

**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 Type: New Filing Amendment Filing Year: 2022**General Information**

Current Organization Name: SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES, INC. Updated Name: N/A
 NY Registration Number: 21-09-39 Registration Category: DUAL
 Organization Type: Corporation EIN: 113632920
 Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A
 Organization Email: sudha@sacssny.org Organization's Phone: 7183217929
 Tax Exempt Status: 501(c)(3) Website: www.sacssny.org

Organization Address

Mailing Address	Principal Address	NY State Address
143-06 45th Avenue Flushing NY 11355 UNITED STATES	143-06 45th Avenue Flushing NY 11355 UNITED STATES	NA

Primary Contact Information

First Name: SUDHA Last Name: ACHARYA Title: EXECUTIVE DIRECTOR
 Phone: 7183217929 Email: sudha@sacssny.org

Organization Type

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

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
 Zip: N/A Country: N/A

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 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 N/A
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
 Yes No
5. 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

Public Charity

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: 3,443,118
 Organization's total contributions: 3,443,118 Organization's total assets: N/A
 Organization's net assets: 3,057,247 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 the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

Closing Withdrawing Dissolving None

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

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

Yes No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> 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
NYC DISCRETIONARY DFTA	\$485,596.00
NYC DISCRETIONARY DYCD	\$313,981.00
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
Executive Director	SUDHA	ACHARYA	sudha@sacssny.org
Treasurer	SWARNA	SHAH	swarnashah@yahoo.com

Signature of
Executive Director

DocuSigned by:

Sudha Acharya

1592F820668430...

Date: 7/17/2023

Signature of
Treasurer

DocuSigned by:

SWARNA SHAH

21223838AC59401...

Date: 7/17/2023