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 Year: 2024 New Filing OAmendment Filing Type: **General Information** N/A Current Organization Name: Christ For Kids Ministries, Inc. **Updated Name:** DUAL NY Registration Number: 45-49-21 Registration Category: 371861507 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A Current Fiscal Year End: christforkidsministries@gmail.com Organization's Phone: 5853545341 Organization Email: 501(c)(3) Website: www.christforkidsministries.org Tax Exempt Status: **Organization Address** Mailing Address NY State Address Principal Address 6163 Rush Lima Rd. 6163 Rush Lima Rd. NA Rush Rush NY NY 14543 14543 **UNITED STATES UNITED STATES Primary Contact Information** _____Title: Director First Name: Julie Last Name: Chapus Email: christforkidsministries@gmail.com Phone: 5853545341 **Organization Type** Organization Type: Public IRS990EZ Type of IRS document filed with IRS: **Third Party Preparer Information** First Name: N/A Last Name: N/A 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 N/A Country: N/A Zip:

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Registration Category	
1. Does the organization conduct activity in New York State other than soliciting? This may include, but is not limite	d
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. 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?	
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residen	nts
foundations, corporations, government agencies or other entities?	
6. Does the organization use a professional fundraiser or fundraising counsel?	
O Yes ● No	
Based on your responses to the above questions, this organization's registration category remains as DUAL	
Contribution 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: \$100,000-\$249,000	
Annual Francisco	
Annual Exemptions	
1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. un	de
\$25,000 during the fiscal year? O Yes O No N/A	
 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	
Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during the	is

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

Financial Information					
Type of IRS document filed with IRS Organization's total contributions: 109,943		Z Organization's tota	l revenue:	<u>:</u> 108,895	
		Organization's total assets:		N/A	
Organization's net assets:	153,400	Organization's tota	l revenue	N/A	
Organization's total liabilities:	N/A	and contributions: Organization's tota	al accets/	N/A	
Organization's total income:	N/A	worth:	11 033013/	13/73	
or this filing year, does your organ	nization plan to comp	plete any of the following wit	h the New	York State Charities Bure	
□Closing □ Withdrawing	□Dissolving	⊠ None			
iling Information					
ithis your final filing with New Yo Filing Information Did your organization use a profess Oyes Oyes			aising acti	vity in New York State?	
iling Information	sional fundraiser or f			vity in New York State? scription of Compensation	
Filing Information Did your organization use a profess OYes	sional fundraiser or f	undraising counsel for fundra		scription of Compensation	
Filing Information Did your organization use a profess Oyes ONO General Inform Name of Firm: N/A	sional fundraiser or f	undraising counsel for fundra Description of Service	es De	scription of Compensation	
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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 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	Julie	Chapus	christforkidsministries@gmail.com
Chief Financial Officer	Lisa	Barbosa	lbarbosa@bonadio.com

Signature of President Docusigned by:

Signature of Signed by:

Signature of Chief Financial Officer Usa Barbosa

EAD453D88055436.

Date: 5/6/2025