	3	0	_	<u>X_</u>
		1			
31		3	1	_	<u> </u>
~~	II dianogo of or transfer more than 25% OHIS HELDS 655.				v
32		. 3	2		<u>X</u>
22	4000/ of an antity digragarded as senarate from the Ordanization under regulations	1			~
33	204 7704 0 and 201 7701 22 If "Vos." complete Schedule R. Fall I	3	3	-	<u>X</u>
34		1.	,		Y
		3	4 5a	-	<u>X</u>
35	the second controlled on tity within the meaning of Section 312(0)(13)?	13:		-+	
33			5b	- 1	
	which is the manning of postion 512/b)/13/2 If "Yes " complete Scriedule IX, Fait V, III of 2	13	-	\dashv	
36	The state of the organization make any transfers to all exempt non-characters	- 1	6		Х
	o is ilivee il complete Schedule R. Part V. line Z.	H	+		
37	of its activities that is not a related organization.				
	the tighteeted as a partnership for federal income tax purposes? If "Yes," complete schedule N, Fait	. :	37		Х
	VI	F	\neg		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	. :	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O			90 (2	2017

FAMILIES ON THE MOVE OF NEW YORK CITY INC

Statements Regarding Other IRS Filings and Tax Compliance

Part	Statements Regarding Other IRS Filings and Tax Compliance		X	
	Statements Regarding Other IRS Fillings and Tax Compilation Check if Schedule O contains a response or note to any line in this Part V	Ye	_=	
	1a 8			
1a	The state of the s	1 m	4 2 S	
		海龙		
c	and to be a second with backup withholding rules for reportable payments to vendors and reportable	1c	Ιx	·
	(nambling) winnings to prize Winners/			100
2a	t remaining a reported on Form W-3 Transmittal of Waye and Tax			
		2b X		39538
b	an line 20 did the organization file all required lederal completions as a second	2.0		100
~		3a	X	
3a	Let - I business groce income of \$1 000 0 0000 0000 0000	3b	+ 5	`
b	we was a contract the contract of the contract	100	+-	<u>`</u>
4a	the released as year did the organization have all illerest III, or a signature or other additional			
	a financial account in a foreign country (such as a pank account, securities account, or other interests)	4a		Χ
	account)?	70	521	
b	Company to the company of the compan	100	23	
	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	The second second		
		5a		X
5a	the appropriate of the second state of the second state of the second se	5b		X
b	the amonization that it was or is a DAILA II an indication trained and	5c		X
С	= 51 -1:-1 the ergonization file Form 8886-17			
6a		6a		X
	the state of the s	-		
b	the straight adjoint of an average state of the contraction of average state of the contraction of the	6b		Χ
	gifts were not tax deductible?	100		
7		144		
а	Organizations that may receive deductible contributions after the contribution and partly for goods Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
		7b		<u>X</u>
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	. " II or othorwice digness of tangine Delagrid biopery for which it was	7c		X
	and the file Form 82822	1	- 17 - 12	
d		7e		Χ_
е	If "Yes," indicate the number of Forms 6262 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization receive any furids, directly of indirectly, to pay promise Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		<u>X</u>
h	If the organization received a contribution of cars, boats, airplanes, of other volucies, and the organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organizations maintaining donor advised funds.	Sec.	200	100
8	sponsoring organizations maintaining donor advised tunes. Bit a dente during the year?	. 8		<u>X</u>
		100000000000000000000000000000000000000		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
а	and a superination make a distribution to a donor, donor advisor, or related persons.	. 9b		Χ_
b	Did the sponsoring organizations Enter:	3 6		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		345	1000
a	to included on Form 000 Part VIII line 12 for public use of club facilities			
b	Section 501(c)(12) organizations. Enter:		en gave en Se	
11	a second mambars or shareholders	1		
a	Our as income from other sources (Do not net amounts due or paid to other sources		40 a	And the second
k		- 40		
12a	Continue 4047(a)(4) pon-exempt charitable trusts. Is the organization filing Form 990 in fled of Form 10471.	12a		
12a	If "Yes " enter the amount of tax-exempt interest received or accrued during the year			
13	a vi ro4/-\/oo\alified nonprofit health insurance Issuers.	120		X
10	by the erganization licensed to issue qualified health plans in more than one state?	13a	100	
·	Note: See the instructions for additional information the organization must report on Scriedule O.			4
k	Enter the amount of reserves the organization is required to maintain by the states in which	1	17 (17 (17 (17 (17 (17 (17 (17 (17 (17 (
-	the organization is licensed to issue qualified health plans	7		1,20
(Enter the amount of reserves on hand	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14b	Х	<u> </u>
t	bid the organization receive any payments is made to be built in the organization of t			(2017)

Part VI

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

	the Dady and Management			
Secti	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
1a	Enter the number of voting members of the governing body at the one of the governing body, or If there are material differences in voting rights among members of the governing body, or			Sec. 1
	If there are material differences in voting rights among members of the governing and the control of the contro	200		100 m
	if the governing body delegated broad authority to an executive committee or similar	100	4	
	committee, explain in Schedule O. 1b	100		
b		100.5	100 m	
2	Enter the number of voting members included if fine ray above, the number of voting members included if fine ray above. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Χ
	con discretor tructor or key employee?	1		
3	to the mate control over management duties customarily performed by of under the direct	3		X
_	a see the second of Management Company of Control Porton.	4		X
4		5		X
5	the large during the year of a significant giversion of the organizations doods.	6		X
6	The state of the s	- ° -		
7a		l <u> </u>		v
1 a	and the manufacture of the governing body?	7a		_X_
	a suppression decisions of the organization reserved to (or supject to approval by) members,			
b	the state of the s	7b		<u>X</u>
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8	Did the organization contemporaries daily desarrow was was a			
	the year by the following: The governing body?	8a	Χ	
а	Each committee with authority to act on behalf of the governing body?	8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	at the organization's mailing address? If Yes, provide the names and address on trequired by the Internal Revenue	Code.)	
Sec	at the organization's mailing address? If Yes, provide the names and address? If Yes, provide the names and address not required by the Internal Revenue tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		Yes	No
	the transfer or officiator?	10a		X
10a	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		7	
b	a	12a		Х
12a		12b		X
b	or trustoco and key employees required to disclose applicable that could give not to service to	1.20		
c		12c		X
	1 1 Och adula O how this was done	13	†	X
13	with the subject of the property of the subject of	14	X	 ^`
14	and destruction bound a written document retention and destruction policy?	17	/	
15	to the following persons in a seminance tion of the following persons include a review and approval by			100
	and contemporaneous substantiation of the deliberation and desired.	15a	X	
	OFO Fire this Director or ton management of the control of the con	15t		X
ì	Other officers or key employees of the organization	131	37	+^
•	1610 C. II. C. Land 15 p. describe the process in Schedule U (see Instructions).		1.4	
40	and the second in contribute assets to or narticipate in a joint venture or similar arrangement	4.0		
16	we to the authorized by year?	16a	1	X
	to be a supported by the support of			
b	with the state of			
	the organization's exempt status with respect to such arrangements?	161	<u> </u>	
-	ction C. Disclosure			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 30 No)	(3)s or	ıly)	
18	evailable for public inspection. Indicate how you made these available. Check all that apply.			
	Anothor's website IXI Upon request I Other (explain in Schedule s))		
4.4	Own website Another website another website governing documents, conflict of interest p	olicy, a	and	
19	and the state of the subline during the tay year			
	Chate the name, address, and telephone number of the person who possesses the organization's books and records.	•	•	
20	State the name, address, and telephone number of the person line person line person line (347) 682-48	70		
	358 ST. MARKS PLACE, STATEN ISLAND, NY 10301			
	000 0 11 111 0 11 12 1 2 2 2 2		~~	_

20-2147756

•			- (-	
	Рa	7.	VI	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	tion more	than both or/trusted employee	an	(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
(1) DEBORAH MILLER										
TREASURER	0.00	X	ļ							
(2) RUEZALIA WATKINS	1.00									
DIRECTOR	0.00	X	<u> </u>							
(3) MICHELLE KING	1.00									
SECRETARY	0.00									· · · · · · · · · · · · · · · · · · ·
(4) WANDA GREENE	1.00	1								
PRESIDENT	0.00	X								
(5) EUPHEMIA ADAMS	40.00									
CEO	0.00			X		X		86,700		
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

EAMILIES ON THE MOVE OF NEW YORK CITY INC.

Form 990	Tmi	stees. Kev Emi	love	es,	and	Hig	hest	t Cc	mpensated Em	ployees (continu	ued)
Part	Section A. Officers, Directors, Tru	stees, rey z	,	,	,-	• •					
	(A)	(B)	(do n	ot ch	Posi eck i	more	than c	ne	(D) Reportable	(E) Reportable	(F) Estimated
	(A) Name and title	Average hours per	box, u	unles er and	s pe d a d	irecto	is both or/trust	ee)	compensation	compensation from related	amount of other
		week (list any hours for	or Ind	Insi	Officer	Key	Highest compensated employee	Former	from the	organizations	compensation from the
		related	ividu	titutio	cer	emp	nest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		organizations below dotted	Individual trustee or director	Institutional trustee		Key employee	omp				and related organizations
		line)	stee	uste		0	ensa				
				0			ted				
(15)											
			<u> </u>	-	╁	╁	 	\vdash			
(16)											
(17)			-								
			+-	\dagger	\dagger	T	\vdash	T			
(18)			1_	_	_	-	-	+			
(19)			-								
(20)			_	\dagger	T	T					
(20)			-	+	+	+	-	+			
(21)											
(22)											
				+	+	+	-	+			
(23)											
(24)											
				+	+	+	+	+			
(25)								بلـ	00.70	20	0 0
1b	Sub-total			•		•		. !	86,70	0	0 0
c	Total from continuation sheets to Part VII, Total (add lines 1b and 1c)									00	0 0
<u>d</u> 2	Total (add lines 1b and 1c). Total number of individuals (including but not	limited to those	listed	ab	ove) wh	o rec	ceiv	ed more than \$1	00,000 of	
2	reportable compensation from the organization	on 🕨			0						Yes No
	Did the organization list any former officer, d	iractor or truste	e ke	v en	nplo	vee	or h	niah	est compensate	Ė	
3	amployee on line 1a2 If "Yes " complete Sch	edule J for such	maiv	luuc	<i>aı</i> .			•		• •	3 X
4		a of raportable o	omne	nsa	atior	n an	d oth	er c	compensation fro	om	
7	ui-stion and rolated organizations di	eater than \$150	,000	(11	163	S, C	unpi	616	Ochlodalo o io. e		4 X
	individual			•	•			•			53 36 65
5	Did any person listed on line 1a receive or action for services rendered to the organization? If	ccrue compensa "Ves " complete	tion t Sche	rom edul	i ang le J	y un for s	reiau such j	pers	son <u></u>		5 X
Sec											
1	Complete this table for your five highest com compensation from the organization. Report	pensated indep	ender	ntc aca	ontr Ienc	acto dar v	rs th ear e	at re endi	eceived more the	the organization	n's tax
	compensation from the organization. Report year.	Compensation	01 1110							<u> </u>	
	(A)	Line							(B) Description of	services	(C) Compensation
	Name and business	audress									1
								_			
	Total number of independent contractors (in	cluding but not l	imited	d to	tho	se li	sted	لــــا abo	ve) who receive	d	
2	more than \$100,000 of compensation from t	he organization		<u> </u>				0			- 000
											Form 990 (2017

Form 990 (2017)

Part VIII	Statem	nent of	Revenue

		Check if Schedule O contains a	Tesponse of	TIO	te to any me	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		a	0	Control of		AND SHAPE OF SHAPE	A Part of the last
Contributions, Gires, Grants and Other Similar Amounts		Membership dues	· · · · -	b	125		The second second		
Ē	С	c Fundraising events		С	0			对热度发展	
ar A	d Related organizations		-	d	0		是2.5°全发。		
, E	е	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$		le	1,241,326	建筑工程 集型			Policy Control of the Control
er S	f				0.004	· · · · · · · · · · · · · · · · · · ·			
틝						The second second	為就是多為性	· · · · · · · · · · · · · · · · · · ·	Service Control
<u>a</u>					1,247,712		A STATE OF THE STA	The state of the s	
, "	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	÷i	Business Code	1,241,112	CALL TO THE PARTY.	建于安全工程	1 10 1 10 10 10 10 10
ne				ŀ	900099	9,630	A STATE OF THE STA		
ven		PROGRAM FEES		ŀ	900099	0,000			
Re				}		0			
vice	С			-		0			
Ser	d					0			
Program Service Revenue	е	All other program service revenue				0			
rog	Ī	Total. Add lines 2a–2f				9,630	The state of the s	A STATE OF THE STATE OF	
Δ.	<u>g</u> 3	Investment income (including divident	dends, intere	est,	and	·			
	٦	other similar amounts)				159			
	4	Income from investment of tax-exe	empt bond p	roc	eeds	0		<u> </u>	
	5	Royalties			.	0			No. of the Control of
	١	Toyanies	(i) Real		(ii) Personal			1	
	6a	Gross rents			有少性的是				
	b	Less: rental expenses				Section 1		Labor Sand	
	C	Rental income or (loss)		0	0	All Santana	15.00	100	A Part Balling
	d	Net rental income or (loss)			▶	C			
	7a Gross amount from sales of (i) Securities (ii) Other				THE REAL PROPERTY.	一声。	100		
	assets other than inventory			0	0	是是 不是 是 是			
	b	Less: cost or other basis							
		and sales expenses		0				Telephone and the second	Se Section 1
	C	Gain or (loss)		С		200	Line of the second	Secretary and the second	
	d	Net gain or (loss)			<u> ▶</u>	(0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. of the Control of
								and the same	
P	8a	Gross income from fundraising				Andrew State			
en		events (not including \$	0.			A SERVICE STATE			The second second
é		of contributions reported on line 1	lc).			Street Street Street			
7	ļ	See Part IV, line 18					4 学生高级的	1264250	经制度的
Other Revenue	b	Less: direct expenses		b			0		
0	C				· · · · · •			Capital Solution	THE BUT THE COUNTY
	9a	Gross income from gaming activi	ties.			STATE OF THE STATE OF	· · · · · · · · · · · · · · · · · · ·	100	生 电二十二元的
		See Part IV, line 19				- Company	A STATE OF THE STATE OF		
	b	Less: direct expenses		b		in the Company Control	0	4.0	
	c	Net income or (loss) from gaming	g activities.	•		A STATE OF THE STATE OF		1 - To 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	10a	Gross sales of inventory, less		_					
		returns and allowances						Land Control	200
	b	Less: cost of goods sold	of inventory				0		
	c	Miscellaneous Revenue	or inventory	<u>· · · · </u>	Business Code	E CAN DE CONTRACTOR	建工程。		
	44-						0		
	11a						0		
	b						0		
	0	All other revenue					0		
	0	Total. Add lines 11a–11d				•	0	当 1000 1000 1000 1000 1000 1000 1000 10	
	12	Total revenue. See instructions.				1,257,50)1	0	0

orm 990 (Part I)	I T		: #i- u - :	mplote column (A)	
ection	== () (0) == + E04(o)(4) organizations must complete all C0	olumns. All other org	ganizations must co	mpiete column (A).	
000.011	Check if Schedule O contains a response or note to	o any line in this Par	rt IX		· · · · <u> _ </u>
		(A)	(B) Program service	(C) Management and	(D) Fundraising
Do no	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
8b, 9b	, and 100 of Fart viii.				The second
1 G	rants and other assistance to domestic organizations	ol			The Table Spin
d	omestic governments. See Part IV, line 21			65,34,37,253	10,25
2 G	Frants and other assistance to domestic	ol			
ir	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign	ol			
ir	ndividuals. See Part IV, lines 15 and 16	0			
4 E	Benefits paid to or for members	Ť			
5	Compensation of current officers, directors,	86,700	72,080	14,620	
t	rustees, and key employees	00,100			
6	Compensation not included above, to disqualified				
ķ	persons (as defined under section 4958(f)(1)) and	0			
F	persons described in section 4958(c)(3)(B)	700,522	697,802	2,720	
7 (Other salaries and wages	700,022			
8 F	Pension plan accruals and contributions (include	0			
5	section 401(k) and 403(b) employer contributions)	<u> </u>			
9 (Other employee benefits	167,496	163,855	3,641	
	Payroll taxes	107,400	1,00,000		
11	Fees for services (non-employees):	l 0			-
а	Management	2,050	2,050		
b	Legal	43,520			
C .	Accounting	43,320			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,768		3,458	
13	Office expenses	51,080			
14	Information technology	51,000			
15	Royalties	80,632			
16	Occupancy	16,926			
17	Travel	10,920	12,-11		
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	13,009		9	
19	Conferences, conventions, and meetings		0		
20	Interest		0		
21	Payments to affiliates			0 0	
22	Depreciation, depletion, and amortization	0.05	0		
23	Insurance	9,00	0,40		The second second
24	Other expenses. Itemize expenses not covered	The second party		发展的	
	above (List miscellaneous expenses in line 24e. If			THE REPORT OF	The second
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	4.00	5 1,22	5	
а	EQUIPMENT & MAINTENANCE	1 21 10			ol
b	TELEPHONE	31,10			
С	PROGRAM EXPENSES	2,01		0 2,014	
d	PAYROLL SERVICES	5,04	7		
е	All other expenses WEB SITE	1,255,54			9
25	Total functional expenses. Add lines 1 through 24e	1,255,54	1, 100,00	+	

Joint costs. Complete this line only if the

following SOP 98-2 (ASC 958-720)

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶

26

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X .		· · ·	(B)
					(A)		(B) End of year
					Beginning of year	1	797,758
	1	Cash—non-interest-bearing			836,839 0	2	701,100
	2	Savings and temporary cash investments			0	3	0
	3	Pledges and grants receivable, net			0	4	0
	4	Accounts receivable net			U	7	THE RESIDENCE OF THE PARTY OF T
	5	Loans and other receivables from current and for	rmer offi	cers, directors,			
	-	trustees, key employees, and highest compensation	ated emp	oloyees.	0	5	
		Complete Part II of Schedule L				4 - W 1	25.28 to 15.12.57 (A)
l	6	Loans and other receivables from other disqualified person	ons (as def	fined under section			
		4958(f)(1) persons described in section 4958(c)(3)(B), a	ind contrib	uting employers and	是有是是不是自己的		
		sponsoring organizations of section 501(c)(9) voluntary e	mployees'	beneficiary	0	6	
ध		organizations (see instructions). Complete Part II of Sche	edule L		0	7	0
Assets	7	Notes and loans receivable, net			0	8	
Ä	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges				200	3.4.4.4.2.2.2.3.2.3.2.2.3.
	10a	Land, buildings, and equipment: cost or	100	35.282		1978 278	
		other basis. Complete Part VI of Schedule D	10a	35,282		10c	0
	b	Less: accumulated depreciation	10b		0		0
	11	Investments—publicly traded securities			0	12	0
	12	Investments—other securities. See Part IV, line	. 11		C	13	0
	13	Investments—program-related. See Part IV, lin	e 11		C	14	0
	14	Intangible assets			13,016	15	12,831
	15	Other assets. See Part IV, line 11	 .al line 3	4)	849,855	16	810,589
	16	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	uai iiiio o		191,841	17	200,090
	17	Grants payable				_	
	18	Deferred revenue			478,110	_	
	19	Tax-exempt bond liabilities				20	
	20	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
	21	Loans and other payables to current and former	er officer	s, directors,	THE SERVER		
<u>ië</u>	22	trustoes key amployees highest compensate	d employ	/ees, and			
Ħ		disqualified persons Complete Part II of Sche	dule L .			22	
Liabilities	23	Cooured mortgages and notes payable to unre	elated thi	rd parties		23	_
_	24	Unsecured notes and loans payable to unrelate	ted third	parties		0 24	, l
	25	Other liabilities (including federal income tax,)	payables	to related triird			
	~	parties, and other liabilities not included on line	es 17-24	.). Complete		0 25	. 0
		Part X of Schedule D			200.05		
	26	Total liabilities. Add lines 17 through 25.		<u> </u>	009,93	/ 20	
		Organizations that follow SFAS 117 (ASC 9	58), che	ck here ► X and	计对话的第二人类		
ď	:	complete lines 27 through 29, and lines 33	and 34.		The second second second second		181,859
Š	27	Unrestricted net assets			179,89	_	
<u> </u>	28	Temporarily restricted net assets				0 28	
α 7	29				400	0 29	9
2	23	Organizations that do not follow SFAS 117 (ASC95					
ū	:	complete lines 30 through 34.	-,,	- 			
ý	3 20	the second function of the second functions	ds			0 3	
Š	30 31	Paid-in or capital surplus, or land, building, or	equipm	ent fund		0 3	
2	32	Retained earnings, endowment, accumulated	l income	, or other funds . . .		0 3	
Not Accode or Find Ralances	32	Total net assets or fund balances			179,0		
_	34		<u> </u>	. , . <u></u>	849,8	55 3	4 010,508

	990 (2017) FAMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147	756	Page ′	<u>12</u>
orm 9	Personalization of Net Assets				7
anu	Chack if Schedule O contains a response or note to any line in this Part XI			L_	<u></u>
	Total revenue (must equal Part VIII, column (A), line 12)	1		257,5	
1	= (Lumanaa /must ogual Part IX column (A) line 25)	2	1,	255,5	
2	- Cubtract line 2 from line 1	3		1,9	
3	At the safe or fund helphoes at heginning of year (must equal Part X, line 33, column (A)).	4		179,8	198
4	At the second gains (losses) on investments	5			
5 6	Denoted conjugge and use of facilities	6			
7	the state and companyon	7			
8	and the structure of the state	9			
9	out the man in not assets or fund balances (explain in Schedule U)	9			
0	Net assets or find balances at end of year. Combine lines 3 through 9 (must equal Fait X, line 55,	10		181,8	359
	column (B))	10		10.,1	
Par				. [٦
	Check if Schedule O contains a response or note to any line in this Part XII		T	Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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:		2a		X
b	Separate basis Consolidated basis Both consolidated and separate basis	• • •	2b	X	
-	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Occupantities basis Committee that assumes responsibility for oversight of				
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?. If the organization changed either its oversight process or selection process during the tax year, explain in		2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set form in		3a		X
k	and the angle of the required audit or audits? If the organization did not undergo the	<u> </u>	3b	х	
	required audit or audits, explain why in Schedule o and december any expression		Form	990 ((2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name		e organization				=	mployer identification no	756
FΔMI	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
		- Charity	, Ctatue (All Arna	nizations must com	plete this	part.) So	ee instructions.	
The o	orga		n hacqued it is: (FOI	imes i intoudit 12, on	COR OILLY O	110 2001.7		
1		A church convention of churches	s, or association of c	Huichies described in a	,000.0	-(-/(-/(-	,(·).	
2		A school described in section 17	'0(b)(1)(A)(ii). (Attac	ch Schedule E (Form 9	90 or 990-	·EZ).)		
3	\sqcap	A hospital or a cooperative hospi	tal service organiza	tion described in section	on 170(D)((1)(A)(III).	70/h)/4\/A\/!!!\ Ento	r the
4	П	A medical research organization	operated in conjunc	ction with a hospital de	scribed in	section 1	70(b)(1)(A)(iii). Line	
5		An organization operated for the section 170(b)(1)(A)(iv). (Comp	lete Part II.)					
6	Г	A federal, state, or local government	nent or government	al unit described in sec	tion 170(t	o)(1)(A)(V). :t or from the deners	al public
7	X	An organization that normally redescribed in section 170(b)(1)(A	ceives a substantial \)(vi). (Complete Pa	part of its support from art II.)	a govern	mentai ur	iit of from the genera	a public
8	Г	1 Atrust described in s	section 170(b)(1)(A))(vi). (Complete Part II	.)			
9		An agricultural research organizer university or a non-land-grant	and the state of the same	: 470/h\/4\/ \\/iv\	onerated	in conjund ame, city,	ction with a land-gran and state of the colle	ege or
		university:			rt from co	ntributions	membership fees,	and gross
10		receipts from activities related to support from gross investment in acquired by the organization after	o its exempt function ncome and unrelate er June 30, 1975. S	d business taxable ince ee section 509(a)(2).	ome (less (Complete	section 5 Part III.)	11 tax) from busines	
11	Г	T Am arganization organized and	operated exclusively	/ to test for public safet	ty. See se o	ction 509	(a)(4).	
12	F	-	a to the second	. for the benefit of to n	arform the	tunctions	ant or to carry out in	e purposes
	L	of one or more publicly supported the boy in lines 12a through	ed organizations des ugh 12d that describ	es the type of supporti	ing organiz	zation and	complete lines 12e,	12f, and 12g.
•	a	Type I. A supporting organization (sorganization. You must con	s) the power to regul	ions A and B.	majority of	i ilic diloc	toro or a detect	
	b	Type II. A supporting organize control or management of the	zation supervised or e supporting organi	controlled in connection zation vested in the sa	me persor	13 (1141 001	thor or manage are	
	С	Type III functionally integra	ated. A supporting of	organization operated in				
	d	Type III non-functionally in	ntegrated. A support	ting organization opera ion generally must sati	sfv a distri	bution red	uirement and an att	entiveness
		requirement (see instruction Check this box if the organiz	zation received a Wr	itten determination ifor	ii the iro	llial il is a	Type I, Type II, Typ	e III
	е	functionally integrated, or Ty	pe III non-functiona	Illy integrated supportir	ng organiz	ation.		
	f	Enter the number of supported	organizations					
	g	Provide the following information	n about the support	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		(i) Name of supported organization	(II) EIN	(described on lines 1-10	listed in you	ır governing	support (see	other support (see instructions)
				above (see instructions))	docur	ment?	instructions)	mandonomy
					Yes	No		
(A)								
(B)								
(C))							
(D))							
					-			
(E))							
						900	0	

20-2147756

schedule A (Form 990 or 990-EZ) 2017 Part II

(Complete only if you checked the box on line 5, 7, of 6 of Fart 10 in the organization fails to qualify under the tests listed below, please complete Part III.)
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 fail	s to quality und	der the tests list	ed below, pież	ase complete re		
	ion A. Public Support	T	#12 004 A	(a) 2015	(d) 2016	(e) 2017	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(a) 2010	(6) 2017	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,139,425	1,179,642	1,180,105	1,120,009	1,257,342	5,876,523
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
	The value of services or facilities furnished by a governmental unit to the organization without charge			4 400 405	1 120 000	1,257,342	5,876,523
4	Total. Add lines 1 through 3	1,139,425	1,179,642	1,180,105	1,120,009	1,237,342	0,070,020
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	The State of the State of		mile Parader Suite			5,876,523
	Public support. Subtract line 5 from line 4	F (2 15) 215 (2 15)					
	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	-	1,139,425		1,180,105	1,120,009	1,257,342	5,876,523
7 8	Amounts from line 4	1,100,120	.,,,				
	rents, royalties, and income from similar sources	148	642	149	155	159	1,253
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support Add lines 7 through 10.	The second second		是中国工作 G-号	1. 18 图 3. 20	40	5,877,776
12	Owene receipts from related activities etc. (see instructions).				12	
13	First five years If the Form 990 is for the	rganization's first.	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	· ·
	organization, check this box and stop here	<u></u>					
Se	ction C. Computation of Public Su	pport Percen	tage				99.98%
14	Bublic support percentage for 2017 (line 6.	column (f) divided	by line 11, column	(f))		14	99.98%
15	Dublic support percentage from 2016 Sche	dule A. Part II, line	:14			15	33.3070
	a 33 1/3% support test—2017. If the organization qualifies	zation did not ched as a publicly suppo	ck the box on line 13 orted organization .	3, and line 14 is 3	3 1/3% or more, cne		 X
	bo 33 1/3% support test—2016. If the organi	zation did not che īes as a publicly s	ck a box on line 13 o upported organizati	or 16a, and line 1: on	5 is 33 1/3% or mor	e, check this	
	a 10%-facts-and-circumstances test—20° is 10% or more, and if the organization me Part VI how the organization meets the "facorganization	ets the "facts-and- cts-and-circumstar	nces" test. The orga	nization qualifies	as a publicly suppor	ted	· · · · · _{/ •} ► [
	b 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me	6. If the organizat	ion did not check a nd-circumstances" t	box on line 13, 16 test, check this bo	Sa, 16b, or 17a, and ox and stop here.	line	

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

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.)

Sect	ion A. Public Support			. <u></u>		() 0017	(D Total
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 (Gifts, grants, contributions, and membership fees			• .			0
r	eceived. (Do not include any "unusual grants.")						0
2 (Gross receipts from admissions, merchandise						
\$	sold or services performed, or facilities						
	urnished in any activity that is related to the organization's tax-exempt purpose						0
	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						0
	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	1						0
	its behalf						
	furnished by a governmental unit to the						0
	organization without charge	0	0	0	0		0 0
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						
	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
	or 1% of the amount on line 13 for the year	(0	0	0		0 0
	Add lines 7a and 7b	(A)		建筑建筑。		Service Control	
8	Public support (Subtract line 7c from	1. 安装的	The second second		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	A 180 AP 18 A 18	0
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		0	C	0		0 0
9							
100	Cross income from interest dividends		1				
10a	Gross income from interest, dividends,						
10a	payments received on securities loans, rents,						0
	payments received on securities loans, rents, royalties, and income from similar sources						0
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less					·	
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0 0	(D C		
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b		0 0	(D C		0
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0 0				0 0
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether		0 0	(D C		0
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .		0 0		D C		0 0
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or		0 0		D C		0 0
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets		0 0		D C		0 0
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0 0				0 0
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0		0 (0 0
b c 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 C	th, or fifth tax yeal	0 (mas a section 501(c))(3)	0 0
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 C	th, or fifth tax yeal	0 (mas a section 501(c))(3)	0 0
b c 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 Ct, second, third, four	th, or fifth tax year	0 (0 r as a section 501(c	0)(3)	0 0 0 0 0
b c 111 12 13 14 <u>See</u>	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 Ct, second, third, four	th, or fifth tax year	0 (fras a section 501(c	15	0 0 0 0 0 0 0 0.00%
b c 111 12 13 14 Se 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 (t, second, third, four	th, or fifth tax year	0 (fras a section 501(c	0)(3)	0 0 0 0 0
b c 111 12 13 14 Se 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	t, second, third, four thage d by line 13, column the 15	th, or fifth tax year	0 (gras a section 501(c	15 16	0 0 0 0 0 0 0 0.00%
b c 111 12 13 14 Se 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs	0 (t, second, third, four thage d by line 13, column the 15	th, or fifth tax year (f))	0 (gras a section 501(d	15 16 17	0 0 0 0 0 0 0 0 0.00% 0.00%
b c c 11 12 13 14 See 15 16 See 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs in port Percer column (f) divided dule A, Part III, lire int Income Percer column (f)	o (t, second, third, four	th, or fifth tax year (f))	0 (gras a section 501(cr	15 16 17 18	0 0 0 0 0 0 0 0 0.00% 0.00%
b c c 11 12 13 14 See 15 16 See 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs in port Percer column (f) divided dule A, Part III, lire int Income Percer ne 10c, column (f) Schedule A, Part	o (t, second, third, four	th, or fifth tax year (f))	0 (gras a section 501(gras a sec	15 16 17 18 a, and line 17 is	0 0 0 0 0 0 0 0 0 0.00% 0.00% 0.00%
b c c 111 12 13 14 Se 15 16 Se 17 18 19 2	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs proport Percer column (f) divided dule A, Part III, lir ent Income Per the 10c, column (f) Schedule A, Part inization did not ch	o Ct, second, third, four	th, or fifth tax year (f))	o (gras a section 501(cr.)) (gras a section	15 16 17 18 1	0 0 0 0 0 0 0 0.00% 0.00% 0.00%
b c c 111 12 13 14 Se 15 16 Se 17 18 19 2	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs proport Percer column (f) divided dule A, Part III, lir ent Income Per ne 10c, column (f) Schedule A, Part nization did not cl	o (t, second, third, four	th, or fifth tax year (f))	o (or as a section 501(or as a section 501(or as a section 501)) or a section 501(or as a section 501) or a section 501(or as a section 501(15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	0 0 0 0 0 0 0 0 0.00% 0.00% 0.00%
b c c 111 12 13 14 Se 15 16 Se 17 18 19 2	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	organization's firs interport Percer column (f) divided dule A, Part III, lir ent Income Per ne 10c, column (f) Schedule A, Part nization did not cl stop here. The inization did not cl stop has and stop h	o Ct, second, third, four	th, or fifth tax year (f))	o (gras a section 501(co	15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	0 0 0 0 0 0 0 0 0.00% 0.00% 0.00%

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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - 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?
 - 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 7 (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.
 - 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.)

art v.)
Yes No
2
3a
3b
3c
4a
4b
4c
5a 5b
5c 6
7
8
9a
9b
9c
10a
10b

Schedule	A (Form 990 or 990-EZ) 2017 FAMILIES ON THE MOVE OF NEW TORKS THE	2.00
Part I	+ 1 (1 /-antinuod)	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
•	A person who directly or indirectly controls, either alone or together with persons decembed in (2)	11a
	helow, the governing body of a supported organization?	11b
	A = A = A = A = A = A = A = A = A = A =	11c
C	A family member of a person described in (a) above? 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.	11101
Soction	on B. Type I Supporting Organizations	Yes No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	
1	the first a molority of the officially allong of tradicord at all allong the	
	- in the implemental of the state of the sta	
	· · · · · · · · · · · · · · · · · · ·	
	" I de annoint and/or remol/e directors de la director de la contra del la contra della contra d	2,62 205
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
	the benefit of any supported officially allow official title supported	
2	Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part organization(s) that operated, supervised, or controlled the supporting organization(s) that operated	
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated.	
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated, VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
	supervised, or controlled the supporting organization.	
Sect	on C. Type II Supporting Organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
-	to the second cumported ordanization(S) / II NO. UESCIDE III ut the second	
	or trustees of each of the organization's supported organization(e). It is not to the supporting organization was vested in the same persons that controlled or managed	1
	the supported organization(s).	
Sect	ion D. All Type III Supporting Organizations	Yes No
3600		Tes IN
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
1	(i) =itton notice describing the type and amount of support provided daring and principles	
	tu = 000 that was most recently filed as 01 life (late of flotification, and (iii) object of the	
	. It is a second a decuments in effect on the date of hould allow, to the extent not providedly provided of	1
	directors of trigings eliment in appointed of elected by the early and	42 34
2	the governing hody of a supported organization? If two, explain in a supported organization?	200
	organization(s) or (ii) serving on the governing body of a supported system organization (s). the organization maintained a close and continuous working relationship with the supported organizations have a	2
	the organization maintained a close and continuous working relations by	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	E 20 E 30 E
	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	3
	supported organizations played in this regard.	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	notructions)
1	Check the hox next to the method that the organization used to satisfy the integral Part Test during the year (See II	istructions).
a	The organization satisfied the Activities Test. Complete line 2 below.	
	The experiencies is the parent of each of its supported organizations. Complete line 3 below.	
b	The organization is the parent of each of the support of the support of the organization supported a government entity. Describe in Part VI how you supported a government entity of the organization support of the s	(see instructions).
С	The organization supported a governmental entity. Describe in Valid Vision you supported a	Yes N
2	Activities Test. Answer (a) and (b) below.	Tes I
a	and the complete of the propriet of the propriet of the section is activities during the tax year directly further the exempt purposes of	
a	to the manifestion (a) to which the organization was responsive? If it es, uter in Fact vitations	
	the same artists of arganizations 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 0f its activities.	2a
L	and the state of the state of the constitute activities that but for the organization's involvement, one or more	8-5 h 32 h
b	the experient one supported organization(s) would have been engaged in 7 if 165, explain in 1 at 11 in 165.	250
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
	activities but for the organizations. Answer (a) and (b) helow	5.2 (5.8)
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3.76
a	Did the organization have the power to regularly appoint of elect a majority of the supported organizations? Provide details in Part VI	3a
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
	of its supported organizations? If "Yes," describe in Fart VI the role played by the organization in this regard.	المسالمة فيسام المناسبة

Schedule A (Form 990 or 990-EZ) 2017 FAMILIES ON THE MOVE OF NEW YORK CITY I	NC	20-21	47756 Page 6
Solication ()	raanız	ations	
			n Part VI). See
1 Check here if the organization satisfied the integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	ization	s must complete Sections	
instructions. All other Type III non-idirectionally integrated expression		(A) Prior Voor	` '
Section A - Adjusted Net Income		(A) Prior Year	(optional)
	11		
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4	0	0
4 Add lines 1 through 3.	5		
5 Depreciation and depletion	+++		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	17		
7 Other expenses (see instructions)	8	0	0
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	 	v	(B) Current Year
	1	(A) Prior Year	(optional)
Section B - Minimum Asset Amount	6.392		Copies Contract
1 Aggregate fair market value of all non-exempt-use assets (see	1000		The second second
instructions for short tax year or assets held for part of year):	4	The state of the state of	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	0	0
d Total (add lines 1a, 1b, and 1c)	1d		March Carlo Services
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		1. Taking also and the contract of the contrac	
Acquisition indebtedness applicable to non-exempt-use assets	2	0	0
2 Subtract line 2 from line 1d	3	U	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		0	o
see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	<u> </u>
Section C - Distributable Amount			Current Year
	1		(
Adjusted net income for prior year (from Section A, line 8, Column A)	2		(
2 Enter 85% of line 1	3		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
4 Enter greater of line 2 or line 3.	5	THE LOOP WE WANTED	
5 Income tax imposed in prior year	Ť		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		(
emergency temporary reduction (see instructions). 7	ally inte	egrated Type III supporting	organization (see
7 Check here if the current year is the organization's first as a non-infictional	any mit	cgrated Type in eapporting	,
instructions)			

Part V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	Current Year
Sectio	n D - Distributions			Ourient rous
4	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to supported eigenmasser. Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity		iono	
3	Administrative expenses paid to accomplish exempt purpose:	ions		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			0
7	Total appual distributions, Add lines 1 through 6.		-1	
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			0
9	Distributable amount for 2017 from Section C, line 6			0.000
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
s		(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	and the party of the same of t	St. St. A. Sept. St. Co.	MAN THE THE PERSON AND A SHIP
	Underdistributions, if any, for years prior to 2017	The State State of the State of		
2	(reasonable cause required—explain in Part VI). See			
	instructions.	THE RESERVE OF THE PARTY OF THE		\$ 7 A. S. F. B. S. F. L. S. F. S. S. F. S.
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014	THE WARRY SHOWS THE		A Secretary Control of the Control o
d			Section 2015 and Control of the	
е	From 2016 0			AND AND DESCRIPTION
f	Total of lines 3a through e	0	0	12 To 12 The Later Bulletin
g	Applied to underdistributions of prior years			0
h	Applied to 2017 distributable amount	A CONTRACTOR OF THE PARTY OF TH		
i	Carryover from 2012 not applied (see instructions)	0	18 18 18 18 18 18 18 18 18 18 18 18 18 1	STAPE CONTRACTOR
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			MET AND THE SECOND
4	Distributions for 2017 from		All the second	
	Section B, line 7.		0	
a	Applied to underdistributions of prior years			0
b	Applied to 2017 distributable amount	0		
	Remainder. Subtract lines 4a and 4b from 4.			SECTION SECTION
5	Remaining underdistributions for years prior to 2017, if	Total Committee Committee		
	any. Subtract lines 3g and 4a from line 2. For result		l c	Services Transport
	greater than zero, explain in Part VI . See instructions. Remaining underdistributions for 2017. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in	The same of the same		
				0
	Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j			
7				The second second
	and 4c.	PERMIT A THE	A STATE OF THE STA	A CONTRACTOR AND ADDRESS.
8	Breakdown of line 7:	100 100 100 100 100 100 100 100 100 100		
	LXCess from 2010			THE LAND TO SELECT
	EXCESS HOLL 2014			
	Excess from 2017	Service Committee Control		

Schedule A (Fo	rm 990 or 990-EZ) 2017 FAMILIES	ON THE MOVE OF NEW YORK CITY INC	20-2147756	Page O
Part VI	1 11 5 1 Duas	uide the explanations required by Part II. line 10: Part II.	line 17a or 17b; Part	
Part VI		1 2 26 26 46 46 59 6 49 90 90 11a. 11b. and 1	10, 1 att 10, 000aon	
		C line 1: Dort IV Section II lines / 200 3. Fall IV. OCC	1011 E, 111103 10, 20, 20,	
	B, lines 1 and 2; Part IV, Section	Section B, line 1e; Part V, Section D, lines 5, 6, and 8;	and Part V, Section E,	
	3a, and 3b; Part V, line 1; Part V	, Section B, line 1e, 1 art V, Scotlon B, lines G, G, and G, G, G, and G, G, G, and G,)	
	lines 2, 5, and 6. Also complete t	this part for any additional information. (See instructions	1	
				

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

FAMILIES ON THE MOVE OF NEW YORK CITY INC

Schedule of Contributors

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

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

OMB No. 1545-0047

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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is converted to Note: Only a section 501(c)(7), instructions. General Rule	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
For an organization fili or more (in money or p contributor's total contr	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.
Special Rules	
regulations under sect 13, 16a, or 16b, and tr \$5,000; or (2) 2% of tr	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the contributions totaled r	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions during the year
	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(2)	(b)	ppies of Part I if additional space is r	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
	Foreign Country.		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
··	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Foreign State or Province: Foreign Country:	 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
No.	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.)

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

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

lame of orga			Employer identification number 20-2147756
Part III	Exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter Use duplicate copies of Part III if additional space	ting Part III, enter the total of exerthis information once. See ins	clusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	4 Relation	ship of transferor to transferee
	For Prov. Country		
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	nship 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
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	4 Relation	nship of transferor to transferee
(a) No.	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, and ZIP	+ 4 Relation	onship of transferor to transferee
	For. Prov. Country		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Inspection

 Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 20-2147756 FAMILIES ON THE MOVE OF NEW YORK CITY INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (during year) . . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other No 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 a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes 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 SFAS 116 (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 SFAS 116 (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 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part	Organizations Maintaining Co	ollections of Ar	t, Histori	ical Trea	sures, or O	ther S	Similar Assets (continued)	
3	Using the organization's acquisition, acc	cession, and other	records, cl	heck any	of the following	g that a	are a significant us	e of its	
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pr	ograms	S		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
_	During the year, did the organization so	licit or receive don	ations of a	rt. historic	al treasures. c	or other	r similar		
5	assets to be sold to raise funds rather th	nan to be maintain	ed as part	of the org	anization's col	llection	? [Yes N	lo
Part									
, arc	Complete if the organization at 990, Part X, line 21.	nswered "Yes" o	n Form 9	90, Part	IV, line 9, or	repor	ted an amount o	n Form	
1a	Is the organization an agent, trustee, cu	ıstodian or other ir	ntermediary	for contr	ibutions or oth	er asse	ets not	☐ Yes ☐ N	lo.
	included on Form 990, Part X? If "Yes," explain the arrangement in Par	t VIII and complet	e the follow	ving table			[
b	if "Yes," explain the arrangement in Fai	t Am and complet	e the follow	virig table.			Am	nount	
	Beginning balance					1c			0
c d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amount					l accou	unt liability?	Yes X N	No .
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the expla	anation ha	as been provid	led on I	Part XIII	\square	
							and the second s		
Part	Complete if the organization a	nswered "Yes" o	on Form 9	90. Part	IV, line 10.			:	
	Complete ii the organization a	(a) Current year	(b) Prid		(c) Two years b	oack	(d) Three years back	(e) Four years ba	ick
1a	Beginning of year balance	C		0		0	0		0
b	Contributions								
C	Net investment earnings, gains,								
•	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						0		0
g	End of year balance		<u>) </u>	0		0	U		
2	Provide the estimated percentage of the		d balance (line 1g, co	olumn (a)) neic	u as.			
а	Board designated or quasi-endowmen		· <u>%</u> -						
b	Permanent endowment	<u>~~~~~</u> .	/						
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 3	nossession of the	organizatio	on that are	e held and adn	ninister	red for the		
3a	I TES I NO								
	organization by: (i) unrelated organizations							3a(i)	
	(::) rolated organizations							3a(ii)	
L	(ii) related organizations If "Yes" on line 3a(ii), are the related o	rganizations listed	as require	d on Sche	edule R?			3b	
b	Describe in Part XIII the intended uses	of the organization	n's endow	ment fund	is.				
Par	AVI Land Buildings and Equip	ment.							
	Complete if the organization a	answered "Yes"	on Form	<u>990, Par</u>	t IV, line 11a	a. See	Form 990, Part	X, line 10.	
	Description of property	(a) Cost or	other basis tment)	(b) C	ost or other sis (other)	(c)	Accumulated depreciation	(d) Book value	
1a	Land		C		0		Freely Section 1975		0
b	Buildings	E .	C	-	0		0	·	0
С	Leasehold improvements				0		0		0
d	Equipment	l l	6,134		29,148		35,282		0
е	Other	<u></u>	000 5 4	· I	(D) line 10e l		0		0
Tot	al. Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part X	., column	(B), line 10c.)	<u> </u>		edule D (Form 990)	
							əcn	edule D (FOIIII 990)	, 2011

Schedule D (Form 990) 2017

	Complete if the organization answe	red "Yes" on Form 99	00, Part IV, line 11b. See Form 990, Part X, line 1
	(a) Description of security or category	(b) Book value	(c) Method of Valuation.
	(including name of security)	` '	Cost or end-of-year market value
(1) Financial	derivatives	(
• •	eld equity interests		J
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	ared "Voo" on Form Q	90, Part IV, line 11c. See Form 990, Part X, line 1
	Complete if the organization answer		(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(4)			
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)	on (b) must equal Form 990. Part X. col. (B) line 13.)		
Total. (Colum	onn (b) must equal Form 990, Part X, col. (B) line 13.)		Printed State Control of the Control
(9) Total. (Colum	Other Accets		990, Part IV, line 11d. See Form 990, Part X, line
Total. (Colum	Other Assets. Complete if the organization answ		Printed State Control of the Control
Total. (Colum	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
Total. (Colum Part IX	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
Total. (Colum Part IX	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
(1) (2) (3) (4)	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a)	rered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a)	rered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a) (a) umn (b) must equal Form 990, Part X, col. (B)	rered "Yes" on Form S	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) (a) (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ	rered "Yes" on Form S	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ (a) (a) (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25.	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary)	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	rered "Yes" on Form S	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnar X	Other Assets. Complete if the organization answ (a) (a) (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25.	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnar X	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnar X	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description Jine 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) Imm (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	line 15.)	990, Part IV, line 11d. See Form 990, Part X, line (b) Book value

	People iliation of Revenue per Auguleu Financial Statements	S VVILII	• • • • • • • • • • • • • • • • • •		
art	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part	IV, IIIIe	12a.		
	Total revenue, gains, and other support per audited financial statements			1	1,257,501
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
a	Donated services and use of facilities	2b		100	
b	Recoveries of prior year grants	2c			
C	Other (Describe in Part XIII.)	2d		100	
d	Add lines 2a through 2d			2e	0
е	Subtract line 2e from line 1.			3	1,257,501
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
a	Other (Describe in Part XIII.)	4b			
b	A 111 to a second 4h			4c	0
_ C	Add lines 2 and 46. (This must equal Form 990. Part I. line 12.).			5	1,257,501
5	Page Religion of Expenses per Audited Financial Statemen	its and	II Exhelises b	er Return.	
Par	Complete if the organization answered "Yes" on Form 990, Par	L I V , III I	e iza.		
	Total expenses and losses per audited financial statements			1	1,255,540
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			100	
2	Donated services and use of facilities	2a		325	
a	Prior year adjustments	2b			
b	Other losses	2c			
۲ C	Other (Describe in Part XIII.)	2d		200	_
d	Add lines 2a through 2d			2e	0
е 3	Subtract line 2e from line 1			3	1,255,540
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			40.00	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		100	
				_	^
	Add lines 4s and 4h			4c	0
С	Add lines 4s and 4h				0 1,255,540
с 5	Add lines 4a and 4b	· · · ·	<u> </u>	5	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
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с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
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с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
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с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540
с 5 Ра	Add lines 4a and 4b	Part IV, I	ines 1b and 2b;	5 Part V, line 4	1,255,540

THE MAN IS OF NEW YORK CITY IN	20-2147/56 Page 3
chedule D (Form 990) 2017 FAMILIES ON THE MOVE OF NEW YORK CITY IN	<u></u>
Part XIII Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

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 PE	RSONS
AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FIN	AL 990 (FILED WITH
THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTIO	N. IN ADDITION, UPON
REQUEST OF ANY BOARD MEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY	MATERIAL CHANGES, AN
AMENDED 990 WILL BE FILED.	·
Form 990, Part IV, Section C, Line 19: FINANCIAL STATEMENTS & OTHER DOCUMENTS A	ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
Form 990, Part V, Section 3B, Line 3B: THERE IS NO UNRELATED INCOME	
Form 990, Part V, Section 14B, Line 14B: THERE ARE NO TANNING SERVICES	
Form 990, Part VI, Section A, Line 9: ALL DIRECTORS CAN BE REACHED AT THE ADDRE	SS
	·

chedule O (Form 990 or 990-EZ) (2017)	Page Z
lame of the organization	Employer identification number
AMILIES ON THE MOVE OF NEW YORK CITY INC	20-2147756
	
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