| 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 | | | | |
|--|--|--|-------------------------|-------------|---------------------|
| Filing Type: • New Fil | ing OAm | endment | Filing Year: 202 | 1 | - |
| General Information | | | | | |
| Current Organization Name | Art and Resista | nce Through Education, Inc. | Updated Nam | e: | <u>N/A</u> |
| NY Registration Number: | 46-51-89 | | Registration Category: | | DUAL |
| Organization Type: | Corporation | 1 | EIN: | | 814884105 |
| Current Fiscal Year End: | 12/31 | | Updated Fisca | l Year End: | 07/31 |
| Organization Email: | marissa@a | rtejustice.org | Organization's | Phone: | 347-493-5081 |
| Tax Exempt Status: 501(c)(3) | | | Website: | | www.artejustice.org |
| Organization Address | | | | | |
| Mailing Addres | S | Principal Ad | dress | | NY State Address |
| PO Box 82 Brooklyn NY 11211-9997 UNITED STATES | | PO Box 82 Brooklyn NY 11211-9997 UNITED STATES | | NA | |
| Primary Contact Information | on | | | | |
| First Name: Marissa | | Last Name: Gutie | errez | Titlo. E | Executive Director |
| Phone: 347-493-5081 | | | ssa@artejustice. | | |
| | | | - | - | |
| Organization Type Type of IRS document filed | with IRS: <u>IF</u> | RS990EZ Organ | nization Type: <u>P</u> | ublic | |
| Third Party Preparer | Informatio | n | | | |
| First Name: N/A | | Last Name: N/A | | Title: | N/A |
| Firm Name: N/A | | Phone: N/A | | Email: | |
| Third Party Address | | | | | |
| Street: <u>N/A</u> | | | | | |
| City: <u>N/A</u> | | State: | N/A | | |
| Zip: <u>N/A</u> | | Country: | N/A | | |

Registration Category

- 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
 O No
- Does the organization have assets in New York State?
 Yes O No
- 3. Is the organization incorporated or formed in New York State? O Yes O No N/A
- 4. Does the organization 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?
 - OYes ⊙No

Based on your responses to the above questions, this organization's registration category has been updated to DUAL

The updated registration category will go into effect when your filing has been processed.

Exemption Qualifications

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?

OYes ONo N/A

- 2. Was the organization formed for religious purposes? O Yes O No $\ N/A$
- 3. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department?
 - OYes ONo N/A
- Is the organization a library that files annual financial reports with the New York State Department of Education?
 O Yes
 O No
 N/A
- 5. Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports?
 - OYes ONo N/A
- Is the organization's gross contributions from all other New York sources \$25,000 or less and it will remain below that?
 OYes
 ONo
 N/A
- Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?
 O Yes
 O No
 N/A
- 8. Is the organization's gross contributions from all other sources \$25,000 or less and will remain below that? O Yes O No N/A
- 9. Does the organization use or plan to use a professional fundraiser? O Yes $$O \ No $N/A$$
- Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state?
 OYes
 ONo
 N/A
- 11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?

O Yes O No N/A

| I | |
|---|--|
| | 12. Is the organization incorporated/chartered under the New York State Education Law? OYes ONo N/A |
| | 13. Is the organization a law enforcement support organization that only solicit contributions from its members? |
| | OYes ONo N/A |
| | 14. Is organization a New York State volunteer firefighters or volunteer ambulance corps? |
| | OYes ONo N/A |
| | 15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center? |
| | Οyes Οno N/A |
| | 16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such |
| | organization whose fundraising is performed only by its members without direct or indirect compensation? Oyes Ono N/A |
| | 17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York |
| | that solicits contributions only from its memberships? |
| | Oyes ONO N/A |
| | 18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York? |
| | OYes ONo N/A |
| | 19. Is the organization a membership organization? |
| | OYes ONo N/A |
| | Is the organization a membership organization that solicits contributions only from its members? OYes ONo N/A |
| | 21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law? OYes ONo N/A |
| | 22. Is the organization incorporated under Article 43 of the New York State Insurance Law? |
| | OYes ONo N/A |
| | 23. Is the organization a police department, sheriff's department or other government law enforcement agency? |
| | OYes ONo N/A |
| | Based on your responses to the exemption questions, this organization's registration category has been updated to |
| | DUAL The updated registration category will go into effect when your filing has been processed. |
| | |
| | Public Charity |
| | 1. Did the organization solicit or receive contributions during the fiscal year in New York State? |
| | ● Yes O No |
| | 2. Was the organization required to submit a Schedule B to the IRS in this reporting period? |
| | \bigcirc Yes \bigcirc No |
| 1 | |

- 3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:
- OI would like to enter the total New York State Contributions OI would like to submit a redacted Schedule B N/A

4. Choose the total contributions in New York State this fiscal year: \$0-\$24,999

| Annu | al Exem | ptions |
|------|---------|--------|
| | | |

| 1. | Were the total contributions from New York State, including residents, foundations, government agencies, etc. under | | |
|----------------------------------|---|--|--|
| \$25,000 during the fiscal year? | | | |
| | ● Yes O No | | |

- Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 O Yes

 No
- 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 ONo

Based on your responses to annual exemption questions this organization is Exempt this year under both "Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4". No fee or additional financials are required for this year's filing.

| |) | | and the required for time year of fining. | | |
|---|--|--------------------------------|--|--|--|
| Financial Inforr | mation | | | | |
| For the current filin | g year, will your organizat | on complete any of the followi | ng with its Charities Bureau Registration? | | |
| Closing | Withdrawin | g 🛛 Dissolvin | g 🛛 🖾 None | | |
| Is this your final fili | ng in New York State? N/ | A | | | |
| O Yes O N | lo | | | | |
| Documents | | | | | |
| Documents | | | | | |
| - | on's required documents: | | | | |
| | □ IRS document | | | | |
| Certified Pu | Certified Public Accountant's Audit Report | | | | |
| Certified Public Accountant's Review Report | | | | | |
| Complete Certificate of Amendment or other document amending the name | | | | | |
| Schedule B | | | | | |
| Redacted Sector | chedule B | | | | |
| Other docu | ments | | | | |
| Signatures | | | | | |
| | | | Il attack was the smalles the baset of sure | | |
| | | | ll attachments, and to the best of our | | |
| - | ef,they are true, correct an | d complete in accordance with | the laws of the State of New York applicable | | |
| to this report. | | | | | |
| Role | First Name | Last Name | Email | | |

| Role | First Name | Last Name | Email | | |
|--|-----------------|-------------------|---------------------|-----------|--|
| Executive Director Marissa | | Gutierrez-Vicario | marissa@artejustice | e.org | |
| Treasurer Aissatou Barry | | Barry | aissba@gmail.com | | |
| Signature of Executive Director Manissa Gutiumy-Vicario | | | Date: | 7/26/2022 | |
| Signature of Treasurer | BOACGFAAEAA2489 | | Date: | 7/26/2022 | |