## CHAR500 Online

For new annual filings, and amendments

Zip:

11788

### **Annual Filing for Charitable Organizations**

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:   New Filing	g OAm	endment	Filing Year: 202	21	_
General Information					
Current Organization Name:  NY Registration Number:  Organization Type:  Current Fiscal Year End:  Organization Email:  Tax Exempt Status:	06-04-54 Corporation 06/30		Updated Nam Registration C EIN: Updated Fisca Organization's Website:	ategory: I Year End:	N/A  DUAL  133865634  N/A  (718) 993-2789  www.mercycenterbronx.org
Organization Address					
Mailing Address 377 East 145th Street Bronx NY 10454 UNITED STATES		Principal Ad 377 East 145th S Bronx NY 10454 UNITED STATES	treet	NA	NY State Address
Primary Contact Information  First Name: Stephen Last Name: Stritch Title: Executive Director  Phone: (718) 993-2789 Email: sstritch@mercycenterbronx.org					
Organization Type  Type of IRS document filed with IRS: IRS990 Organization Type: Public					
Third Party Preparer Information  First Name: Ernest Last Name: Smith Title: Accountant					
Firm Name: Nawrocki Smit	h LLP	Phone: <u>631</u>			nsreports@nsllpcpa.com
Street: 100 Motor Parkwa City: Hauppauge	y,Suite 580	Chaha	: NY		

Country: United States

Re	gistration Category
	Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees or running a program.     Yes
2.	Does the organization have assets in New York State?
3.	Is the organization incorporated or formed in New York State?  OYes ONo N/A
4.	Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from
	New York State residents, foundations, corporations, or government agencies?  ● Yes ○ No
5.	Does the organization use a professional fundraiser or fundraising counsel?
	O Yes ● No
Base	ed on your responses to the above questions, this organization's registration category remains as <u>DUAL</u>
Pu	blic Charity
	oid the organization solicit or receive contributions during the fiscal year in New York State?
1. 0	
2. W	Vas the organization required to submit a Schedule B to the IRS in this reporting period?  ●Yes ○No
	rganizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in he fiscal year:
OIV	would like to enter the total New York State Contributions I would like to submit a redacted Schedule B
4. C	hoose the total contributions in New York State this fiscal year: N/A
Anı	nual Exemptions
	Were the total contributions from New York State, including residents, foundations, government agencies, etc. unde \$25,000 during the fiscal year?  O Yes  No
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  O Yes  O No
	Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  O Yes  O No
	ed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this all year.

Financial Information					
Type of IRS document filed with IRS	IRS990	Organization's total reven	ue: 3,893,951		
Organization's total contributions:	3,514,379	Organization's total assets	: <u>N/A</u>		
Organization's net assets:	4,574,955	Organization's total reven	ue N/A		
Organization's total liabilities:  N/A  Organization's total income:  N/A		and contributions:  Organization's total assets/ N/A			
		worth:	5/ 19/74		
Was the organization required to su  OYes ONo N/A  For the current filing year, does you			Charities Bureau Registration?		
□Closing □ Withdrawing	☐ Dissolving	☑ None			
Is this your final filing with New Yor	rk State? OYes	O <sub>No</sub> N/A			
Filing Information					
Oyes   One Seneral Information		Description of Services	Description of Compensation		
Name of Firm: N/A			N/A		
Type: N/A Reg	Number: N/A				
Contract Start: N/A Cont	ract End: <u>N/A</u>				
Amount Paid: N/A Phone : N/A					
Mailing Address: N/A					
Name of Firm: N/A		N/A	N/A		
	ration ID: <u>N/A</u>	•			
Contract Start: N/A Contr		-			
Amount Paid: N/A  Mailing Address: N/A	Phone : N/A				
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Name of Firm: N/A	ration ID: N/A	N/A	N/A		

Contract End: N/A

Phone : N/A

Contract Start: N/A

Mailing Address: N/A

Amount Paid: N/A

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount	
NYC Dept of Youth & Community Dev	\$1,553,947.00	
New York State - Office of New America	\$78,975.00	
Dormitory Authority of State of New York	\$91,456.00	
Small Business Administration	\$411,680.00	
	To be continued in Appendix page 2	

#### **Documents**

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

## Signatures

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

Role	First Name	Last Name	Email
Other Authorized Officer	Stephen	Stritch	sstritch@mercycenterbronx.org
Director of Finance	Linda	Simmons	lsimmons@mercycenterbronx.org

Signature of Other Authorized Officer Styleus Stritch

Signature of Docusigned by:

Signature of Docusigned by:

Signature of Docusigned by:

Signature of Finance Styleus Stritch

Docusigned by:

Signature of Finance Styleus Stritch

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# Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
No. 10 CE 10	N / 2	27/2
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: <u>N/A</u> Contract End: <u>N/A</u>		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Government Grant Agency	Grant Amount
Department of Social Services	\$9,852.00
N/A	N/A