Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Department	of the	Treasury
nternal Rev	enue S	ervice

<u>A</u>	For th	ie 2021	calendar year, or tax year beginning		a	nd ending					
-			C Name of organization				DE	Employer ide	ntificati	on number	
Б	Check if a	applicable:	NYC MEDICS								
	Addr chan		Doing business as					20-4209	9205		
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	R	oom/suite	ΕT	Telephone nu	mber		
	Initia	al return	WEWORK BUILDING, 1460	BROADWAY				(888)6	00-1	648	
		l return/ inated	City or town, state or province, country, a	nd ZIP or foreign postal code							
	Amer retur	nded	NEW YORK, NY 10036				G	Gross receipt	s \$	1,732,8	830.
		ication	F Name and address of principal officer:	MARC HIRSCHFIE	ELD		H(a	a) Is this a gro subordinates		for Yes	X No
			WEWORK BUILDING, 1460 E	BROADWAY, NEW YOP	RK, NY 1	L0036	H(b	 Are all subord 		uded? Yes	No
I	Tax-ex	xempt sta	atus: X 501(c)(3) 501(c) () ┥ (insert no.) 4	1947(a)(1) or	527		lf "No," a	ttach a lis	st. See instructions	
J	Webs	ite: 🕨	WWW.NYCMEDICS.ORG				H(c	c) Group exem	ption nur	nber 🕨	
к	Form	of organ	ization: X Corporation Trust	Association Other ►		L Year of f	ormation:	2006 M	State of	f legal domicile:	NY
P	art I	Su	mmary					I			
	1	Briefly	describe the organization's mission or	most significant activities:	SEE SC	HEDULE	C				
ě			C C								
anc											
ern	2	Check	this box 🕨 🗌 if the organization di	scontinued its operations	or disposed	of more than	25% of i	its net asset	s.		
Governance	3	Numb	er of voting members of the governing	•	•				3		б
			er of independent voting members of t						4		6
Activities &	5		number of individuals employed in cale						5		1
ti <u>v</u> i	6		number of volunteers (estimate if necess						6		296
Act	7a		unrelated business revenue from Part V						7a		
			nrelated business taxable income from I						7b		
		i Net ui						rior Year		Current Yea	
	8	Contri	butions and grants (Part VIII, line 1h)			-	•	894,4	20	1,732,8	
anc	9								ONE		NONE
Revenue	10		am service revenue (Part VIII, line 2g)			NONE					
Re			ment income (Part VIII, column (A), line						-		NONE
	11		revenue (Part VIII, column (A), lines 5,						ONE		NONE
	12		revenue - add lines 8 through 11 (must					894,4		1,732,8	
	13		s and similar amounts paid (Part IX, colu						ONE		NONE
	14		its paid to or for members (Part IX, colu						ONE		NONE
ses	15		es, other compensation, employee bene					116,1		136,0	
Expenses	16a		ssional fundraising fees (Part IX, column					N	ONE		NONE
ĔX	b		fundraising expenses (Part IX, column (I							1 501 4	
	17		expenses (Part IX, column (A), lines 11					784,5		1,521,9	
	18		expenses. Add lines 13-17 (must equal			· · · · · -		900,7		1,658,6	
- "	19	Reven	ue less expenses. Subtract line 18 from	line 12				-6,2		74,	182.
is o							Beginning	g of Current		End of Year	
sset	20 21 22		assets (Part X, line 16)					831,2		432,3	
Υ Έ Έ Έ	21		iabilities (Part X, line 26)				1	.,003,04	19.	529,9	969.
ž	22		ssets or fund balances. Subtract line 21	from line 20	<u></u>			-171,8	36.	-97,0	654.
	art II		gnature Block								
Ur	der pe	enalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompany	ying schedule	s and stateme	ents, and t any knowl	to the best o ledge	f my kn	owledge and belie	əf, it is
						propulsi nuo					
c i/	n								08/2	022	
Sig He	-	∣	ignature of officer					Date			
I IC		- •	MARC HIRSCHFIELD		SECR	ETARY					
		Ľ	ype or print name and title								
Dai	4	Print/	Type preparer's name	Preparer's signature		Date		Check	if PT	IN	
Pai Pre	o parer	AZIA	AN A KEARNEY			11/08/	2022	self-employ	ed P	02426278	
	eparer e Only	Firm's	name 🕨 NANAVATY DAVENPOI	RT STUDLEY WHITE			Firr	m's EIN 🕨	06	-1402749	
-			address > 123 SOUTH MAIN ST.,	SUITE 140 NEWTOWN, CT (06470		Pho	one no.	20	3-426-8500)(
Ma	y the	IRS d	iscuss this return with the preparer	shown above? See inst	ructions			<u></u>		X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 990 (
			· •								

		NYC MEI	DICS	20-420	9205
For	m 990 (2021)				Page 2
Pa	art III State	ement of Program Service	Accomplishments		
	Cheo	ck if Schedule O contains a	response or note to any line in this Par	t III	
1		be the organization's mission			
	-	-	OR THE CHARITABLE PURPOSE	OF ALLEVIATING	
			DISASTERS AND OTHER HUMAN		
		GN COUNTRIES.	DIDADIERD AND OTHER HOMAT		
	IN FOREI	SN COUNTRIES.			
<u></u>	Did the organ	vization undertake any signi	icant program services during the ye	ar which were not listed on the	
2					Yes X No
_		ibe these new services on S			
3			, or make significant changes in I		
					Yes X No
		ibe these changes on Scheo			
4			rvice accomplishments for each of		
			(4) organizations are required to rep	port the amount of grants and alloc	ations to others
	the total expe	nses, and revenue, if any, fo	r each program service reported.		
4a	(Code:) (Expenses \$1,e	512,608. including grants of \$) (Revenue \$))
	SEE SCHEI	DULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		m services (Describe on Sch	edule O.)		
_	(Expenses \$	including gra	ants of \$) (Revenue	e \$)	
4e	Total program	n service expenses 🕨	1,612,608.		
JSA					Form 990 (2021)

20-4209205

Part N Checklist of Required Schedules Ves No 1 Is the organization described in section 501(c)(3) or 497(a)(1) (other than a private foundation)? If "Yes", complete Schedule C, Part I. 1 X 2 Is the organization required to complete Schedule C, Part I. 2 X 3 X Section 501(c)(3) organization engage in lobbying activities on behall of or in opposition to conditates on policity organization mathematics. Ditt de organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes," complete Schedule C, Part I. 3 X 5 Is the organization a section 501(c)(4) organization that receives membership dues, assessments, or similar rundos or 501(c)(4) organization antican any donar du/de of unsetment of amounts in such funds or accounts or Winds or accounts? If Yes," complete Schedule D, Part I. 5 X 7 Did the organization mathematic ollectoris or works of art, historical trassures, or other similar assets? If Yes," complete Schedule D, Part I. 6 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V. 10 X 10 Did the organization interve to any ot the following questions in Yes," then complete Schedule D, Part V. 11 11 X 10 Did the organization in	-	90 (2021)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 <	Part	IV Checklist of Required Schedules			
complete Schedule A. 1				Yes	No
2 is the organization required to complete Schedule C, Part I. 2 X 3 Did the organization required to complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization angaps in lobbying activities, or have a section 501(h) 4 X 5 Is the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assosmers, or similar amounts as defined in Rev. Proc. 98-191 /* Vas." complete Schedule C, Part II. 5 X 6 Did the organization maintain any donor advised tunds or any similar funds or accounts? If Viss." complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II. 7 X 9 Did the organization maintain collections of works of at n, historical treasures. 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutoidial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or cutoidial account liability. 8 X 10 Did the organization report an amount for the tollowing questions in Part X, line 10, III for yas," complete Schedule D, Part V 9 X	1			37	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes' complete Schedule C, Part I. 3 x 4 Section 501(c)(3) organizations. Unit the Schedule C, Part I. 4 x 5 Is the organization assection 501(c)(4). 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 // 'Yes' complete Schedule C, Part II. 5 x 6 Did the organization assection the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the organization maintain collections of works of at, historical treasures, or other similar assects? If 'Yes,' complete Schedule D, Part I. 7 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assects? If 'Yes,' complete Schedule D, Part II. 8 x 9 Did the organization assects? If 'Yes,' complete Schedule D, Part II. 7 X 8 10 the organization serves? If 'Yes,' complete Schedule D, Part II. 7 X 10 the organization assects? If 'Yes,' complete Schedule D, Part II. 7 X 10 the organization report an amount for lanxy theres acc	2	·			
candidate for public office? // *%e* complete Schedule C, Parl /. 3 x 4 Section 501(c)(3) organization again to regarization again (noblying activities, or have a soction 501(c)(4), 501(c)(5), or 501(c)(6) organization nation as exclosed to C, Parl II. 4 5 Is the organization as exclosed 501(c)(4), 501(c)(5), or 501(c)(6) organization nation any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of anounds in such funds or accounts? // *** 5 x 6 Did the organization cases, or historic structures? // **es, "complete Schedule D, Parl II. 5 x 7 Did the organization record an amount in Parl X, intorical traceuse, or outsordial account liability, serve as a custodian for amounts no listed in Parl X; or provide credit counseling, debt management, credit repair, or debt negonization explore? // **es, "complete Schedule D, Parl V. 8 x 10 Did the organization record an amount for land, buildings, and equipment in Part X, line 10? // **es," complete Schedule D, Parl V. 9 x 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // **es," complete Schedule D, Parl V. 10 x 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // **es," complete Schedule D, Parl V. 11 x 13 Line 16? // **es," complete Schedule D, Parl V.			2	Λ	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // "rxs" complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 /f "yes", complete Schedule C, Part II. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? /f "yes", complete Schedule C, Part II. Did the organization maintain collections of works of ant, historical treasures, or other similar assects? If "yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, for organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V. Did the organization report an amount for linextments-order securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "res," complete Schedule D, Part V. Did the organization report an amount for the Als Kine SZ Town, the SZ Town Part X. Did the organization report an amount for the system's three schedule D, Part X. Did the organization report an amount for the Als Kine SZ Town, the SX or more of its total assets reported in Part X, line 12 If "thes," complete Schedule D, Part X. Did the organization report an amount for t	3		3		x
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 x 5 ls the organization ascington 501(c)(4), of 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rav. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 x 6 Did the organization ascington maintain any ohorn advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 x 7 Did the organization ascience or works of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 x 9 Did the organization and random or works of an, historical treasures, or other similar assets? If "Yes," as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, for escrow or custodial account liability. Serve as a custodian top ort an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part VI. 10 x 10 Did the organization fragment an amount for investments-organ related organization, hold assets in port an amount for investments-organ related in Part X, line 107. If "Yes," complete Schedule D, Part VI. 11 x 11 If the organization report an amount for investments-orgam related in Part X, line 107. If "Yes," complete Schedule D, Part VI. 11 x <td>4</td> <td></td> <td></td> <td></td> <td></td>	4				
5 Is the organization a section 501(c)(d), or 501(c)(d) or 501(c)(d) control to the ceeves membershy dues, assessments, or similar amounts as defined in Rev Proc. 98197 /f Yes," completes Schedule D, Part II. S X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? /f Yes," completes Schedule D, Part II. 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X. or provide credit counseling, debt management, credit repair, or debt negonization, reletor y or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? /f Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 /f Yes," complete Schedule D, Part V. 11 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 107 /f Yes," complete Schedule D, Part V. 11 X 11 bid the organization report an amount for the securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 /f Yes," complete Schedule D, Part X.	-		4		Х
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," <i>complete Schedule D, Part II</i> . 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as complete Schedule D, Part VI 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VII, VII, IX, or X, as applicable. 10 X 110 the organization report an amount for line risestiments-orgam related in Part X, line 15/ If "Yes," complete Schedule D, Part X 111 X 111 the organization report an amount for line risestim 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 X 1116 X 111 <td></td> <td></td> <td>5</td> <td></td> <td>Х</td>			5		Х
"Yes." complete Schedule D, Part I, 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II, 7 X 8 Did the organization receive or hold a conservation easement, including easements to consult account liability, serve as custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization services? If "Yes," complete Schedule D, Part V 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 x 11 the organization report an amount for linvestments-orber socurities 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 VI 11 11 2 Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 11 2 Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 11 2 Did the organization report an amount for inv	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neganization, answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 9 X 10 Did the organization sawer to any of the following questions is "Yes," then complete Schedule D, Part VI. 9 X 11 If 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 VI. 11a X 11 X Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11a X 11 Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. 11a X 11 Did the organizatio		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 71, Ves," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 11 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. 11 X 11 Did the organization report an amount for other assets In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. 11 X 11 X 11 X 11 X 12 Did the organization report an amount for other assets In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes		"Yes," complete Schedule D, Part I	6		Х
 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neoganization report an amount for Part X. Io Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for linvestments-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 VI. 11 Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments-program related in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments for the tax year? If "Yes," complete Schedule D, Part XI. 12 Did the organization report an amount for other liabilities in Part X, line 23? If "Yes," complete Schedule D, Part XI. 12 Did the organization aschool described in section 170(b)(1)(0)(1) "14% complete Schedule D, Part XI. 14 Did the organization aschool described in section 170(b)(1)(0)(1) "14% complete Schedule D, Part XI. 14 X 14 Did the organization report on Part X, column (A), line 3, more than \$5,000 of garates or other assistance to or for foreign investment, and program service activities outside of the United States? 14 X 14 Did the organization report on Part X, column (A), line 3, more than \$5,000 of garates or other assistance to are fore foreign individ	7				
complete Schedule D, Part II 8 x 9 Did the organization report an amount in Part X, line 21, lor escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, line 13?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Xes," complete Schedule D, Part X, line 17, If Xes," complete Schedule D, Part X, line 16? If Yes," complete Schedule D, Part X, line 17, If Xes," complete Schedule D, Part X, line 13, Ital is applicable. 110 X 12 Did the organization school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X, line 13, Ital is applicable. 111 X 12 Did the organization aschool described in section 17			7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>II</i> "Yes," complete Schedule D, Part V 9 x 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> "Yes," complete Schedule D, Part V,	8				
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NYC MEDICS

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Yes No

Part IV Checklist of Required Schedules (continued)

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Page 5

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country YEMEN			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		37
	and services provided to the payor?	7a 75		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		x
		14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	5		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2: through 7b below, and for a "Net" response to line 3b, or 10b below, describe the discurstances, processes, or changes or Schedule O. See instructions. Check If Schedule O contains a response or note to any line in the Part VI. Section A. Governing Body and Management Image: Check If Schedule O. See instructions. Check If Schedule O. See instr	Form 9	090 (2021) NYC MEDICS 20-4209	205	F	Page 6					
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Section A. Governing Body and Management vs. if there are number of the governing body at the end of the tax year					tions.					
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 be bedrocking of the organization's of action by the other of update list of the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule 0	-				x					
the organization's mailing address? If "Yes," provide the names and addresses on Schedule C										
Section B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization novided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a X 10b 11a X 10b 11a X 10b 12a X 12a <td< th=""><th>Ŭ</th><td></td><td>9</td><td></td><td>х</td></td<>	Ŭ		9		х					
10a Did the organization have local chapters, branches, or affiliates? Yes No 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b IIIa X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b IIIa X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 11a X IIIa X 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X IIIIa X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Secti		Code	.)						
 bit in Ves," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13					No					
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 10b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12 bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 12b 12c x 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 13 X 14 X 14 Did the organization have a written document retention and destruction policy? 13 X 14 X 15 Did the organization have a written document retention and destruction policy? 13 X 14 X 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16b 16b 16b 16b 16b 16b </th <th>10a</th> <th>Did the organization have local chapters, branches, or affiliates?</th> <th>10a</th> <th></th> <th>Х</th>	10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>										
 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			10b							
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a x b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a x 12a x c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13a 14a x 12a	11a		11a	Х						
 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>										
 rise to conflicts?	12a		12a	Х						
 rise to conflicts?	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give								
describe on Schedule O how this was done 12c x 13 Did the organization have a written whistleblower policy? 13 x 14 Did the organization have a written document retention and destruction policy? 14 x 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a x 16 Did the organization is CEO, Executive Director, or top management official 15b X 15b X 17 Verse to line 15a or 15b, describe the process on Schedule O. See instructions. 16a X 16a X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization seempt status with respect to such arrangements? 16b 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > <u>NY</u> . 16b 16b 16b 16b <th></th> <th></th> <th>12b</th> <th>Х</th> <th></th>			12b	Х						
 13 Did the organization have a written whistleblower policy?	с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
 14 Did the organization have a written document retention and destruction policy?			12c	Х						
 14 Did the organization have a written document retention and destruction policy?	13	Did the organization have a written whistleblower policy?	13	Х						
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14		14	Х						
 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	15									
 a The organization's CEO, Executive Director, or top management official										
 b Other officers or key employees of the organization	а		15a	Х						
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		15b		X					
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?										
 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		with a taxable entity during the year?	16a		X					
organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website Another's website X 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
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 Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > 	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	r (sec	tion 5	01(c)					
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► 										
 and financial statements available to the public during the tax year. State 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 who possesses the organization's books and records ►	19		f inter	est p	olicy,					
KAIDEKINE BEUUAKI WEWUKK BUILDING. 1460 BRUADWAY NEW YORK, NY 10036	20	State the name, address, and telephone number of the person who possesses the organization's books and record KATHERINE BEQUARY WEWORK BUILDING, 1460 BROADWAY NEW YORK, NY 10036	s 🕨							

Form 990 (20	21)		NYC	MEDICS							20-420	19205	ŀ	Page I
Part VII	Compensation	of	Officers,	Directors,	Trust	ees, Ke	ey Employee	es, Hig	hest (Comper	sated	Emplo	oyees,	and
	Independent Co	ontra	actors											
	Check if Schedule	e O d	contains a r	esponse or n	ote to a	ny line in	this Part VII							
Section A	. Officers, Direct	ors,	Trustees	, Key Emplo	yees, a	and Higl	nest Compen	sated E	mploy	ees				
	ete this table for	all p	persons reg	quired to be	listed.	Report	compensation	for the	calend	lar year	ending	with c	or withir	ו the

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	s pe	ition more erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NIEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ëd				
(1) KATHERINE BEQUARY EXECUTIVE DIRECTOR	40.00 NONE	-		X				108,654.	NONE	9,300.
(2) STEVE MUTH PRESIDENT	4.00 NONE	x		Х				NONE	NONE	NONE
(3) MICHAEL BUTLER	4.00			^				NONE	INOINE	NONE
TREASURER	NONE	x		Х				NONE	NONE	NONE
(4) MARC HIRSCHFIELD	4.00									
SECRETARY	NONE	x		х				NONE	NONE	NONE
(5) DAN BLUM	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(6) AL KIM	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) PENNY NEFARIS	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8)		-								
(9)		_								
(10)		-								
(11)		-								
(12)		-								
(13)		-								
(14)										
	1							l		

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Page

Form 990 (2021)											Page 8
Part VII Section A. Officers, Directors,		y En	nplo			and H	ligl			es (cont	
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from	(E) Reportab compensatior related	n from	(F) Estimated amount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
		-									
		-									
1b Sub-total							►	108,654.		NONE	9,300
c Total from continuation sheets to Part VI			• •		• •			NONE		NONE	NON
d Total (add lines 1b and 1c)2Total number of individuals (including but r	not limited to t	hose	liste	d a	bov	e) who	► P re	108,654. ceived more than		NONE	9,300
reportable compensation from the organiza	ation ►					1					Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	p If	"Yes	s," (complete Schedu	le J for su	ıch	
<i>individual</i>.5 Did any person listed on line 1a receive	or accrue co	mpen	sati	on	fron	n any	uni	related organization	on or individ	ual	4 X
for services rendered to the organization? In Section B. Independent Contractors	f "Yes," comple	te Scl	hedı	ıle J	l for	such	per	son			5 X
 Complete this table for your five highest of compensation from the organization. Report year. 											tax
(A) Name and business	address							(B) Description of se	rvices	Com	(C) pensation
							+	,			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form	990 (2	2021) NYC MEDICS				20-42092	05 Page 9		
Pa	Part VIII Statement of Revenue								
		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/111				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ស ស	1a	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
ΩĔ	c	Fundraising events							
r A	d	Related organizations 1d							
ila	e	Government grants (contributions)							
ns, Sim	f	All other contributions, gifts, grants,							
er S	'	and similar amounts not included above 1	1,732,830.						
ibu		Noncash contributions included in	1775270501						
d dt	g		¢						
and	h	lines 1a-1f		1,732,830.					
	h		Business Code	1,752,050.					
ė			Business Odde						
vic	2a								
Ser	b								
εj	c								
Program Service Revenue	d								
ĩ	e								
Δ.	f	All other program service revenue							
	g	Total. Add lines 2a-2f		NONE					
	3	Investment income (including dividends,							
		other similar amounts)		NONE					
	4	Income from investment of tax-exempt bond		NONE					
	5	Royalties		NONE					
		(i) Real	(ii) Personal						
	6a	Gross rents 6a							
	b	Less: rental expenses 6b							
	c	Rental income or (loss) 6c NONI	none						
	d	Net rental income or (loss)	<u></u> ▶	NONE					
	7a	Gross amount from (i) Securities	(ii) Other						
		sales of assets							
		other than inventory 7a							
ne	b	Less: cost or other basis							
		and sales expenses 7b							
ev	c	Gain or (loss) 7c							
ř	d	Net gain or (loss)		NONE					
Other Rever	8a	Gross income from fundraising							
0		events (not including \$							
		of contributions reported on line							
		1c). See Part IV, line 18 8a	NONE						
	b	Less: direct expenses	NONE						
	c	Net income or (loss) from fundraising events	<u></u>	NONE					
	9a	Gross income from gaming							
		activities. See Part IV, line 19 9a	NONE						
	b	Less: direct expenses	NONE						
	с	Net income or (loss) from gaming activities		NONE					
	10a	Gross sales of inventory, less							
		returns and allowances 10a	NONE						
	b	Less: cost of goods sold	NONE						
		Net income or (loss) from sales of inventory	▶	NONE					
s			Business Code						
€	11a								
an€ ⊧nu	b								
Miscellaneous Revenue	c								
lisc R	d	All other revenue							
Σ	e	Total. Add lines 11a-11d		NONE					
	12	Total revenue. See instructions		1,732,830.					

NYC MEDICS

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 92,200. 78,370. 9,220. 4,610. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 7 Other salaries and wages NONE NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 42,277 40,762. 1,010 505. 2,196. 1,866. 220. 110. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE b Legal 15,750. 15,750 c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 22,417. 22,417. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 2,628 2,628 5,166. 4,838. 328. 13 Office expenses 154. 624. 14 Information technology 838. 60. NONE 15 Royalties 83,712. Occupancy 84,852 1,140 16 92. 98,946. 98,854. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization NONE 22 21,538. 20,225. 1,313. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a CONTRACT SERVICES 902,526 893,634. 8,892. 272,128 272,128 DEPLOYMENT SUPPLIES AND SERV b 67,077. c MEDICAL SUPPLIES 67,077 d TRAINING 25,320 25,320. 2,789 623. 1,963 203. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,658,648. 1,612,608. 40,552. 5,488. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Page **11**

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 686,587 1 412,983. 1 2 NONE 2 Savings and temporary cash investments. NONE 3 Pledges and grants receivable, net 48,664 3 NONE 9,065. NONE 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons NONE 5 NONE 6 Loans and other receivables from other disqualified persons (as defined NONE 6 NONE under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net NONE NONE Assets 7 NONE NONE 8 8 95,962. q Prepaid expenses and deferred charges 9 10,267. 10a Land, buildings, and equipment: cost or other NONE 10c 11 Investments - publicly traded securities NONE 11 NONE 12 Investments - other securities. See Part IV, line 11 NONE 12 NONE Investments - program-related. See Part IV, line 11 13 NONE 13 NONE 14 NONE 14 NONE 15 Other assets. See Part IV, line 11 NONE 15 NONE 432,315. 16 Total assets. Add lines 1 through 15 (must equal line 33) 831,213. 16 17 Accounts payable and accrued expenses 150,905. 17 312,257. 18 NONE 18 NONE 847,144. 212,712. 19 19 Deferred revenue Tax-exempt bond liabilities 20 NONE 20 NONE 21 Escrow or custodial account liability. Complete Part IV of Schedule D NONE 21 NONE 22 Loans and other pavables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons NONE 22 NONE 23 Secured mortgages and notes payable to unrelated third parties NONE 23 NONE Unsecured notes and loans payable to unrelated third parties 24 5,000. 5,000. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X NONE 25 NONE 1,003,049. 26 Total liabilities. Add lines 17 through 25.... 26 529,969. X Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions -171,836. 27 -97,654. Net assets with donor restrictions 28 NONE 28 NONE Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Net 32 Total net assets or fund balances -171,836 32 -97,654. Total liabilities and net assets/fund balances.... 33 831,213. 33 432,315.

Form 990 (2021)

Form 990 (2021)

	NYC MEDICS	20-420)9205			
Form 99	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,7	32,	<u>830</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2			<u>648</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>182</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	-1	71,	<u>836</u> .
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part)					
	32, column (B))		10	-	<u>97,</u>	<u>654</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-1			
	If the organization changed its method of accounting from a prior year or checked "C	ner, ex	plain on			
-	Schedule O.			0-		37
2a	Were the organization's financial statements compiled or reviewed by an independent account			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year v reviewed on a separate basis, consolidated basis, or both:	vere com	plied or			
		o o i o				
				2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year w separate basis, consolidated basis, or both:	ere audit	ed on a			
	X Separate basis Consolidated basis Both consolidated and separate b	acie				
-	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibili		reight of			
C	the audit, review, or compilation of its financial statements and selection of an independent	•	•	2c		Х
	If the organization changed either its oversight process or selection process during the ta:					
	Schedule O.					
3 3	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	th in the			
Ja	Single Audit Act and OMB Circular A-133?	13 361 101		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did	not und	erao the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo			3b		
					000	<u> </u>

SCHED	ULE A
(Form 99	0)

11 12

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 21 Public

Department of the Treasury
Internal Revenue Service

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 	tion.	Open to Public Inspection
Nam	e of th	ne organization		Employer identification	on number
NY	C MH	EDICS		20-4209	205
Ра	rt I	Reason for	r Public Charity Status. (All organizations must complete this part.) Se	e instructions.	
The	orga	anization is not	a private foundation because it is: (For lines 1 through 12, check only one box	x.)	
1		A church, con	vention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3		A hospital or a	a cooperative hospital service organization described in section 170(b)(1)(A)(i	iii).	
4		A medical res	on 170(b)(1)(A)(iii)	. Enter the	
		hospital's nam	ne, city, and state:		
5		An organizati	on operated for the benefit of a college or university owned or operated b	y a governmenta	I unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)		
6		A federal, stat	te, or local government or governmental unit described in section 170(b)(1)(A	.)(v).	
7	X	An organization	on that normally receives a substantial part of its support from a governme	ental unit or from	the general public
		described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)		
8		A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An agricultura	I research organization described in section 170(b)(1)(A)(ix) operated in con	junction with a land	d-grant college
		or university o	or a non-land-grant college of agriculture (see instructions). Enter the name, c	ity, and state of the	e college or
		university:		-	-
10		receipts from support from	on that normally receives (1) more than 331/3% of its support from contributic activities related to its exempt functions, subject to certain exceptions; and (gross investment income and unrelated business taxable income (less section e organization after June 30, 1975. See section 509(a)(2). (Complete Part III	2) no more than 33 n 511 tax) from bus	1/3 % of its
11		An organizatio	on organized and operated exclusively to test for public safety. See section 50	9(a)(4).	
12		An organizatio	on organized and operated exclusively for the benefit of, to perform the functio	ns of, or to carry o	ut the purposes of
		one or more p	ublicly supported organizations described in section 509(a)(1) or section 509	(a)(2). See section	n 509(a)(3). Check
		the box on line	es 12a through 12d that describes the type of supporting organization and co	mplete lines 12e,	12f, and 12g.
а		Type I. A su	upporting organization operated, supervised, or controlled by its supported o	rganization(s), typi	ically by giving
		the supporte	ed organization(s) the power to regularly appoint or elect a majority of the dir	ectors or trustees of	of the
		supporting c	organization. You must complete Part IV, Sections A and B.		
b		Type II. A s	upporting organization supervised or controlled in connection with its suppo	rted organization(s	s), by having
			nanagement of the supporting organization vested in the same persons that	•	
			(s). You must complete Part IV, Sections A and C.	0	
с			ctionally integrated. A supporting organization operated in connection with,	and functionally ir	ntegrated with,
	_		d organization(s) (see instructions). You must complete Part IV, Sections A, I		

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported	d organizations					
g Provide the following informati	ion about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(В)						
(C)						
(D)						
(E)						
Total						
For Paperwork Reduction Act Notice, see th	he Instructions for Forr	n 990 or 990-EZ.			So	hedule A (Form 990) 2021

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,857,419.	45,748.	113,686.	894,499.	1,732,830.	4,644,182.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,857,419.	45,748.	113,686.	894,499.	1,732,830.	4,644,182.
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).						NONE
6	Public support. Subtract line 5 from line 4						4,644,182.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,857,419.	45,748.	113,686.	894,499.	1,732,830.	4,644,182.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						NONE
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						4,644,182.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2021 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	100.00 %
15	Public support percentage from 2020 \$	Schedule A, Pa	rt II, line 14			15	99.99 %
16a	331/3% support test - 2021. If the org	anization did n	ot check the box	x on line 13, ar	nd line 14 is 33 [.]	1/3 % or more, ch	neck this
	box and stop here. The organization qu	alifies as a pub	licly supported of	organization.			► X
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	n qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	ck this box an	d stop here. E	xplain in
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	020. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	. Explain
	in Part VI how the organization meets	the facts-and-	circumstances to	est. The organi	zation qualifies	as a publicly su	upported
	organization						▶∟
18	Private foundation. If the organization						
	instructions	<u></u>	<u> </u>	<u></u>	<u> </u>	• • • • • <u>• • • •</u> •	<u> ► </u>

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	·					
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3	·					
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b.	·					
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	·					
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	·					
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8)			mn (f))		15	%
16	Public support percentage from 2020 Sche			.,,		16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage for 2021 (in					18	%
	331/3% support tests - 2021. If the or					-	
150	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga	-	-			•••••	
D D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•		0	
<u>~~</u>				,,,			

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Page 5

1

2

Part	V Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	No
				(

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction of the second s	ctions)	۱.
•	Y Anti-Marco Constant for the law	/es	No
2	Activities Test Answer lines 2a and 2b below.		

_			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> ," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Schedule A (Form 990) 2021 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 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 maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2021

Dent	Type III Non Eurotionally Integrated 509(a)(2)	Supporting Association	ione (continued)		Page
	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		O
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

NYC MEDICS		20-4209205
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 pr	ivate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

NYC MEDICS 20-4209205 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** WORLD HEALTH ORGANIZATION Х 1 Person Payroll AVENUE APPIA 20 \$ 1,697,510. Noncash (Complete Part II for GENEVA noncash contributions.) SWITZERLAND 1211 (d) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2021)

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 Open to Public

OMB No. 1545-0047

Depa	artment of the Treasury		Attach to Form 990.		Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest info		Inspection
Name	e of the organization			Employer identific	ation number
_	C MEDICS			20-4209	205
Pa			ised Funds or Other Similar Funds	or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	d other accounts
1		nd of year			
2	Aggregate value o	of contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizati	ion inform all donors and donor	advisors in writing that the assets hel	d in donor advised	
			e organization's exclusive legal control?		
6			and donor advisors in writing that grant		
			fit of the donor or donor advisor, or for		
			<u> </u>	<u></u>	Yes No
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1		-	organization (check all that apply).		
		n of land for public use (for example		on of a historically in	•
		of natural habitat	Preservatio	on of a certified histo	oric structure
		n of open space			
2			eld a qualified conservation contribution		
		ast day of the tax year.		Held at the	e End of the Tax Year
а	Total number of c	onservation easements		2a	
b	-	-	3	2b	
С			historic structure included in (a)	2c	
d			e) acquired after 7/25/06, and not on a		
		-		2d	
3			nsferred, released, extinguished, or ter	minated by the ore	ganization during the
	tax year 🕨				
4			rvation easement is located ►		
5			garding the periodic monitoring, inspe		
			sements it holds?		└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcin	ig conservation easer	ments during the year
_	►				
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easer	nents during the year
_	►\$				
8		-	2(d) above satisfy the requirements of sec		
-	and section 170(h)(4)(B)(II)?		• • • • • • • • • • •	. └── Yes └── No
9		•	conservation easements in its revenue a		
		o include, if applicable, the text of	of the footnote to the organization's finar	icial statements that	t describes the
D٩		-	of Art, Historical Treasures, or Oth	or Similar Assot	
Га			"Yes" on Form 990, Part IV, line 8.	iei Siiiliai Assels	
1a	of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	SB ASC 958, not to report in its rever ts held for public exhibition, education to its financial statements that describes	nue statement and n, or research in f s these items.	urtherance of public
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter		esearch in furtherar	nce of public service,
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶ 9	\$
	(ii) Assets include	d in Form 990, Part X		▶ 9	\$
2	-		rt, historical treasures, or other similar	r assets for financ	ial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to these items:		

Revenue included on Form 990, Part VIII, line 1.

\$

►

\$

.

а

Sche	lule D (Form 990) 2021 NYC MEDI									209205		age 2
Ра	rt III Organizations Maintaining Col					-					<u> </u>	
3	Using the organization's acquisition, accer collection items (check all that apply):	ession, and	other recor	ds, chec	k any c	of the	follow	ving that n	nake sign	iificant u	se o	f its
а	Public exhibition		d	Loan	or exch							
b	Scholarly research		e	Other								
С	Preservation for future generations											
4	Provide a description of the organization	s collection	is and expla	ain how	they fu	rther	the org	ganization'	s exempt	purpos	e in	Part
	XIII.											
5	During the year, did the organization solici								_			1
	assets to be sold to raise funds rather than		tained as pa	irt of the	organiz	ation	s colled	ction?		Yes		No
Ра	rt IV Escrow and Custodial Arrange		'aa" an Ear		Dort IV	line	0	oportod o	n omour	t on Eo	r	
	Complete if the organization an 990, Part X, line 21.											
1a	Is the organization an agent, trustee, cus			-					_	N aa		
L.	included on Form 990, Part X? If "Yes," explain the arrangement in Part >	/III and aam	nlata tha fa		 bla:	• • •		• • • • •	•••• [Yes		No
b	in res, explain the arrangement in Part 7			nowing ta	bie.				Amount			
~	Beginning balance					10			Amount			
c C	Beginning balance											
e e	Distributions during the year											
f	Ending balance					1e 1f						
' 2a	Did the organization include an amount or						stodial	account lia	ability?	Yes		No
	If "Yes," explain the arrangement in Part >								-			
	rt V Endowment Funds.			, planator			ornada				-]
- a	Complete if the organization ar	swered "Y	es" on For	m 990. I	Part IV.	line	10.					
		urrent year	(b) Pric		(c) Tw			(d) Three y	ears back	(e) Four	/ears t	back
1a	Beginning of year balance			-								
b	Contributions											
	Net investment earnings, gains,											
U	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the o	current vear	end balanc	e (line 1a	. columr	ו (a))	held as	:				
а	Board designated or quasi-endowment	,	_%	、 U		()/						
b	Permanent endowment	, D										
С	Term endowment ▶%											
	The percentages on lines 2a, 2b, and 2c s	should equal	100%.									
3a	Are there endowment funds not in the pos	session of t	the organiza	ation that	are hel	d and	d admir	nistered for	the	_		
	organization by:										/es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga						• • • •			3b		
4	Describe in Part XIII the intended uses of		ation's endo	wment fu	nds.							
Pa	rt VI Land, Buildings, and Equipmen Complete if the organization a	ו t. הswered "א	es" on Fo	rm 990.	Part IV	. line	11a. S	See Form	990. Pa	rt X. line	e 10.	
	Description of property	(a) Cost of	or other basis stment)	(b) Cost			(c) Acc	cumulated eciation) Book val		
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment.											
	Other											
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal For	rm 990. Part	X. colum	n (B), lii	1e 10	C.)					

Schedule D (Form 990) 2021

NYC MEDICS

Part VII Investments - Other Securities.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
<u>(9)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	l "Ves" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
· · · · ·	scription	(b) Book value
(1)	3011011	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	
Part X Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Part X,
	otion of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

Schedu	le D (Form 990) 2021 NYC MEDICS	20-	4209205 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,732,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,732,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,732,830.
Part			· · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,658,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments2b		
c	Other losses		
d	Other (Describe in Part XIII.)		
e e	Add lines 2a through 2d	2e	
3		3	1,658,648.
-	Subtract line 2e from line 1		1,050,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		40	
C F	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	4c 5	1 650 640
5 Dort	Supplemental Information.	5	1,658,648.
Fart	All Supplemental mornation.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

NYC MEDICS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3). MANAGEMENT IS NOT AWARE OF ANY COURSE OF ACTION OR SERIES OF EVENTS THAT HAVE OCCURRED THAT MIGHT ADVERSELY AFFECT THE ORGANIZATION'S EXEMPT STATUS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP) REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THAT IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

SCHEDULE F			OMB No. 1545-0047		
(Form 990) Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 Attach to Form 990. 	Open to Put			
Internal Revenue Service Name of the organization		Employer identif	Inspection fication number		
NYC MEDICS		20-4209	205		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organization	answered "Yes" on		
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	•	Yes No		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	g . a.e.,e	0 10010 0011 D	o a aprio a co a a a a a a a o p		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1	24	PROGRAM SERVICES	PREHOSPITAL & EMERGENC	1,658,648.
(2)					
_(3)					
(4)					
(5)					
(6)					
_ (7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
(14)					
(15)					
(16)					
(17)					
	1	24.			1,658,648.
3a Subtotal b Total from continuation					1,000,010.
sheets to Part I c Totals (add lines 3a and 3b)	1	2.4			1.658.648
					1,000,040.

		y recipient who received				· · · ·		(1) 5	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

20-4209205

Page 3

Schedule F (Form 990) 2021 NYC ME	DICS			20-4209	205		Page
Part III Grants and Other Assistant Part III can be duplicated if a			States. Complete	e if the organiz	ation answered "Y	es" on Form 990), Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	Νο
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	Νο
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	Νο
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	Νο

Schedule F (Form 990) 2021

Supplemental Information

Part V Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 3

THE ORGANIZATION USED THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES.

PART I, LINE 3

YEMEN PREHOSPITAL HEALTH SYSTEMS DEVELOPMENT - SINCE JUNE 2020 NYCMEDICS HAS BEEN WORKING IN YEMEN AS AN IMPLEMENTING PARTNER TO THE WORLD HEALTH ORGANIZATION TO DEVELOP AND IMPLEMENT A SUSTAINABLE PREHOSPITAL HEALTH SYSTEM IN ADEN, YEMEN. THIS INCLUDES DEVELOPING THE ENTIRE PREHOSPITAL DISPATCH, CLINICAL AND OPERATIONAL FRAMEWORK, TRAINING THE WORKFORCE, DEFINING AND MANAGING THE PATIENT REFERRAL PATHWAYS FROM PREHOSPITAL POINT OF ACCESS TO PATIENT HANDOVER AT THE EMERGENCY DEPARTMENTS, AND TROUBLESHOOTING TRANSFER AND REFERRAL ISSUES IN REAL TIME. NYCMEDICS HAS DEVELOPED AND IMPLEMENTED PREHOSPITAL CARE MINIMUM TRAINING REQUIREMENTS, STANDARD OPERATING PROCEDURES, HUMAN RESOURCES POLICIES AND PROCEDURES, SUPPLY CHAIN, PROCUREMENT AND MANAGEMENT POLICIES AND PROCEDURES, CLINICAL PROTOCOLS AND COMMUNICATION ALGORITHMS. WE ENSURE CONTINUOUS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

24/7 PREHOSPITAL SERVICES BY PROVIDING ESSENTIAL SUPPORT THAT INCLUDES FUEL, PREVENTATIVE MAINTENANCE AND REPAIR OF AMBULANCES, AND STOCKING AMBULANCES WITH ESSENTIAL MEDICAL EQUIPMENT AND SUPPLIES. ADDITIONALLY, WE ARE CORRECTING SIGNIFICANT INFRASTRUCTURE SHORTFALLS AT THE EMERGENCY AMBULANCE SERVICE (EAS) AND EMERGENCY OPERATIONS CENTER (EOC) FACILITY INCLUDING ENSURING 24/7 ELECTRICITY AND PHONE COMMUNICATIONS. NYCMEDICS IS ALSO ADDRESSING CRITICAL COMMUNICATIONS INFRASTRUCTURE DISPARITIES THROUGHOUT ADEN THAT NEGATIVELY AFFECT THE PREHOSPITAL AND EMERGENCY CARE NETWORK.

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NYC MEDICS

Employer identification number

FORM 990, PART I, LINE 1

NYC MEDICS RAPIDLY DEPLOYS TO REMOTE AND DIFFICULT TO REACH AREAS IN DISASTER ZONES AND COMPLEX HUMANITARIAN EMERGENCIES PROVIDING THE HIGHEST LEVEL OF MEDICAL CARE WITH DIGNITIY, INTEGRITY, AND COMPASSION TO PEOPLE WHO WOULD OTHERWISE NOT HAVE ACCESS TO AID AND RELIEF EFFORTS.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE

NYCMEDICS IS COMMITTED TO THE HUMANITARIAN IMPERATIVE - THE RIGHT TO RECEIVE AND TO GIVE ASSISTANCE WHEREVER IT IS NEEDED. WE ARE A GLOBAL RELIEF ORGANIZATION THAT WORKS IN UNISON WITH THE LARGER HUMANITARIAN RESPONSE TO DISASTERS AND COMPLEX EMERGENCIES THROUGHOUT THE WORLD TO SAVE LIVES AND LESSEN HUMAN SUFFERING. WE PUT OUR MISSION INTO ACTION WITH THREE CORE INTERNATIONAL PROGRAMS: MOBILE MEDICAL DISASTER RELIEF, HEALTH SYSTEMS DEVELOPMENT, AND GLOBAL AID TARGETED INITIATIVES. NYCMEDICS IS UNIQUELY POSITIONED TO RAPIDLY DEPLOY EMERGENCY MEDICAL TEAMS THAT PROVIDE THE HIGHEST LEVEL OF CARE TO PEOPLE WHO WOULD OTHERWISE NOT HAVE ACCESS TO RELIEF EFFORTS. WE BUILD SUSTAINABLE EMERGENCY MEDICAL SYSTEMS AND DISASTER PREPAREDNESS INFRASTRUCTURE IN LOW- AND MIDDLE-INCOME COUNTRIES ON A LOCAL, REGIONAL, AND NATIONAL SCALE. WE ALSO PARTNER WITH LOCAL NONPROFIT ORGANIZATIONS BY PROVIDING EXPERT TECHNICAL ASSISTANCE AND THE NECESSARY RESOURCES THAT SUPPORT ONGOING HUMANITARIAN RELIEF EFFORTS TO AID VULNERABLE POPULATIONS ISOLATED BY GEOGRAPHICAL OR ECONOMIC BARRIERS.

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number

YEMEN

SINCE JUNE 2020, NYCMEDICS HAS BEEN OPERATING IN THE SOUTH OF YEMEN AS AN IMPLEMENTING PARTNER TO THE WORLD HEALTH ORGANIZATION (WHO) IN EFFORT TO DEVELOP THE CAPACITY OF THE PREHOSPITAL CARE SYSTEM. NYCMEDICS MISSION IN YEMEN IS PRIMARILY FOCUSED ON THE METROPOLITAN AREA OF ADEN AND SEEKS TO LOWER THE MORBIDITY AND MORTALITY RATE IN THE POPULATION FOR ACUTE ILLNESSES AND INJURIES ADDRESSABLE BY PREHOSPITAL CARE. THIS PROJECT ENCOMPASSES THE CONCEPTS OF PREHOSPITAL CARE AND TRAUMA CARE COORDINATION AND INCLUDES, BUT IS NOT LIMITED TO, IMPLEMENTING, MONITORING, MANAGING AND COORDINATING AMBULANCE SERVICES, HUMAN RESOURCES MANAGEMENT AND WORKFORCE DEVELOPMENT, IMPLEMENTING AND MANAGING DISPATCH CALL CENTER OPERATIONS, ESTABLISHING AND MAINTAINING PATIENT REFERRAL PATHWAYS AND COORDINATING AND TROUBLESHOOTING PREHOSPITAL AND INTER-FACILITY TRANSFERS IN REAL TIME. THE OVERALL PROJECT OBJECTIVES ARE TO SCALE UP PREHOSPITAL CARE CAPACITY IN ADEN AND MINIMIZE MORTALITY AND MORBIDITY SUFFERED BY MEDICAL EMERGENCY AND TRAUMA PATIENTS. THE PROJECT INCORPORATES THREE OVERARCHING ELEMENTS: THE IMPLEMENTATION OF AN INTEGRATED REFERRAL SYSTEM IN ADEN THAT INCLUDES HARMONIZATION OF PATIENT TRANSFER AND REFERRAL PATHWAYS, IMPROVED COORDINATION AND CAPACITY OF AMBULANCES OPERATED BY NATIONAL STAFF AND HEALTH FACILITIES IN ADEN AND, THE IMPLEMENTATION OF SKILLED MEDICAL ASSISTANCE DURING AMBULANCE TRANSFERS AND MEDICAL EMERGENCY RESPONSE.

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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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

GAZA

AT THE REQUEST OF THE WORLD HEALTH ORGANIZATION, NYCMEDICS DEVELOPED A BLENDED LEARNING MASS CASUALTY MANAGEMENT (MCM) TRAINING COURSE FOR EMERGENCY MEDICAL PROFESSIONALS THAT INCLUDED BOTH DISTANCE LEARNING AND IN COUNTRY DIDACTIC AND PRACTICAL SKILLS TRAINING. THE PROJECT AIMS TO STRENGTHEN THE EXISTING HEALTH CARE SYSTEM AND INCREASE THE KNOWLEDGE AND SKILLS CAPABILITIES OF EMERGENCY MEDICINE PROVIDERS WORKING IN FIVE PUBLIC HOSPITALS IN GAZA. NYCMEDICS DISTANCE LEARNING CURRICULUM CONSISTED OF SIX MODULES FOCUSING ON THE CONCEPTS AND PRINCIPLES OF MASS CASUALTY INCIDENT MANAGEMENT; PHASES OF MASS CASUALTY MANAGEMENT: PREPAREDNESS, READINESS, ACTIVATION, DE-ESCALATION AND RECOVERY; RESPONDING TO MASS CASUALTY; TRIAGE AND PROVISIONS OF CARE AND HOSPITAL MEDICAL SURGE PLANNING; AND EMERGENCY DEPARTMENT MANAGEMENT OF AN MCI. IN ADDITION TO INDIVIDUAL LEARNING, THE CURRICULUM ALSO INCLUDED A GROUP PROJECT THAT CULMINATED WITH A COMPLETED MCM PLAN FOR EACH HOSPITAL AT THE END OF THE COURSE. 60 STUDENTS WERE ENROLLED IN THE FACILITATOR LED DISTANCE TRAINING, OF THAT 52 PARTICIPATED AND FOUR OF THE FIVE HOSPITALS COMPLETED THE COURSE PROJECT/MCM PLAN. DUE TO THE ESCALATION OF VIOLENCE THAT ERUPTED ON 10 MAY THE IN-COUNTRY PRACTICAL AND CLINICAL SKILLS TRAINING HAS BEEN DELAYED UNTIL 2022. FOLLOWING THE CEASEFIRE ON 21 MAY 2021, THE WHO CONDUCED A RAPID ASSESSMENT THAT SHOWED HEALTH PROVIDERS WHO WERE TRAINED IN MCM DISPLAYED EXCEPTIONAL KNOWLEDGE COMPARED TO THOSE NOT TRAINED.

FORM 990, PART VI, SECTION A, LINE 8B

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

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BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B

THE COMPLETED FORM 990 WAS PROVIDED TO MANAGEMENT AND THE BOARD OF

DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C

IMMEDIATELY UPON ELECTION OR APPOINTMENT TO THE BOARD, ALL DIRECTORS, PRINCIPAL OFFICERS, OR MEMBER OF A COMMITTEE SHALL DISCLOSE ANY RELEVANT INTEREST WHICH MAY POSE CONFLICT OF INTEREST QUESTIONS. THEREAFTER, ANNUAL DISCLOSURE STATEMENTS ARE COMPLETED EACH YEAR. DISCLOSURE SHALL INCLUDE ANY INTEREST, FINANCIAL OR OTHERWISE, IN ANY CORPORATION, ORGANIZATION OR PARTNERSHIP WHICH PROVIDES PROFESSIONAL OR OTHER SERVICES TO THE CORPORATION. DICLOSURE STATEMENTS SHALL BE AVAILABLE TO ANY DIRECTOR OR THE CORPORATION ON REQUEST. WHEN ANY MATTER COMES BEFORE THE BOARD OR ANY COMMITTEE OF THE BOARD IN WHICH A DIRECTOR HAS AN INTEREST, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD OR COMMITTEE. WHETHER A DIRECTOR HAS AN INTEREST IN A MATTER SHALL BE DETERMINED BY WHETHER THAT PERSON WOULD DERIVE AN INDIVIDUAL ECONOMIC BENEFIT, EITHER DIRECTLY OR INDIRECTLY, FROM THE DECISION ON THE MATTER BY THE BOARD OR COMMITTEE. AN "INTEREST" IS NOT INTENDED TO INCLUDE POSITIONS ON LEGISLATIVE MATTERS OF GENERAL IMPACT. NO DIRECTOR SHALL VOTE ON ANY MATTER IN WHICH HE OR SHE HAS AN INTEREST. THE BOARD MAY, BY MAJORITY VOTE, ASK ANY DIRECTOR WHO HAS AN INTEREST IN A MATTER NOT TO PARTICIPATE, OR TO LEAVE THE ROOM IN WHICH THE DISCUSSION IS CARRIED ON; PROVIDED, HOWEVER, THAT THE INTERESTED DIRECTOR MAY PARTICIPATE IN ANY DISCUSSION REGARDING HIS OR HER EXCLUSION. DIRECTORS SHALL NOT ATTEMPT TO

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INFLUENCE OTHER DIRECTORS REGARDING MATTERS IN WHICH THEY ARE INTERESTED,

WITHOUT DISCLOSING THAT INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A

IN DETERMINING COMPENSATION, THE HUMAN RESOURCE COMMITTEE OF THE BOARD WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF COMPARABILITY DATA.

TO APPROVE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS) THE BOARD MUST DOCUMENT HOW IT REACHED IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. DOCUMENTATION WILL INCLUDE:

A. A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED;

B. THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE;

C. A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA WAS OBTAINED; AND

D. ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM THE DISCUSSION AND VOTE) WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION AND BENEFITS.

IF THE PRESIDENT, EXECUTIVE DIRECTOR OR OTHER EMPLOYEE IS A BOARD MEMBER, HE OR SHE MAY NOT PARTICIPATE IN THE VOTE WITH RESPECT TO HIS OR HER

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COMPENSATION. REVIEW OF THE COMPENSATION POLICY IS DOCUMENTED IN THE

BOARD MINUTES AND WAS LAST UNDERTAKEN IN 2020.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED IN SECTION 6104 OF THE INTERNAL REVENUE CODE, THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT WEWORK BUILDING, 1460 BROADWAY, NEW YORK, NEW YORK, 10036 OR BY CALLING THE ORGANIZATION DIRECTLY AT 888-600-1648.