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 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:	New Filir	ng OAm	endment	Filing Year: 202	23	_
General Info	ormati <u>on</u>					
		BloomA	gainBklyn, Inc.	Updated Nan	ne:	N/A
NY Registration		46-99-77	<u> </u>	Registration (DUAL
Organization Ty	/pe:	Corporation		EIN:		300872187
Current Fiscal Y	ear End:	12/31		Updated Fiscal Year End		N/A
Organization En	nail:	caroline@b	oomagainbklyn.org Organization's		s Phone:	9175333183
	Tax Exempt Status: 501(c)(3)			Website:		www.BloomAgainBklyn.org
Organization A	ddress					
Ma	ailing Address		Principal A	ddress		NY State Address
495 Henry Brooklyn NY 11231 United Stat			495 Henry Street Brooklyn NY 11231 United States		NA	
Primary Contac	ct Informatio	n	1		1	
First Name: Richard		Last Name: Anderson		Title: _	Chief Marketing Officer	
Phone: <u>7189861596</u>			— Email: <u>rick</u>	@bloomagainbk	lyn.org	
Organization Type of IRS doc	cument filed v	With III(3)		nization Type: <u></u>	Public	
Third Party	_	ntormatio				
First Name: <u>m</u>	nark		Last Name: <u>coh</u>			partner
Firm Name: <u>b</u>	loom and str	eit IIIp	Phone: <u>914</u>	2164456	Email:	mcohen@bloomandstreit.com
Third Party Add						
	westchester	ave				
City: <u>purch</u>			State	: <u>NY</u>		
7in· 10577	7		Country	 United States 		

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 staff, or running a program.● Yes ○ No
 Does the organization have assets in New York State?
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 resident
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: \$250,000-\$749,000
Annual Exemptions
 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
 Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes ONO 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?
OYes
Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this fiscal year.

Financial Information				
Type of IRS document filed with IRS IRS990			Organization's total reve	nue: <u>366,411</u>
Organization's total contributions: 272,566			Organization's total asset	ts: N/A
Organization's net assets:	276,298		Organization's total reve	nue N/A
Organization's total liabilities:	N/A N/A		and contributions:	ts/ N/A
Organization's total income:			Organization's total asse worth:	IS/ IN/A
For this filing year, does your organia	zation plan to comple	ete any	of the following with the	New York State Charities Bureau
□Closing □ Withdrawing	□ Dissolving	⊠ Non	e	
Is this your final filing with New Yor	k State? OYes	ON∙	o N/A	
Filing Information				
Did your organization use a professi	onal fundraiser or fur	ndraisin	g counsel for fundraising	activity in New York State?
O _{Yes}		_		l
General Informa Name of Firm: N/A	tion	N/A	Description of Services	Description of Compensation N/A
	Number: N/A	_	-	14/11
Type: N/A Reg Number: N/A Contract Start: N/A Contract End: N/A				
Amount Paid: N/A	Phone : N/A			
Mailing Address: N/A				
Name of Firm: N/A		N/A	A	N/A
Type: N/A Registro	ation ID: N/A			
Contract Start: N/A Contract End: N/A				
Amount Paid: N/A Phone : N/A				
Mailing Address: N/A				
Name of Firm: N/A		N/A		N/A
Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A				
Amount Paid: N/A	Phone : 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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			-11	

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	caroline	anderson	caroline@bloomagainbklyn.org
Treasurer	richard	anderson	rick@bloomagainbklyn.org
	— DocuSigned by:		_

Signature of President Caroline Anderson

Signature of Treasurer Figure 10/28/2024

Date: 10/28/2024

Date: 10/28/2024