CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

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

Filing Type: • New F	Filing OAm	endment	Filing Year: 202	22	_
General Information	1				
	Current Organization Name: MERCY CENTER INC		Updated Nam	ne:	N/A
NY Registration Number:	06-04-54		Registration C		DUAL
Organization Type:	Corporation	า	EIN:		133865634
Current Fiscal Year End:	06/30		Updated Fisca	l Year End:	N/A
Organization Email:	sstritch@m	ercycenterbronx.org	' Organization's		(718) 993-2789
Tax Exempt Status:	501(c)(3)		Website:		www.mercycenterbronx.or
Organization Address					
Mailing Addre	ess	Principal Ac	ldress		NY State Address
377 East 145th Stree Bronx NY 10454 UNITED STATES	et	377 East 145th St Bronx NY 10454 UNITED STATES		NA 	
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			nization Type: <u>F</u>		<u></u>
Third Party Preparer	· Informatio	n			
First Name: Ernest		Last Name: Smi	th	Title:	Accountant
Firm Name: Nawrocki S	mith LLp	Phone: <u>163</u>	17569500	Email:	nsreports@nsllpcpa.com
Third Party Address Street: 100 Motor Parky	wav.Suite 580				
City: Hauppauge	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State:	NY		
7in: 11788			United States		

Re	gistratio	on Category
1.		organization conduct activity in New York State other than soliciting? This may include, but i s not limited aining an office, having employees or staff, or running a program.
2.	Does the	organization have assets in New York State?
3.	Is the org	anization incorporated or formed in New York State?
4.	foundatio	organization received more than \$25,000 in total contributions from New York State residents, ons, corporations or government agencies or other entities in the period covered by this filing?
_	● Yes	O No
		rganization plan to receive more than \$25,000 annually in total contributions from New York State residents,
	• Yes	s, corporations, government agencies or other entities?
6.	_	○ No organization use a professional fundraiser or fundraising counsel? ○ No
Ba.		responses to the above questions, this organization's registration category remains as DUAL
C	ontributi	on Information
1.	Did the org • Yes	anization solicit or receive contributions during the fiscal year in New York State?
3.		total contributions in New York State this fiscal year: \$1,000,000-\$4,999,999
Ar	nnual Exe	emptions
1.		total contributions from New York State, including residents, foundations, government agencies, etc. under luring the fiscal year? ONO N/A
2.	Did the or	ganization use a professional fundraiser or fundraising counsel during the fiscal year? ONO N/A
3.	fiscal year	
	○Yes	No The second of
	sed on your cal vear.	responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this

Financial Information				
Type of IRS document filed with IRS IRS990		Organization's total revenue:	4,623,797	
Organization's total contributions:	4,179,052	Organization's total assets:	N/A	
Organization's net assets:	4,976,396	Organization's total revenue and contributions: Organization's total assets/	N/A	
Organization's total liabilities:	N/A		N/A	
Organization's total income:	N/A	worth:		
For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?				
□Closing □ Withdrawing □ Dissolving ☑ None				
Is this your final filing with New York State? OYes ONo N/A				

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

●Yes ONo

General Information	Description of Services	Description of Compensation
Name of Firm: Katherine DeFoyd LLC – DBA Growth for Good	Growth for Good will oversee the planning and execution of the	Payment Terms: Flat Fee - No contingency - \$36,500 paid in six
Type: Professional Fund Raiser Reg Number: 43-02-02 Contract Start: 11/15/2022 Contract End: 5/31/2023	event, including coordinating meetings, creating timelines,	payments. As compensation for the services set forth
Amount Paid: \$36,500.00 Phone : 973-762-7645 Mailing Address: 500 Summit Ave. null	and managing communication among	above, Mercy Center shall pay Growth for
Maplewood NJ-07040 United States	all stakeholders. GfG will develop marketin	Good a total of \$36,500 (the "Fee"). This 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: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount	
Department of Youth & Community Development - DYCD	\$1,794,262.00	
NYS Department of State Office of the new America	\$134,580.00	
The City University of NY -Research Foundation	\$43,750.00	
Department of Social Services	\$10,000.00	
	To be continued in Appendix page 2	

Documents

Attached	organization'	's required	documents:
Attachica	Organization	3 i cquii cu	aucuments.

- ☑ IRS document
- ☐ 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
Executive Director	Stephen J.	Stritch III	SStritch@MercyCenterBronx.org
Other	Linda	Simmons	lsimmons@MercyCenterBronx.org

Signature of Executive Director Stephen Juliuse TI

Signature of Other Signed by:

Date: 4/24/2024

Date: 4/24/2024

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		
	_	
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Mailing Address: N/A		
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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		
	_	

Government Grant Agency	Grant Amount	
US Small Business Administration - PPP Loan Forgiv	\$381,577.00	
Internal Revenue Service - Employee Retention Cred	\$282,209.00	
N/A	N/A	