

**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:

 New Filing AmendmentFiling Year: 2022**General Information**

Current Organization Name: Miles of Hope Breast Cancer Foundation, Inc. Updated Name: N/A

NY Registration Number: 40-58-06 Registration Category: DUAL

Organization Type: Corporation EIN: 134281796

Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A

Organization Email: info@milesofhope.org Organization's Phone: 8452642005

Tax Exempt Status: 501(c)(3) Website: www.milesofhope.org

Organization Address

Mailing Address	Principal Address	NY State Address
P.O. Box 405 Lagrangeville NY 12540 UNITED STATES	P.O. Box 405 Lagrangeville NY 12540 UNITED STATES	NA

Primary Contact Information

First Name: Pari Last Name: Forood Title: Executive Director

Phone: 8452642005 Email: Pari@milesofhope.org

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: N/A Last Name: N/A Title: N/A

Firm Name: N/A Phone: N/A Email: N/A

Third Party Address

Street: N/A

City: N/A State: N/A

Zip: N/A Country: N/A

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 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 N/A
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
 Yes No
5. 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

Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
 Yes No
2. Was the organization required to submit a Schedule B to the IRS in this reporting period?
 Yes No
3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:
 I would like to enter the total New York State Contributions I would like to submit a redacted Schedule B N/A
4. Choose the total contributions in New York State this fiscal year: \$100,000-\$249,000

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: 392,143

Organization's total contributions: 236,038 Organization's total assets: N/A

Organization's net assets: 2,138,288 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

Was the organization required to submit a Schedule B to the IRS in this reporting period?

Yes No N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

Closing Withdrawing Dissolving None

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

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions 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
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

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
- Schedule B
- Redacted Schedule B
- 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	Pari	Forood	Pari.forood@gmail.com
Chief Financial Officer	Lisa	McHugh	Lisa.mchugh4@gmail.com

Signature of DocuSigned by:
Executive Director *Pari Forood* Date: 5/23/2023
D06044200EE64A0...

Signature of DocuSigned by:
Chief Financial Officer *Lisa McHugh* Date: 5/23/2023
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