CHAR500 Online

For new annual filings, and amendments

10901-5514

Zip:

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 Year: 2023 New Filing OAmendment Filing Type: **General Information** N/A Current Organization Name: Center for Safety and Change, Inc. **Updated Name:** DUAL Registration Category: NY Registration Number: 02-56-77 132989233 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A **Current Fiscal Year End:** scarroll@centersc.org Organization's Phone: 845-634-3391 Organization Email: 501(c)(3) Website: WWW.CENTERFORSAFETYANDCHANGE.ORG Tax Exempt Status: **Organization Address** Mailing Address NY State Address **Principal Address** 9 Johnsons Lane 9 Johnsons Lane NA **New City** New City NY NY 10956 10956 UNITED STATES **UNITED STATES Primary Contact Information** ____Title: FINANCE DIRECTOR First Name: STEVEN Last Name: CARROLL Email: SCARROLL@CENTERSC.ORG Phone: 845-634-3391 **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: Third Party Preparer Information First Name: MICHAEL Last Name: DOBBINS Title: ACCOUNTANT Firm Name: BERARD & ASSOCIATES Phone: 845-357-5668 Email: MICHAELD@BERARDCPAS.COM **Third Party Address** Street: 44 PARK AVE City: SUFFERN State: NY

Country: United States

Re	egistration 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 staff, or running a program. ② Yes ○ No
2.	Does the organization have assets in New York State? Yes ONo
3.	Is the organization incorporated or formed in New York State?
4.	Has the organization received more than \$25,000 in total contributions from New York State residents,
	foundations, corporations or government agencies or other entities in the period covered by this filing? • Yes O No
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents
	foundations, corporations, government agencies or other entities?
6.	Does the organization use a professional fundraiser or fundraising counsel? OYes No
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
6	
C	ontribution Information
1.	Did the organization solicit or receive contributions during the fiscal year in New York State?
3.	Choose the total contributions in New York State this fiscal year: \$5,000,000-\$9,999,999
Ar	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. unde \$25,000 during the fiscal year? OYes ONO N/A
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? \bigcirc Yes \bigcirc 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
	sed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this cal year.

Financial Information			
Type of IRS document filed with IRS	IRS990	Organization's total rever	nue: <u>7,792,793</u>
Organization's total contributions:	7,137,938	Organization's total asset	
Organization's net assets:	3,548,900	Organization's total reve	nue <u>N/A</u>
Organization's total liabilities:	N/A	and contributions: Organization's total asse	ts/ N/A
Organization's total income:	N/A	worth:	<u> </u>
For this filing year, does your organi	zation plan to comp	plete any of the following with the	New York State Charities Burea
□Closing □ Withdrawing	□ Dissolving	☑ None	
Filing Information			
Did your organization use a professi Oyes ●No	onal fundraiser or t	fundraising counsel for tundraising	activity in New York State?
General Informa	ition	Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
	Number: <u>N/A</u>		
	ract 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 Registr	ation ID: N/A		
Contract Start: N/A Contr			
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
		N/A	N/A
Name of Firm: N/A			

Registration ID: N/A

Contract End: N/A

Phone : N/A

Type: N/A

Contract Start: N/A

Amount Paid: 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 HOUSING AND URBAN DEVELOPMENT	\$451,380.91
DIVISION OF CRIMINAL JUSTICE SERVICES	\$492,882.00
OFFICE OF CHILDREN AND FAMILY SERVICES	\$228,265.92
DEPARTMENT OF SOCIAL SERVICES	\$121,719.20
	To be continued in Appendix page 2

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Attached organization's required documents	Attached	organization's	required	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
- □ 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	ELIZABETH	SANTIAGO	esantiago@centersc.org
Chief Financial Officer	STEVEN	CARROLL	SCARROLL@CENTERSC.ORG

Signature of Executive Director Signed by:

Signature of Chief Financial Officer Structure Carroll

Structure C

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		
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: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Government Grant Agency	Grant Amount
FEMA - EMERGENCY FOOD SHELTER PROGRAM	\$9,000.00
OFFICE FOR THE PRVENTION OF DOMESTIC VIOLENCE	\$62,743.36
OFFICE OF VICTIM SERVICES	\$3,160,475.18
OFFICE OF VIOLENCE AGAINST WOMEN	\$217,977.74
DEPARTMENT OF PROBATION	\$63,200.00
ROCKLAND COUNTY YOUTH BUREAU	\$4,000.00
SEXUAL ASSULT SERVICES FORMULA GRANT PROGRAM	\$12,282.44
LEGISLATIVE GRANT	\$42,500.00
DOJ - IMMIGRATION LAWYERS REIMBURSEMENT	\$81,779.94
-	To be continued in Appendix page2

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		
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: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Government Grant Agency	Grant Amount
ROCKLAND DSS	\$400,679.00
NYS OFFICE OF INDIGENT LEGAL SERVICES - 18B	\$125,211.10
STAC MOU	\$6,000.00
OPDV - INTEREST	\$22.18
CDBG	\$21,316.03
NOMAS PROGRAMS	\$5,920.00
N/A	N/A