

<b>CHAR500</b> <b>Online</b>  For new annual filings, and amendments	<b>Annual Filing for Charitable Organizations</b>  New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <a href="http://charitiesnys.com">charitiesnys.com</a>	<b>Open to Public</b> <b>Inspection</b>
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Filing Type:  New Filing  Amendment Filing Year: 2024

### General Information

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

### 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: <u>N/A</u>	Last Name: <u>N/A</u>	Title: <u>N/A</u>
Firm Name: <u>N/A</u>	Phone: <u>N/A</u>	Email: <u>N/A</u>

### Third Party Address

Street: <u>N/A</u>	City: <u>N/A</u>	State: <u>N/A</u>
Zip: <u>N/A</u>	Country: <u>N/A</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: 4,571,979

Organization's total contributions: 4,529,257 Organization's total assets: N/A

Organization's net assets: 6,238,637 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>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 Department of Design and Construction	\$225,233.00
<b>NYC Department of Social Services</b>	<b>\$171,627.92</b>
<b>NYC Department for the Aging</b>	<b>\$336,535.27</b>
NYC Department of Health and Mental Hygiene	\$233,043.76
	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	Sudha	Acharya	sudha@sacssny.org
Treasurer	Mysore	Gandhi	mgrswami@gmail.com

Signature of Signed by: Sudha Acharya Date: 11/5/2025  
Executive Director 4CD0F220662940D...

Signature of Signed by: Mysore Gandhi Date: 11/5/2025  
Treasurer 0545CABE58694ED...

## Filing Information