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 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type: • New Fili	ing OAm	endment	Filing Year: 202	24	_
General Information					
Current Organization Name	nate of the Episcopal Church Updated Name		ie:	N/A	
NY Registration Number:	01-06-10		Registration Category: EIN:		EPTL
Organization Type:	Corporation	<u> </u>			237125960
Current Fiscal Year End:	07/31		Updated Fiscal Year End:		N/A
Organization Email:	manager@FU	NDFORDIACONATE.ORG	Organization's Phone:		8658984377
Tax Exempt Status:	501(c)(3)		Website:		WWW.FUNDFORDIACONATE.ORG
Organization Address					
Mailing Addres	S	Principal Ac	ldress		NY State Address
P.O. Box 12621 Charlotte NY 28220 United States		1047 Amsterdam New York NY 10025 United States	Ave	NA —	
Primary Contact Information	n				
First Name: Brian		— Last Name: Nore	dwick	- Title:	Treasurer
Phone: 8002815421			surer@fundfordi	aconate.or	<u>g</u>
Organization Type Type of IRS document filed	with IRS: <u>IF</u>	<u>RS990</u> Orga	nization Type: <u>F</u>	Public	
Third Party Preparer I	nformatio	n			
First Name: N/A Last Name:		Last Name: <u>N/A</u>		Title: _	N/A
Firm Name: N/A Phone: N/A			Email:	N/A	
Third Party Address					
Street: N/A					
City: N/A		State:	N/A		
Zip: N/A		Country:	N/A		

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
2.	Does the organization have assets in New York State? ○ Yes
3.	Is the organization incorporated or formed in New York State? O No
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? O Yes No
5. [Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents
f	oundations, corporations, government agencies or other entities?
	O Yes ● No
6.	Does the organization use a professional fundraiser or fundraising counsel? ○ Yes
Bas	ed on your responses to the above questions, this organization's registration category remains as <u>EPTL</u>
Со	ntribution Information
1. [Did the organization solicit or receive contributions during the fiscal year in New York State?
3. C	Choose the total contributions in New York State this fiscal year: \$0-\$24,999
An	nual 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
Rac	ed on your responses to annual exemption questions, this organization is required to file under EPTL during this
	ed on your responses to annual exemption questions, this organization is required to file under <u>EPTL</u> during this al year

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

Financial Information					
Type of IRS document filed with IRS	IRS990	Organization's total rev	enue: <u>151,021</u>		
Organization's total contributions:	3,621	Organization's total ass	ets: N/A		
Organization's net assets:	7,634,505	Organization's total rev	venue N/A		
Organization's total liabilities:	N/A	and contributions: Organization's total ass	sets/ N/A		
Organization's total income:	N/A	worth:	14/70	1471	
or this filing year, does your organi	zation plan to compl	ete any of the following with th	e New York Sta	te Charities Burea	
□Closing □ Withdrawing	☐ Dissolving	■ None			
	ional fundraicer or fu	ndraising councel for fundraisin	a activity in No	Vork State2	
	ional fundraiser or fu	ndraising counsel for fundraisin	g activity in Ne	w York State?	
Did your organization use a professi		Description of Services	Description		
Did your organization use a professi Oyes ⊙No				w York State? of Compensation	
Oid your organization use a professi Oyes One General Informa Name of Firm: NA		Description of Services	Description		
Oid your organization use a professi Oyes Oyes General Informa Name of Firm: N/A Type: N/A Reg	ation	Description of Services	Description		
Ores One organization use a profession of the pr	ntion Number: <u>N/A</u>	Description of Services	Description		
Old your organization use a profession of Pirm: Name of Firm: N/A	Number: N/A ract End: N/A	Description of Services	Description		
Old your organization use a profession of the second of th	Number: N/A ract End: N/A	Description of Services	Description		
Ores Ono General Informa Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A	Number: N/A ract End: N/A	Description of Services N/A	Description N/A		
Ores No General Informa Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A Reg N/A Reg Reg Reg Reg Reg Reg Reg Re	Number: N/A ract End: N/A Phone : N/A	Description of Services N/A	Description N/A		
General Informal Name of Firm: N/A Reg	Number: N/A ract End: N/A Phone : N/A	Description of Services N/A	Description 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

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Attached	organization'	's require	h he	ocuments
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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
President	Keith	McCoy	President@fundfordiaconate.org
Treasurer	Brian	Nordwick	treasurer@fundfordiaconate.org

Signature of President W. Leith Muley

Signature of Treasurer Signed by:

Date: 7/24/2025

Date: 7/25/2025