Docusign Envelope ID: F8127719-F335-4222-A67A-F594425A6AE2

CHAR500 Online	Annual Filing for Charitable Organizations	Open to Public Inspection
For new annual filings, and amendments	New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com	

Filing Type: (•) New Filing ( ) Amendment Filing Year: 2024

General Information

Current Organization Name:	Daisy Jopling Foundation	Updated Name:	N/A
NY Registration Number:	45-22-23	Registration Category:	DUAL
Organization Type:	Corporation	EIN:	611660881
Current Fiscal Year End:	12/31	Updated Fiscal Year End:	N/A
Organization Email:	daisyjopling@gmail.com	Organization's Phone:	3476837638
Tax Exempt Status:	501(c)(3)	Website:	daisyjoplingfoundation.org

Organization Address

Mailing Address	Principal Address	NY State Address
PO Box 72 Peekskill NY 10566 UNITED STATES	PO Box 72 Peekskill NY 10566 UNITED STATES	NA

Primary Contact Information

First Name: Daisy Last Name: Jopling Title: Chief Executive Officer

Phone: 3476837638 Email: daisyjopling@gmail.com

Organization Type

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

Third Party Preparer Information

First Name: John Last Name: Grady Title: CPA

Firm Name: Grady CPA P.C Phone: 845-876-4911 Email: jgrady@gradycpas.com

Third Party Address

Street: 47 W. Market St. Suite 3

City: Rhinebeck State: NY

Zip: 12572 Country: United States

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Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but i**s 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: $250,000-$749,000

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.*

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Financial Information

Type of IRS document filed with IRS: IRS990

Organization's total revenue: 505,784

Organization's total contributions: 459,313

Organization's total assets: N/A

Organization's net assets: 113,220

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: N/A Type: N/A Reg Number: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A

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Did the organization receive government grants during this fiscal year?

(●) Yes ( ) No

Government Grant Agency	Grant Amount
NY Council for the Arts	$40,000.00
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- [x] IRS document
- [ ] Certified Public Accountant's Audit Report
- [x] 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
Chair	Daisy	Jopling	daisyjopling@gmail.com
Other	John	Fanelli	john@daisyjoplingfoundation.org

Signature of Chair — DocuSigned by: DAISY JOPLING AC082CC28DE74DF... — Date: 6/6/2025

Signature of Other — Signed by: John Fanelli 136E25BBC0E2487... — Date: 6/9/2025