CHAR500 Online

For new annual filings, and amendments

Zip:

10017

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 OAme	endment	Filing Year: 20	24	_
General II	nformation					
Current Orga	anization Name	N Y Police and Fire V	Vidows & Childrens Benefit Fund, Inc.	Updated Nan	ne:	N/A
NY Registration Number: 04-05-75			Registration Category:		DUAL	
Organization	n Type:	Corporation		EIN:		133340675
Current Fisca	al Year End:	12/31		Updated Fiscal Year End:		N/A
		lauren.profe	ta@answerthecall.org	Organization's Phone:		646-731-9630
Tax Exempt S	Status:	501(c)(3)	Website:			WWW.ANSWERTHCALL.ORG
Organizatio	n Address					
	Mailing Addres	S	Principal Address		NY State Address	
150 Greenwich Street, 29th Floor NEW YORK NY 10007 United States		150 Greenwich Street, 29th Floor NEW YORK NY 10007 United States		NA		
Primary Con	ntact Informatio	on				
First Name: Lauren			— Last Name: Profeta		—— Title:	Executive Director
				en.profeta@ans		
	document filed	With into		nization Type: _	Public	
	ty Preparer I	Information	n			
First Name: SCOTT		Last Name: THOMPSETT			TAX PRINCIPAL	
Firm Name:	GRANT THORN	TON ADVISORS I	LLC Phone: <u>212</u> -	599-0100	Email: .	SCOTT.THOMPSETT@US.GT.COM
Third Party		ILIE OTLUELO	20B			
	7 THIRD AVEN EW YORK	NUE, 91H FLC	State:	NV		
City. INL	- * * O ((state.	INI		

Country: United States

Registration Category	
 Does the organization conduct activity in New York State other than soliciting? This may include, but is not limite to, maintaining an office, having employees or staff, or running a program. ● Yes ○ No 	:d
 Does the organization have assets in New York State? Yes ONo 	
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? • Yes O No	
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State reside	nts
foundations, corporations, government agencies or other entities?	
6. Does the organization use a professional fundraiser or fundraising counsel?○ Yes	
Based on your responses to the above questions, this organization's registration category remains as DUAL	
Contribution Information	
 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: \$1,000,000-\$4,999,999	
Annual Exemptions	
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. ur \$25,000 during the fiscal year? Yes ONO N/A 	ıd€
 Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes ONO N/A 	
 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 <u>DUAL</u> during th	is

Financial Information			
Type of IRS document filed with IRS	IRS990	Organization's total revenue	ue: <u>6,532,677</u>
Organization's total contributions:	4,638,068	Organization's total assets	: <u>N</u> /A
Organization's net assets: 59,774,476		Organization's total reven	ue N/A
Organization's total liabilities:	N/A	and contributions:Organization's total assets	 5/ N/A
Organization's total income:	N/A	worth:	
For this filing year, does your organ	ization plan to complete	e any of the following with the N	lew York State Charities Bureau
□Closing □ Withdrawing	☐ Dissolving	☑ None	
Filing Information Did your organization use a profess	ional fundraiser or fund	raising counsel for fundraising a	activity in New York State?
O _{Yes} ⊙ No			
General Inform	ation	Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
	Number: N/A		
Contract Start: N/A Cont Amount Paid: N/A	tract End: N/A		
Mailing Address: N/A	Phone : <u>N/A</u>		
Name of Firm: N/A		N/A	N/A
Type: N/A Registration ID: N/A			
Contract Start: N/A Cont	ract End: <u>N/A</u>		
Amount Paid: N/A Phone : N/A			
1 N/A			
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
Name of Firm: N/A Type: N/A Regist	ration ID: <u>N/A</u> ract End: _{N/A}	N/A	N/A

Phone : N/A

Amount Paid: N/A

Mailing Address: 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 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
Other	John	Nolan	john.nolan@answerthecall.org
	•		<u> </u>

Signature of Chair Stylun Dannhauser

Signature of Other Other Stylun Dannhauser

DocuSigned by:

Date: 10/16/2025

Date: 10/16/2025