

<b>CHAR500 Online</b>	<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 Inspection</b>
For new annual filings, and amendments		

Filing Type:  New Filing  Amendment Filing Year: 2024

**General Information**

Current Organization Name: <u>Gotham Volleyball League Inc</u>	Updated Name: <u>N/A</u>
NY Registration Number: <u>49-25-96</u>	Registration Category: <u>DUAL</u>
Organization Type: <u>Corporation</u>	EIN: <u>133573188</u>
Current Fiscal Year End: <u>12/31</u>	Updated Fiscal Year End: <u>05/31</u>
Organization Email: <u>jmwood@jmwoodcpa.com</u>	Organization's Phone: <u>9082307824</u>
Tax Exempt Status: <u>501(c)(3)</u>	Website: <u>https://www.gothamvolleyball.org</u>

**Organization Address**

Mailing Address	Principal Address	NY State Address
PO Box 961 New York NY 10113 United States	PO Box 961 New York NY 10113 United States	NA

**Primary Contact Information**

First Name: Andre Last Name: Carneiro Title: Treasurer  
 Phone: 516-524-0081 Email: treasurer@gothamvolleyball.org

**Organization Type**

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

**Third Party Preparer Information**

First Name: James Last Name: Wood Title: CPA  
 Firm Name: James M Wood CPA Phone: 9084311700 Email: jim@jmwoodcpa.com

**Third Party Address**

Street: c/o James M Wood CPA,603B Omni Drive  
 City: Hillsborough State: NJ  
 Zip: 08844 Country: United States

## 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 has been updated EPTL  
 to The updated registration category will go into effect when your filing has been Completed.

## Exemption Qualifications

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?  
 Yes    No   N/A
2. Was the organization formed for religious purposes?  
 Yes    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?  
 Yes    No   N/A
4. Is the organization a library that files annual financial reports with the New York State Department of Education?  
 Yes    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?  
 Yes    No   N/A
6. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?  
 Yes    No   N/A
7. Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?  
 Yes    No   N/A
8. Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?  
 Yes    No   N/A

9. Does the organization use or plan to use a professional fundraiser?  
 Yes  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?  
 Yes  No  N/A
11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?  
 Yes  No  N/A
12. Is the organization incorporated/chartered under the New York State Education Law?  
 Yes  No  N/A
13. Is the organization a law enforcement support organization that only solicit contributions from its members?  
 Yes  No  N/A
14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?  
 Yes  No  N/A
15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?  
 Yes  No  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?  
 Yes  No  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?  
 Yes  No  N/A
18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York?  
 Yes  No  N/A
19. Is the organization a membership organization?  
 Yes  No  N/A
20. Is the organization a membership organization that solicits contributions only from its members?  
 Yes  No  N/A
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law?  
 Yes  No  N/A
22. Is the organization incorporated under Article 43 of the New York State Insurance Law?  
 Yes  No  N/A
23. Is the organization a police department, sheriff's department or other government law enforcement agency?  
 Yes  No  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.*

## **Contribution Information**

1. Did the organization solicit or receive contributions during the fiscal year from New York State?  
 Yes  No

2. Choose the total contributions in New York State this fiscal year: **\$0-\$24,999**

## 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 EPTL during this fiscal year.

## Financial Information

Type of IRS document filed with IRS	<u>IRS990</u>	Organization's total revenue:	<u>627,210</u>
Organization's total contributions:	<u>875</u>	Organization's total assets:	<u>N/A</u>
Organization's net assets:	<u>443,273</u>	Organization's total revenue and contributions:	<u>N/A</u>
Organization's total liabilities:	<u>N/A</u>	Organization's total assets/worth:	<u>N/A</u>
Organization's total income:	<u>N/A</u>		

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>	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: <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
- 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	Kyle	Williams	president@gothamvolleyball.org
Chief Financial Officer	Andre	Carneiro	treasurer@gothamvolleyball.org

Signature of **President**  Signed by:   
 Date: 1/21/2026

Signature of **Chief Financial Officer**  Signed by:   
 Date: 1/21/2026