CHAR500 Online

For new annual filings, and amendments

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: Justice for Orphans, Inc. **Updated Name:** DUAL Registration Category: 45-91-68 NY Registration Number: 475472441 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A **Current Fiscal Year End:** sandraflach@justicefororphansny.org Organization's Phone: (518) 779-2279 Organization Email: 501(c)(3) Website: justicefororphansny.org Tax Exempt Status: **Organization Address** Mailing Address Principal Address **NY State Address** Sandra Flach, 38 Fares Road Sandra Flach, 38 Fares Road NA Ravena Ravena NY NY 12143 12143 **UNITED STATES UNITED STATES Primary Contact Information** Title: President and Executive Director First Name: Sandra Last Name: Flach Phone: (518) 779-2279 Fmail: sandraflach@justicefororphansny.org **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: **Third Party Preparer Information** First Name: Robert Last Name: Gramuglia Title: Partner Firm Name: Bryans & Gramuglia CPA's, LLC Phone: (518) 452-8055 Email: rgramuglia@bgcpa.net **Third Party Address** 1 Pine West Plaza, Suite 107 Street: Albany City: State: NY 12205 Country: United States

Re	gistration 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. ● Yes ○ No
2.	Does the organization have assets in New York State?
3.	Is the organization incorporated or formed in New York State?
4	
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 ONo
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
0	
ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
1	Did the organization solicit or receive contributions during the fiscal year in New York State?
	Yes O No
3. (Choose the total contributions in New York State this fiscal year: \$25,000-\$99,999
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? O Yes O 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
D -	
	sed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this

Mailing Address: N/A

Name of Firm: N/A

Contract Start: N/A

Mailing Address: N/A

Amount Paid: N/A

Type: N/A

Financial Information				
Type of IRS document filed with IRS	IRS990	Organization's total reve	enue: 202,592	
Organization's total contributions:	98,431	Organization's total asse	ets: N/A	
Organization's net assets:	58,574	Organization's total reve	enue N/A	
Organization's total liabilities:	N/A	and contributions:	ets/ N/A	
Organization's total income:	N/A	Organization's total asse worth:	:ts/ <u>19/74</u>	
For this filing year, does your organi	ization plan to comp	olete any of the following with the	New York State Charities Burea	
Filing Information Did your organization use a profess	ional fundraiser or fu	undraising counsel for fundraising	g activity in New York State?	
O _{Yes}				
General Informa	ation	Description of Services N/A	Description of Compensation N/A	
	Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u>		IV/ FA	
Name of Firm: N/A		N/A	N/A	
Type: N/A Registr	ration ID: N/A			
Contract Start: N/A Contr	ract End: <u>N/A</u>			
Amount Paid: N/A	Phone : N/A			

N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

N/A

Did the organization receive government grants during this fiscal year?

O Yes ● No

Government Grant Agency	Grant Amount
N/A	N/A

n			П	m		rc
u	u	ч	u	m		

Attached	organization	's required	Ιd	locuments:

- ☑ 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	Sandra	Flach	sandraflach@justicefororphansny.org
Other	Rebecca	Flach	rflach@hopefulllifecenter.org
	Signed by:		_
Signature of	- 1 int 1		Date: 11/14/2024

Executive Director Sandra Flade

Date:

11/14/2024

Signature of Other

Rebecca Flach

DocuSigned by: