Zip:

N/A

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: ONew F	iling OAm	endment	Filing Year: 202	3	_	
General Information						
Current Organization Name		al Video Center Inc	Updated Nam	e:	N/A	
NY Registration Number:	03-99-41		Registration Category:		DUAL	
Organization Type:	Corporatior	)	EIN:			56
Current Fiscal Year End:	08/31		Updated Fisca	Updated Fiscal Year End:		
Organization Email:	aqureshi@	evc.org	Organization's	Organization's Phone:		9366
Tax Exempt Status:	501(c)(3)		Website:		www.evc.	org
Organization Address						
Mailing Addre	SS	Principal Ac	ldress		NY State A	ddress
16 CLARKSON STR NEW YORK NY 10014 UNITED STATES	EET # 401	16 CLARKSON S NEW YORK NY 10014 UNITED STATES		NA		
Primary Contact Informati	on					
First Name: Ambreen Last Name: Qureshi Title: Executive Director				Director		
Phone: 212-465-9366 Email: aqureshi@evc.org						
Organization Type Type of IRS document filed Third Party Preparer	with itto:		nization Type: <u>F</u>	Public		
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			

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 staff, or running a program.
   Yes
- Does the organization have assets in New York State?
   Yes
   No
- 3. Is the organization incorporated or formed in New York State?
   Yes O 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?

⊙Yes ONo

6. 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 remains as DUAL

## **Contribution 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: \$25,000-\$99,999

## **Annual Exemptions**

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?

O<sup>Yes</sup> O<sup>No</sup> N/A

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

OYes 
No

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 rever	ue: <u>1,196,800</u>
Organization's total contributions: 1,098,140		Organization's total asset	s: <u>N/A</u>
Organization's net assets: 1,214,242		_ Organization's total rever	nue N/A
Organization's total liabilities:	N/A	and contributions:	
Organization's total income:	<u>N/A</u>	<ul> <li>Organization's total asset worth:</li> </ul>	s/ <u>N/A</u>
For this filing year, does your organ	ization plan to complete a	any of the following with the	New York State Charities Bureau
□Closing □Withdrawing	Dissolving	None	
Is this your final filing with New Yor	rk State? OYes (	ONO N/A	
	0.00		
Filing Information			
Filing Information			
Did your organization use a profess	ional fundraiser or fundra	ising counsel for fundraising	activity in New York State?
O <sub>Yes</sub> $O_{No}$			
General Informa Name of Firm: N/A		Description of Services	Description of Compensation N/A
	Number: <u>N/A</u>		
	ract End: <u>N/A</u>		
Amount Paid: N/A	Phone : <u>N/A</u>		
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
Type: N/A Registi	ration ID: N/A		
Contract Start: <u>N/A</u> Contr			
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: <u>N/A</u>		N/A	N/A
	ration ID: <u>N/A</u>		
	ract End: <u>N/A</u>		
Amount Paid: <u>N/A</u>	Phone : <u>N/A</u>		
Mailing Address: N/A			

Did the organization receive government grants during this fiscal year?

#### • Yes O No

Government Grant Agency	Grant Amount		
National Endowment for the Arts	\$80,000.00		
New York City Department of Cultural Affairs	\$269,180.00		
New York City of Youth and Community Development	\$225,000.00		
New York State Education Department	\$25,000.00		
	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	Ambreen	Qureshi	aqureshi@evc.org	
Treasurer	Marga	Graves	marga.graves@pwc	.com
Signature of Executive Director	DocuSigned by:		Date:	2/21/2025
Signature of Treasurer	-DocuSigned by: Marga Graws		Date:	2/21/2025

Filing Information		
General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u>	N/A	N/A
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: 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: <u>N/A</u> Contract End: <u>N/A</u>		
Amount Paid: <u>N/A</u> Phone : <u>N/A</u>		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
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: N/A		
Name of Firm: <u>N/A</u>	N/A	N/A
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: N/A		

Government Grant Agency	Grant Amount		
New York State Senator Kavanagh's Office	\$10,000.00		
Manhattan Borough Office	\$5,000.00		
N/A	N/A		