

**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 Filing AmendmentFiling Year: 2020**General Information**

Current Organization Name: GRACE SMITH HOUSE INC Updated Name: N/A
 NY Registration Number: 02-90-78 Registration Category: DUAL
 Organization Type: Corporation EIN: 141626657
 Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A
 Organization Email: finance@gracesmithhouse.org Organization's Phone: 845-452-7155
 Tax Exempt Status: 501(c)(3) Website: www.gracesmithhouse.org

Organization Address

Mailing Address	Principal Address	NY State Address
PO BOX 5205 POUGHKEEPSIE NY 12602-5205 UNITED STATES	PO BOX 5205 POUGHKEEPSIE NY 12602-5205 UNITED STATES	NA

Primary Contact Information

First Name: Maureen Last Name: Archer Title: Director Of Finance
 Phone: 845-452-7155 Email: maureena@GracesmithHouse.org

Third Party Preparer Information

First Name: Dillon Last Name: Tozluku Title: Tax Preparer
 Firm Name: PKF O'Connor Davies, LLP Phone: 201-712-9800 Email: dtozluku@pkfod.com

Third Party Address

Street: 300 Tice Boulevard, Suite 315
 City: Woodcliff Lake State: NJ
 Zip: 07677 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 N/A
4. Does the organization 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

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
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 Yes No
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

Which IRS form does your organization use? <u>IRS990</u>	Organization's total revenue: <u>2,950,595</u>
Organization's total contributions: <u>2,670,683</u>	Organization's total assets: <u>N/A</u>
Organization's net assets: <u>6,205,887</u>	Organization's total revenue and contributions: <u>N/A</u>
Organization's total liabilities: <u>N/A</u>	Organization's total assets/worth: <u>N/A</u>
Organization's total income: <u>N/A</u>	

Is the organization required to file form Schedule B - Schedule of contributors - with the IRS?

Yes No N/A

For the current filing year, will your organization complete 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> 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>	N/A	N/A
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>	N/A	N/A
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>	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes No

Government Grant Agency	Grant Amount
DUTCHESS COUNTY DEPT. OF SOCIAL SERVICES	\$1,467,554.00
NYS OFFICE OF VICTIM SERVICES	\$401,626.00
US DEPARTMENT OF JUSTICE	\$76,176.00
NYS OFFICE OF CHILDREN AND FAMILY SERVIC	\$42,045.00
	To be continued in Appendix page 2

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
- 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	Maureen	Archer	maureena@GracesmithHouse.org
Treasurer	Christina	Kearney	cvkearney1@yahoo.com

Signature of  Date: 11/14/2021
 Other Authorized Officer DocuSigned by: C6CDD85C5173457...

Signature of  Date: 11/12/2021
 Treasurer DocuSigned by: 1529E2D427DE48A...

Filing Information

General Information	Description of Services	Description of Compensation
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>	N / A	N / A
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>	N / A	N / A
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>	N / A	N / A
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>	N / A	N / A

Government Grant Agency	Grant Amount
ULSTER COUNTY DEPARTMENT OF SOCIAL SERVICES	\$33,124.00
PUTNAM COUNTY DEPARTMENT OF SOCIAL SERVICES	\$26,368.00
WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES	\$23,317.00
DUTCHESS COUNTY DEPT OF PLANNING & DEVELOPMENT	\$17,492.00
ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES	\$10,460.00
ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES	\$9,806.00
FEDERAL EMERGENCY MANAGEMENT AGENCY	\$4,908.00
NEW YORK COUNTY DEPARTMENT OF SOCIAL SERVICES	\$4,903.00
N/A	N/A
N/A	N/A