CHAR500 Online

For new annual filings, and amendments

City:

Zip:

Hauppauge

11788

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: HUNTINGTON YOUTH BUREAU YOUTH DEVELOPMENT RESEARCH INSTITUTE **Updated Name:** DUAL Registration Category: NY Registration Number: 04-67-85 112487925 Corporation EIN: Organization Type: Current Fiscal Year End: Updated Fiscal Year End: N/A 12/31 BNOLAN@HUNTINGTONYOUTHBUREAU.ORG Organization's Phone: 6313513061 Organization Email: 501(c)(3) Website: WWW.HYBYDRI.ORG Tax Exempt Status: **Organization Address** Mailing Address NY State Address **Principal Address 423 PARK AVE 423 PARK AVE** NA HUNTINGTON HUNTINGTON NY NY 11743-2803 11743-2803 UNITED STATES **UNITED STATES Primary Contact Information** Title: Senior Bookkeeper First Name: Betty Last Name: Nolan Email: bnolan@huntingtonyouthbureau.org Phone: 6313513061 **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: **Third Party Preparer Information** First Name: Steven Last Name: Tarloff Title: Director Firm Name: PKF O'Connor Davies Phone: 631-434-9500 Email: starloff@pkfod.com **Third Party Address** Street: 878 Veterans Memorial Highway

State: NY

Country: United States

R	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. O Yes O No
2.	Does the organization have assets in New York State? ● Yes
3.	Is the organization incorporated or formed in New York State? • Yes • 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? • 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
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
C	ontribution Information
	Did the organization solicit or receive contributions during the fiscal year in New York State? O No
3.	Choose the total contributions in New York State this fiscal year: \$1,000,000-\$4,999,999
Αı	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$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? OYes 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 reve	nue: 2,176,840
Organization's total contributions: 1,984,732		Organization's total asse	ts: N/A
Organization's net assets: 689,052		Organization's total reve	nue N/A
Organization's total liabilities:	N/A	and contributions:	/ N/A
Organization's total income:	N/A	Organization's total asse worth:	ets/ N/A
For this filing year, does your organi	ization plan to comple	te any of the following with the	New York State Charities Bureau
□Closing □ Withdrawing	□ Dissolving	☑ None	
Is this your final filing with New Yor	k State? OYes	ONo N/A	
Filing Information			
			_
Did your organization use a professi	ional fundraiser or fund	draising counsel for fundraising	activity in New York State?
O _{Yes}			
General Informa Name of Firm: N/A	ition	Description of Services N/A	Description of Compensation N/A
	Number: N/A		14/11
	ract End: N/A	_	
Amount Paid: N/A	Phone : N/A	_	
Mailing Address: N/A		_	
Name of Firm: N/A		_ N/A	N/A
	ration ID: 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
	ration ID: <u>N/A</u>		
	ract End: N/A		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
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Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
Town of Huntington	\$574,946.00
Office of Addiction Services and Support	\$771,552.00
NYS Division of Criminal Justice Service	\$367,406.00
Suffolk County Dept. Mental Health	\$102,027.00
	To be continued in Appendix page 2

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
President	Edmund	Smyth	esmyth@huntingtonny.gov
Treasurer	Laura	Carey	lcarey@huntingtonny.gov
Signature of President	Signed by: Edmund Smyth EACHOHETOEACHOO		Date: 11/15/2024

Signature of Treasurer

Laura Carey

Date:

11/15/2024

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		
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
Suffolk County Youth Bureau	\$101,469.00
NYS Office of Children and Family Services	\$52,921.00
N/A	N/A