

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

Filing Type:

 New Filing AmendmentFiling Year: 2022**General Information**

Current Organization Name: Concerts in Motion, Inc. Updated Name: N/A

NY Registration Number: 42-05-37 Registration Category: DUAL

Organization Type: Corporation EIN: 271367692

Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A

Organization Email: jenniferfinn@concertsinmotion.org Organization's Phone: 212-498-9868

Tax Exempt Status: 501(c)(3) Website: www.concertsinmotion.org

**Organization Address**

Mailing Address	Principal Address	NY State Address
P.O. BOX 231097 NEW YORK NY 10023 UNITED STATES	2585 broadway new york NY 10023 United States	NA

**Primary Contact Information**

First Name: jennifer Last Name: finn Title: executive director

Phone: 2124989868 Email: jenniferfinn@concertsinmotion.org

**Organization Type**

Type of IRS document filed with IRS: IRS990 Organization Type: Public

**Third Party Preparer Information**

First Name: mark Last Name: cohen Title: cpa

Firm Name: bloom and streit llp Phone: 19142538484 Email: zpmcpcpa@aol.com

**Third Party Address**

Street: 2900 westchester ave

City: purchase State: NY

Zip: 10577 Country: United States

## Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.  
 Yes    No
2. Does the organization have assets in New York State?  
 Yes    No
3. Is the organization incorporated or formed in New York State?  
 Yes    No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?  
 Yes    No
5. Does the organization use a professional fundraiser or fundraising counsel?  
 Yes    No

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

## Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
 Yes    No
3. Choose the total contributions in New York State this fiscal year:    \$1,000,000-\$4,999,999

## Annual Exemptions

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

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

## Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 1,223,944

Organization's total contributions: 1,217,216 Organization's total assets: N/A

Organization's net assets: 1,453,204 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/worth: N/A

Organization's total income: N/A

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

Closing  Withdrawing  Dissolving  None

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

## Filing Information

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

Yes  No

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

Did the organization receive government grants during this fiscal year?

Yes  No

Government Grant Agency	Grant Amount
DCA	\$42,495.00
NYSCA	\$49,500.00
N/A	N/A
N/A	N/A
N/A	N/A

## Documents

Attached organization's required documents:


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

## Signatures

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

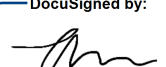
Role	First Name	Last Name	Email
President	DEBORAH	KORZENIK	dkorzenik@gmail.com
Treasurer	roni	jacobson	rjacobson@mooreholdings.com

Signature of  
President

DocuSigned by:  
  
004B4EBCA25840D...

Date: 9/22/2023

Signature of  
Treasurer

DocuSigned by:  
  
85D241B9D05B424...

Date: 9/19/2023