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| <b>CHAR500<br/>Online</b>                 | <b>Annual Filing for Charitable Organizations</b><br>New York State Office of the Attorney General<br>Charities Bureau - Registration Section<br>28 Liberty Street<br>New York, NY 10005<br><a href="http://charitiesnys.com">charitiesnys.com</a> | <b>Open to Public<br/>Inspection</b> |
| For new annual filings,<br>and amendments |  |                                      |

Filing Type:     New Filing     Amendment    Filing Year: 2023

**General Information**

|  |   |
|--|---|
| Current Organization Name: <u>NY Police and Fire Widows &amp; Childrens Benefit Fund, Inc.</u> | Updated Name: <u>N/A</u>                  |
| NY Registration Number: <u>04-05-75</u>  | Registration Category: <u>DUAL</u>        |
| Organization Type: <u>Corporation</u>  | EIN: <u>133340675</u>                     |
| Current Fiscal Year End: <u>12/31</u>  | Updated Fiscal Year End: <u>N/A</u>       |
| Organization Email: <u>lauren.profeta@answerthecall.org</u>                                    | Organization's Phone: <u>646-731-9630</u> |
| Tax Exempt Status: <u>501(c)(3)</u>  | Website: <u>WWW.ANSWERTHCALL.ORG</u>      |

**Organization Address**

| Mailing Address   | Principal Address   | NY State Address |
|---|---|------------------|
| 150 Greenwich Street, 29th<br>Floor<br>NEW YORK<br>NY<br>10007<br>United States | 150 Greenwich Street, 29th<br>Floor<br>NEW YORK<br>NY<br>10007<br>United States | NA               |

**Primary Contact Information**

First Name: Lauren    Last Name: Profeta    Title: Executive Director  
 Phone: 646-731-9630    Email: lauren.profeta@answerthecall.org

**Organization Type**

Type of IRS document filed with IRS: IRS990    Organization Type: Public

**Third Party Preparer Information**

First Name: Daniel    Last Name: Romano    Title: Partner  
 Firm Name: Grant Thornton Advisors LLC    Phone: 212-599-0100    Email: daniel.romano@us.gt.com

**Third Party Address**

Street: 757 Third Avenue, 3RD FLOOR  
 City: New York    State: NY  
 Zip: 10017    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 staff, 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
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    No
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?  
 Yes    No
6. 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

## Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
 Yes    No
3. Choose the total contributions in New York State this fiscal year:    \$1,000,000-\$4,999,999

## 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   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
 Yes    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

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

## Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 4,273,748  
 Organization's total contributions: 4,359,670 Organization's total assets: N/A  
 Organization's net assets: 56,862,679 Organization's total revenue and contributions: N/A  
 Organization's total liabilities: N/A Organization's total assets/worth: N/A  
 Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

Closing  Withdrawing  Dissolving  None

Is this your final filing with New York State?  Yes  No  N/A

## Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

Yes  No

| General Information  | Description of Services | Description of Compensation |
|--|-------------------------|-----------------------------|
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Reg Number: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u>      | <u>N/A</u>              | <u>N/A</u>                  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registration ID: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u> | <u>N/A</u>              | <u>N/A</u>                  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registration ID: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u> | <u>N/A</u>              | <u>N/A</u>                  |

Did the organization receive government grants during this fiscal year?

Yes  No

| Government Grant Agency | Grant Amount |
|-------------------------|--------------|
| N/A                     | N/A          |
| N/A                     | N/A          |
| N/A                     | N/A          |
| N/A                     | N/A          |
| N/A                     | N/A          |

### 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
- 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                        |
|-----------|------------|------------|------------------------------|
| Chair     | Stephen    | Dannhauser | stephen.dannhauser@weil.com  |
| Treasurer | John       | Nolan      | john.nolan@answerthecall.org |

Signature of  
Chair

DocuSigned by:  
*Stephen Dannhauser*

Date: 9/30/2024

Signature of  
Treasurer

DocuSigned by:  
*John Nolan*

Date: 9/26/2024