

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:	<input checked="" type="radio"/> New Filing	<input type="radio"/> Amendment	Filing Year: <u>2022</u>
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General Information

Current Organization Name:	<u>DOMINICAN WOMENS DEVELOPMENT CENTER INC</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>05-23-13</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>133593885</u>
Current Fiscal Year End:	<u>09/30</u>	Updated Fiscal Year End:	<u>06/30</u>
Organization Email:	<u>RROMERO@DWDC.ORG</u>	Organization's Phone:	<u>2129946060</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>www.dwdc.org</u>

Organization Address

Mailing Address	Principal Address	NY State Address
519 W 189TH ST NEW YORK NY 10040-4647 UNITED STATES	519 W 189TH ST NEW YORK NY 10040-4647 UNITED STATES	NA

Primary Contact Information

First Name:	<u>ROSITA</u>	Last Name:	<u>ROMERO</u>	Title:	<u>EXECUTIVE DIRECTOR</u>
Phone:	<u>2129946060</u>	Email:	<u>RROMERO@DWDC.ORG</u>		

Organization Type

Type of IRS document filed with IRS:	<u>IRS990</u>	Organization Type:	<u>Public</u>
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Third Party Preparer Information

First Name:	<u>Angelito</u>	Last Name:	<u>Ballo</u>	Title:	<u>CPA</u>
Firm Name:	<u>Angelito A. Ballo, CPA</u>	Phone:	<u>2124061640</u>	Email:	<u>aballo@cpa.com</u>

Third Party Address

Street:	<u>67 Hudson St,Apt 1C</u>				
City:	<u>New York</u>	State:	<u>NY</u>		

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 staff, 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
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 ☐ 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?
☒ Yes ☐ No
6. 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

Contribution Information

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: 5,312,822

Organization's total contributions: 5,293,728 Organization's total assets: N/A

Organization's net assets: 531,797 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 this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

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

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☒ Yes ☐ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>GENERATING RESULTS, LLC</u> Type: <u>Fund Raiser Counsel</u> Reg Number: _____ Contract Start: <u>02/15/2022</u> Contract End: <u>11/03/2023</u> Amount Paid: <u>\$60,050.00</u> Phone : <u>646-548-8282</u> Mailing Address: <u>3340 BAILEY AVENUE null</u> <u>BRONX</u> <u>NY-10463</u> <u>United States</u>	COUNSEL WILL WORK WITH THE ORGANIZATION ON THE DEVELOPMENT, LOGISTICS, EXECUTION AND STRATEGIES FOR FUNDRAISING. THE CONSULTANT WILL PROVIDE STRATEGIES FOR FUND RAISING, IDEAS TO GENERATE DONORS AND S	TO PAY 35,000, 50% DUE 2 WEEKS FROM START DATE, 25% BY JULY 28 AND THE REST BY NOV 15. IN ADDITION, DURING THE TERM, THE CONSULTANT IS TO BE PAID \$45,000, TO BE PAID \$20,000 AS FIRST PAYMENT 12500 AFTE
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
NYS CACFP-FOOD PROGRAM	\$78,124.00
NYS Office Of Children & Family Services	\$347,432.00
Crime Victims Board	\$150,557.00
DYCD - Neighborhood Development Area Program	\$178,119.00
	To be continued in Appendix page 2

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	ROSITA	ROMERO	RROMERO@DWDC.ORG
Chief Financial Officer	BEN	RODRIGUEZ	BENROD1.CONSULTANTSJUSTFORYOU@GMAIL.COM

Signature of

Executive Director

DocuSigned by:

Rosita Romero

848F76020D0A4E3

Date:

5/15/2024

Signature of

Chief Financial Officer

DocuSigned by:

Ben Rodriguez

23AA228E089E47D

Date:

5/14/2024

Filing Information

General Information	Description of Services	Description of Compensation
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>	N/A	N/A
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>	N/A	N/A
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>	N/A	N/A
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>	N/A	N/A

Government Grant Agency	Grant Amount
HHS - Early Head Start	\$1,175,616.00
DOH/Aids Institute	\$205,050.00
DYCD - DMH	\$35,000.00
NYC Dept. of Ed. - DECE	\$1,474,948.00
NYS Office of Children Services	\$53,100.00
DYCD - LGBTQ	\$290,000.00
Immigrant Survivors Of Domestic Violence	\$90,000.00
N/A	N/A
N/A	N/A