CHAR500 Online

For new annual filings, and amendments

Zip:

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 Amendment Filing Year: 2022 **General Information** Current Organization Name: HERHealthEQ Corp N/A **Updated Name: EPTL** NY Registration Number: Registration Category: 46-77-71 813013423 EIN: Organization Type: Corporation Current Fiscal Year End: Updated Fiscal Year End: N/A 12/31 info@herhealtheq.org Organization's Phone: Organization Email: 9142464135 Website: Tax Exempt Status: 501(c)(3) herhealtheq.org **Organization Address** Mailing Address NY State Address Principal Address 172 Robert Dr 172 Robert Dr NA New Rochelle New Rochelle NY NY 10804 10804 **United States United States Primary Contact Information** First Name: Marissa Last Name: Fayer Title: Chief Executive Officer Phone: 9142464135 Email: marissa@herhealtheq.org **Organization Type** Type of IRS document filed with IRS: IRS990EZ 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 N/A

Country: N/A

faculty, trustees and their families?

O Yes O No N/A

Re	egistration 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.
2.	Does the organization have assets in New York State? O Yes O No
3.	Is the organization incorporated or formed in New York State? O Yes O 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?
5.	○ Yes No Does the organization use a professional fundraiser or fundraising counsel?
	○Yes No
Ва	sed on your responses to the above questions, this organization's registration category has been updated EPTL
to	The updated registration category will go into effect when your filing has been Completed.
Ex	temption Qualifications
1.	Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York
	State Legislature? O Yes O No N/A
2.	Was the organization formed for religious purposes?
	O Yes O No N/A
3.	Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department? O Yes O No N /A
4.	Is the organization a library that files annual financial reports with the New York State Department of Education?
	O Yes O No N/A
5.	Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports? OYes ONo N/A
6.	Is the organization's gross contributions from all other sources, $$25,000$ or less and will remain below that? OYes ONo N/A
7.	Does the organization receive funding from a federated fund, United Way, or incorporated community appeal? \bigcirc Yes \bigcirc No \bigcirc N/A
8.	Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that? O Yes O No N/A
9.	Does the organization use or plan to use a professional fundraiser? O Yes O No N/A
10	. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state? OYes ONO N/A
11	. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni,

12. Is the organization incorporated/chartered under the New York State Education Law? OYes ONo N/A						
13. Is the organization a law enforcement support organization that only solicit contributions from its members?						
OYes ONo N/A						
14. Is organization a New York State volunteer firefighters or volunteer ambulance corps? OYes ONO N/A						
15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center? OYes Ono N/A						
16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such						
organization whose fundraising is performed only by its members without direct or indirect compensation? O Yes O No O N/A						
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York						
that solicits contributions only from its memberships? Oyes Ono N/A						
18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York? OYes ONO N/A						
19. Is the organization a membership organization?						
Oyes Ono N/A						
20. Is the organization a membership organization that solicits contributions only from its members? OYes ONo N/A						
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law? OYes ONo N/A						
22. Is the organization incorporated under Article 43 of the New York State Insurance Law? OYes ONo N/A						
23. Is the organization a police department, sheriff's department or other government law enforcement agency? OYes ONO N/A						
Based on your responses to the exemption questions, this organization's registration category has been updated to						
EPTL The updated registration category will go into effect when your filing has been processed.						
Public Charity						
1. Did the organization solicit or receive contributions during the fiscal year in New York State?						
● Yes O No						
2. Choose the total contributions in New York State this fiscal year: \$0-\$24,999						

Annual Exemp	otions						
\$25,000 durin	\$25,000 during the fiscal year?						
_	. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?						
	O Yes O No N/A Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the						
fiscal year?	fiscal year?						
· ·	•	n questions this organization 1.4". No fee or additional fin	• •				
Financial Info	rmation						
For the current filing year, will your organization complete any of the following with its Charities Bureau Registration?							
☐ Closing	☐ Withdraw	ring 🗆 Diss	olving	None			
-	iling in New York State? No	I/A					
Documents							
Attached organization's required documents: □ IRS document							
☐ Certified Public Accountant's Audit Report							
☐ Complete	e Certificate of Amendment	t or other document amendi	ng the name				
•	☐ Other documents						
Signatures							
• • • • • • • • • • • • • • • • • • • •		reviewed this report, includ and complete in accordance v	_				
Role	First Name	Last Name	Em	ail			
President	Marissa	Fayer		marissa@herhealtheq.org			
Chief Financial Office	er Susannah	Coltman	susannahcoltma	n@gmail.com			
Signature of President	Docusigned by: Marissa Fayer 6257DA675AB6415		Date:	6/30/2023			
Signature of Chief Financial Offic	DocuSigned by:		Date:	6/30/2023			