

CHAR500 Online For new annual filings, and amendments	Annual Filing for Charitable Organizations New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com	Open to Public Inspection

Filing Type: <input checked="" type="radio"/> New Filing <input type="radio"/> Amendment	Filing Year: <u>2021</u>
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General Information		
Current Organization Name:	<u>WOODSIDE ON THE MOVE INC</u>	Updated Name: <u>N/A</u>
NY Registration Number:	<u>02-96-97</u>	Registration Category: <u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN: <u>112435565</u>
Current Fiscal Year End:	<u>06/30</u>	Updated Fiscal Year End: <u>N/A</u>
Organization Email:	<u>jamaya@woodsideonthemove.org</u>	Organization's Phone: <u>9175927697</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website: <u>www.woodsideonthemove.org</u>
Organization Address		
Mailing Address	Principal Address	NY State Address
<u>51-23B Queens Blvd</u> <u>Woodside</u> <u>NY</u> <u>11377</u> <u>UNITED STATES</u>	<u>51-23B Queens Blvd</u> <u>Woodside</u> <u>NY</u> <u>11377</u> <u>UNITED STATES</u>	<u>NA</u>
Primary Contact Information		
First Name: <u>Jacqueline</u>	Last Name: <u>Amaya</u>	Title: <u>Director of Fiscal Operations</u>
Phone: <u>9175927697</u>	Email: <u>jamaya@woodsideonthemove.org</u>	
Organization Type		
Type of IRS document filed with IRS: <u>IRS990</u>	Organization Type: <u>Public</u>	
Third Party Preparer Information		
First Name: <u>N/A</u>	Last Name: <u>N/A</u>	Title: <u>N/A</u>
Firm Name: <u>N/A</u>	Phone: <u>N/A</u>	Email: <u>N/A</u>
Third Party Address		
Street: <u>N/A</u>		
City: <u>N/A</u>	State: <u>N/A</u>	
Zip: <u>N/A</u>	Country: <u>N/A</u>	

Registration Category

1. 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 ☐ No
2. Does the organization have assets in New York State?
☐ Yes ☒ No
3. Is the organization incorporated or formed in New York State?
☐ Yes ☐ No N/A
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
☒ Yes ☐ No
5. Does the organization use a professional fundraiser or fundraising counsel?
☐ Yes ☒ No

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

Public Charity

1. 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 ☐ No
3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:
☒ I 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: \$1,000,000-\$4,999,999

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
☐ Yes ☐ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
☐ Yes ☐ No N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
☐ Yes ☒ No

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

Financial Information

Type of IRS document filed with IRS

IRS990

Organization's total revenue:

2,934,060

Organization's total contributions:

2,934,060

Organization's total assets:

N/A

Organization's net assets:

1,107,441

Organization's total revenue and contributions:

N/A

Organization's total liabilities:

N/A

Organization's total assets/worth:

N/A

Organization's total income:

N/A

Was the organization required to submit a Schedule B to the IRS in this reporting period?

☐Yes ☐No ☐N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

☐Closing ☐Withdrawing ☐Dissolving ☒None

Is this your final filing with New York State? ☐Yes ☐No ☐N/A

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

☐Yes ☒No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> <u> </u>		

N/A

N/A

Did the organization receive government grants during this fiscal year?

☒ Yes ☐ No

Government Grant Agency	Grant Amount
NYC Department of Youth & Community Development	\$1,343,957.00
NYC Mayor's Office for the Prevention of Hate Crim	\$10,000.00
NYS Division of Housing/Community Renewal	\$91,223.00
NYS Office of Children Family Services	\$314,100.00
	To be continued in Appendix page 2

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
Treasurer	Joanne	Smith	joannesmith747@gmail.com

Signature of President

DocuSigned by:

Brent O'Leary

120A6B006A264B0...

Date: 5/17/2023

Signature of Treasurer

DocuSigned by:

Joanne Smith

72A1AE70EECE430...

Date: 5/16/2023

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N / A	N / A
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