## 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: 2023 New Filing OAmendment Filing Type: **General Information** N/A Current Organization Name: Positive Tails Inc. **Updated Name: DUAL** 43-97-52 Registration Category: NY Registration Number: 320410872 Corporation EIN: Organization Type: Updated Fiscal Year End: N/A 12/31 Current Fiscal Year End: beth@positivetails.org Organization's Phone: 646-397-1484 Organization Email: 501(c)(3) Website: Tax Exempt Status: www.positivetails.org Organization Address NY State Address Mailing Address Principal Address P.O. BOX 27192 P.O. BOX 27192 NA **BROOKLYN BROOKLYN** NY NY 11202 11202 UNITED STATES UNITED STATES **Primary Contact Information** Last Name: Gould First Name: Beth \_\_\_\_\_Title: Treasurer Email: beth@positivetails.org 646-397-1484 Phone: **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: Third Party Preparer Information Last Name: Wohlrob Title: CPA First Name: Glen Firm Name: Franklin LoBrace Wohlrob LLC Phone: 9733795400 Email: gwohlrob@franklinlobrace.com **Third Party Address** Street: 105 Morris Avenue, Suite 301 City: Springfield State: NJ 07081 Zip: Country: United States

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited
	<ul><li>to, maintaining an office, having employees or staff, or running a program.</li><li>Yes ONo</li></ul>
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 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?  O Yes  No
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
1.	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: \$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?  OYes ONO N/A
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ 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
	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		venue: 203,613
Organization's total contributions:	142,033	Organization's total ass	ets: N/A
Organization's net assets:	147,605	Organization's total rev	/enue N/A
Organization's total liabilities:	N/A	and contributions:	
Organization's total income:	N/A	Organization's total ass worth:	sets/ <u>N/A</u>
For this filing year, does your organ	ization plan to compl	ete any of the following with th	e New York State Charities Bureau
□Closing □ Withdrawing	□Dissolving	<b>⊠</b> None	
Is this your final filing with New Yo	rk State? OYes	ONo N/A	
Filing Information			
Did your organization use a profess	ional fundraiser or fu	indraising counsel for fundraisin	g activity in New York State?
O <sub>Yes</sub> $\bullet$ No		S	,
General Inform	ation	Description of Services	Description of Compensation
		N/A	N/A
Name of Firm: N/A		N/A	N/A
•	Number: N/A	N/ A	N/A
Type: N/A Reg	Number: <u>N/A</u> tract End: <u>N/A</u>		N/A
Type: N/A Reg			N/A
Type:         N/A         Reg           Contract Start:         N/A         Contract	tract End: N/A		N/A
Type: N/A Reg Contract Start: N/A Cont Amount Paid: N/A	tract End: N/A		N/A
Type: N/A Reg  Contract Start: N/A Cont  Amount Paid: N/A  Mailing Address: N/A  Name of Firm: N/A	tract End: <u>N/A</u> Phone : <u>N/A</u>		
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Did the organization receive government grants during this fiscal year?

O Yes No

Government Grant Agency	Grant Amount
N/A	N/A

## **Documents**

<b>Attached</b>	organization'	's required	documents:
Attacheu	Organization	3 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
President	Brett	Levitzke	blevitzke@verg-brooklyn.com
Chief Financial Officer	Beth	Gould	beth@positivetails.org

Signature of President Brett Levitzke

Date:

11/13/2024

Signature of

Beth Gould Chief Financial Officer

Date:

11/13/2024