Zip:

11354

CHAR500 Online For new annual filings, and amendments	Charities Bureau - Registration Section				Open to Public Inspection	
Filing Type: ONew Fil	ing OAm	endment	iling Year: 202	20	_	
General Information						
Current Organization Name	on Name: WOODSIDE ON THE MOVE INC		Updated Name:		N/A	
NY Registration Number:	02-96-97		Registration Category:		DUAL	
Organization Type:	Corporation	1	EIN:		112435565	
Current Fiscal Year End:	06/30		Updated Fisca	l Year End:	N/A	
Organization Email:	jamaya@wo	oodsideonthemove.org	Organization's Phone:		9175927697	
Tax Exempt Status:	501(c)(3)		Website:		www.woodsideonthemove.org	
Organization Address						
Mailing Addres	S	Principal Ad			NY State Address	
51-23B Queens Blvd Woodside NY 11377 UNITED STATES		51-23B Queens Bl Woodside NY 11377 UNITED STATES	vd	NA 		
Primary Contact Information	on				I	
First Name: Jacqueline		Last Name. Ama	/a	Titlo. [Director of Fiscal Operations	
Phone: <u>9175927697</u>			ya@woodsideo			
Organization Type Type of IRS document filed	with itto:	RS990 Organ	ization Type: <u>F</u>			
Third Party Preparer	niormatio					
First Name: Liren		Last Name: <u>Wei</u>	456209	Title:		
Firm Name: Wei Wei & Co	J. LLP	Phone: <u>7184</u>	430308		audit@weiweico.com	
Third Party Address Street: 13310 39th Avenu	ue					
City: Flushing		State:	NY			

Country: United States

Registration Category

- Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.
 Yes
 O No
- Does the organization have assets in New York State?
 O Yes O No
- 3. Is the organization incorporated or formed in New York State? O Yes \$O\$ No \$N/A\$
- 5. Does the organization use a professional fundraiser or fundraising counsel?
 - OYes
 No

Based on your responses to the above questions, this organization's registration category remains as <u>DUAL</u>

Public Charity

- Did the organization solicit or receive contributions during the fiscal year in New York State?
 Yes
 No
- 2. Was the organization required to submit a Schedule B to the IRS in this reporting period? • Yes ONo
- 3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:
- OI would like to enter the total New York State Contributions I would like to submit a redacted Schedule B
- 4. Choose the total contributions in New York State this fiscal year: N/A

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?

O Yes 💿 No

- Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 O Yes

 No
- 3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?

O Yes • No

Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this fiscal year.

Financial Information			
Type of IRS document filed with IRS IRS990		Organization's total reve	enue: <u>1,935,278</u>
Organization's total contributions: <u>1,923,807</u>		Organization's total asse	ets: <u>N/A</u>
Organization's net assets:	565,531	Organization's total reve	enue N/A
Organization's total liabilities:	N/A	 and contributions: Organization's total asso 	ets/ N/A
Organization's total income:	N/A	worth:	
Was the organization required to su OYes ONo N/A	ubmit a Schedule B to th	e IRS in this reporting period?	
For the current filing year, does you Closing Withdrawing Is this your final filing with New Yor		o any of the following with its None O _{No} N/A	Charities Bureau Registration?
Filing Information			
Did the organization use a profession	nal fundraiser or fundra	aising counsel to solicit contrib	outions in New York State?
O_{Yes} O_{No}			
General Informa	ation	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u>		N/A	N/A
Type: <u>N/A</u> Reg	Number: <u>N/A</u>		
Contract Start: <u>N/A</u> Cont	ract End: <u>N/A</u>		
Amount Paid: <u>N/A</u>	Phone : <u>N/A</u>		
Mailing Address: N/A			
Name of Firm: <u>N/A</u>		N/A	N/A
Type: <u>N/A</u> Registr	ration ID: <u>N/A</u>		
Contract Start: <u>N/A</u> Contr	ract End: <u>N/A</u>		
Amount Paid: <u>N/A</u>	Phone : <u>N/A</u>		
Mailing Address: N/A			
		N/A	
Name of Firm: <u>N/A</u>		N/A	N/A
Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A			
		Mailing Address: N/A	

Did the organization receive government grants during this fiscal year?

• Yes O No

Government Grant Agency	Grant Amount
NYC Department of Youth and Community Development	\$1,828,034.00
NYS Division of Housing and Community Development	\$83,885.00
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- ☑ IRS document
- Certified Public Accountant's Audit Report
- □ Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- □ Schedule B
- Redacted Schedule B
- Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	Brent	O' Leary	brent.oleary@gmail.com
Chief Financial Officer	Joanne	Smith	joannesmith747@gmail.com
	•		<u>, </u>

Signature of President	Brent O'leary	Date:	7/26/2022
Signature of Chief Financial Office	Docusigned by: Joanne Smith 73014EZDEECE430	Date:	7/27/2022