## 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: Rockland Youth Empowerment Center, Inc. Updated Name: DUAL Registration Category: NY Registration Number: 47-89-43 843228136 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A Current Fiscal Year End: gballard@ryecenter.org Organization's Phone: 8453170311 Organization Email: 501(c)(3) Website: Tax Exempt Status: www.ryecenter.org **Organization Address** Mailing Address NY State Address Principal Address 257 S. Middletown Road 257 S. Middletown Road NA Nanuet Nanuet NY NY 10954 10954 **United States United States Primary Contact Information** First Name: Gillian Last Name: Ballard \_\_\_\_\_Title: CEO Email: gballard@ryecenter.org Phone: 8453170311 **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: Third Party Preparer Information First Name: Jeanine Last Name: Jilleba Title: Accountant Firm Name: JMG CPAs LLC Phone: 201-263-1333 Email: jdourlaris@jmg-cpas.com **Third Party Address** Street: 170 E Erie Street City: Blauvelt State: NY Country: United States 10913 Zip:

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is <b>not limited</b> to, maintaining an office, having employees or staff, or running a program.  • Yes ONo
2.	Does the organization have assets in New York State?    O Yes  O 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 O 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?
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
Co	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: \$100,000-\$249,000
Ar	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  O Yes O No 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
	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 revenu	ue: 200,998
Organization's total contributions:	123,816	Organization's total assets:	
Organization's net assets:	35,153	Organization's total revenu	ue N/A
Organization's total liabilities:	N/A	and contributions: Organization's total assets	/ N/A
Organization's total income:	N/A	worth:	
For this filing year, does your organi	zation plan to comp	plete any of the following with the N	ew York State Charities Burea
□Closing □ Withdrawing	☐ Dissolving	<b>⊠</b> None	
Is this your final filing with New York Filing Information	k State? OYe	es ONo N/A	
Did your organization use a professi	onal fundraiser or f	fundraising counsel for fundraising a	ctivity in New York State?
O <sub>Yes</sub>			
General Informa	ition	•	Description of Compensation
Name of Firm: N/A		N/A	N/A
	Number: <u>N/A</u>	_	
	ract End: <u>N/A</u>		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: N/A		N/A 1	N/A
Type: N/A Registro	ration ID: N/A		
Contract Start: N/A Contr			
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
		N/A I	N/A
Name of Firm: N/A		N/A	N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

Type: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
Rockland County	\$100,000.00
N/A	N/A

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L	u	ч	u	m		

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	Gillian	Ballard	gballard@ryecenter.org
Chief Financial Officer	Patrice	Brenner	pbrenner@bbbsofrc.com

Signature of President Gillian Ballard

AMETEROPOSE E Signed by:

Signature of Chief Financial Officer Patrice Bruner

ECARRO 253 RA 2458

Date: 7/23/2025

Date: 7/24/2025