



2024
CHAR 500

S&O Charities Annual Filing Checklist for 3rd Party preparers

Login

User name

Password

Name of client

Local TV, Inc.

Client NY registration number

03-49-30

Fiscal year beginning

1/1/2024

Fiscal year ending

12/31/2024

Begin annual filing

Has the organization's name changed since its last filing?

NO

EIN

11-2669933

Organization type

CORPORATION

IRS tax exempt status

501(C)3

Fiscal year end

12/31/2024

Organization email

MICHAELCLARK@ltveh.org

Organization phone

(631) 537-2777

Organization website

WWW.LTVEH.ORG

Organization's mailing address

PO BOX 799, Wainscott, NY 11973

Has the organization's address changed

NO

Is the primary or principal address the same as the mailing address

YES

Does the organization have a New York State address

YES

Primary contact information

First name

MICHAEL

Last name

CLARK

Email

MICHAELCLARK@ltveh.org

Phone

(631) 537-2777

Are you a third-party preparer

First name

Last name

Firm's name

Phone

Email

Address

Confirm Registration Category

Does the organization conduct activity in New York State other than soliciting

YES

Does the organization have assets in New York State

YES

Does the organization solicit or plan to solicit or receive more than \$25,000 annually in total contributions from NYS residents, foundations, government agencies

YES

Does the organization use a professional fundraiser or fundraising counsel

NO

Public Charity

Did the organization solicit or receive contributions during the fiscal year in New York State?

YES

Has the organization submitted a Schedule B to the IRS in this reporting period?

YES

Choose the total contributions in NY State this fiscal year:

\$0-\$24,999 / \$25,000-\$99,999 / \$100,000-\$249,000 / \$250,000-749,000 / \$750,000-\$999,999 / \$1,000,000-\$4,999,999 / \$10,000,000-\$50,000,000 / More than \$50,000,000

\$750,000-\$999,999

Is the organization incorporated or formed in New York State?

YES

Annual Exemption**Based on response question #1 - additional questions may populate:**

1) Were the total contributions from New York State less than \$25,000 during the fiscal year

NO

Does the organization use a professional fundraiser or fundraising counsel

NO

Were the organization's gross receipts and market value of its assets under \$25,000 during the fiscal year

NO

Financial Information

Which IRS form does your organization use

990

Financial Information-990

Enter total contributions (Part 1, Line 8)

988,607

Enter total revenue (Part 1, Line 12)

1,392,379

Enter net assets (Part 1, Line 22)

1,089,702

Additional Information may populate- Depends on Filing**Financial Information-990PF**

Enter total contributions

Enter total revenue

Enter total assets(FMV)

Enter total liabilities

Did your organization submit a copy of the Schedule B document to the IRS?

YES

Did your Organization submit a copy of the following with its Charities Bureau registration:

Close registration
Withdraw registration
Dissolve organization
None of the above

NONE OF THE ABOVE

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State
Did the organization receive government grants during this fiscal year

NO

YES

1. Professional Fundraising (if applicable)

a. Fundraiser's name
b. Fundraiser's mailing address
c. Contract start date
d. Contract end date
e. Description of services to be performed
f. Amount paid to the fundraiser
g. Fundraiser's New York State Registration Number

2. Government Grants-list each (if applicable)

a. Name of the government agency
b. Grant amount received

YES

EH TOWN - 720,000 ; Suffolk County 7,400

EH VILLAGE - 83,086 ; Town of SH 24,996 ; NYS 49,500

3. Documents- To Attach/Upload on website:

a. Form 990, 990EZ or 990PF in pdf format
b. Financial statement (audit or review) as required in pdf format [remove passwords]
c. Certificate of amendment for name change if applicable
d. Other: Schedule B or 990T

4. Double Check signers names are accurate and current- Click Send for signatures

4. Payment Options

a. Major Credit Cards are accepted, system does **not** allow American Express to be used.
Credit card number
Expiration date
Security code
b. An alternative payment method that can be used on the portal is an E-check.
Bank routing number
Bank account number
Name of entity

5. Electronic Filing Signatures

Corporations
(a) president or authorized officer
First name
Last name
Title
email
(b) person with fiscal responsibility of the organization
First name
Last name
Title
email
Trusts are required to provide one (1) electronic signature from the president or authorized officer.