

Return of Organization Exempt from Income Tax

2002

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

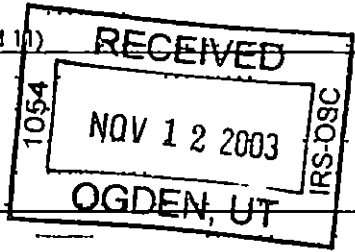
Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2002 calendar year, or tax year beginning 2002, and ending; B Check if applicable; C Organization name and address; D Employer Identification Number; E Telephone number; F Accounting method; G Web site; H Organization type; I Check here; J Gross receipts; K Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows detailing revenue and expenses. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 2,079,206.	1,623,536.	455,670.	
27 Pension plan contributions	27 231,479.	168,511.	62,968.	
28 Other employee benefits	28 213,060.	175,406.	37,654.	
29 Payroll taxes	29 191,640.	145,500.	46,140.	
30 Professional fundraising fees	30			
31 Accounting fees	31 29,385.	8,764.	20,621.	
32 Legal fees	32 17,885.	5,843.	12,042.	
33 Supplies	33 260,687.	234,986.	25,701.	
34 Telephone	34 59,761.	52,110.	7,651.	
35 Postage and shipping	35 11,454.	5,569.	5,885.	
36 Occupancy	36 807,314.	744,796.	62,518.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 25,308.	14,974.	10,334.	
39 Travel	39 27,818.	25,782.	2,036.	
40 Conferences, conventions, and meetings	40			
41 Interest	41 149,634.	99,390.	50,244.	
42 Depreciation, depletion, etc (attach schedule)	42 240,367.	115,500.	124,867.	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 2,146,910.	2,064,081.	82,829.	
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 6,491,908.	5,484,748.	1,007,160.	0.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4 ----- ----- (Grants and allocations \$ _____)	5,484,748.
b ----- ----- (Grants and allocations \$ _____)	
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	5,484,748

**Part IV Balance Sheets** (See Instructions)

				(A)		(B)	
				Beginning of year		End of year	
<b>ASSETS</b>	45	Cash – non-interest-bearing		28,918.	45	63,951.	
	46	Savings and temporary cash investments		1,455,041.	46	847,559.	
	47a	Accounts receivable	47a 2,080,545.				
		b Less allowance for doubtful accounts.	47b	1,806,258	47c	2,080,545.	
	48a	Pledges receivable	48a				
		b Less allowance for doubtful accounts.	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes & loans receivable (attach sch)	51a				
		b Less allowance for doubtful accounts.	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		15,243	53	6,320.	
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		9,102.	54	3,739.	
	55a	Investments – land, buildings, & equipment basis	55a				
		b Less accumulated depreciation (attach schedule)	55b		55c		
	56	Investments – other (attach schedule)			56		
	57a	Land, buildings, and equipment basis	57a	7,881,083.			
		b Less accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	57b	1,481,015	57c	6,400,068.	
58	Other assets (describe <input type="checkbox"/> <b>SEE STATEMENT 6</b> )		256,193	58	239,963.		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		9,036,442.	59	9,642,145.		
<b>LIABILITIES</b>	60	Accounts payable and accrued expenses.		1,384,823	60	1,636,535	
	61	Grants payable			61		
	62	Deferred revenue		1,138,144.	62	560,729	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)	64b	4,573,962.	64b	4,507,217.	
	65	Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 7</b> )		6,733.	65	308	
	66	<b>Total liabilities</b> (add lines 60 through 65)		7,103,662.	66	6,704,789.	
<b>ORGANIZATIONAL BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		1,932,780.	67	2,937,356.	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,932,780.	73	2,937,356.	
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		9,036,442.	74	9,642,145.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	7,496,484.
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	7,496,484
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	7,496,484.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	6,491,908.
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	6,491,908
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	6,491,908

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		0.	0.	0.
-----				
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See instructions)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b>	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	X		
<b>81a</b>	b If 'Yes,' enter the name of the organization <u>CNGCS DEVELOPMENT CORPORATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions	81a	0	
<b>81b</b>	b Did the organization file Form 1120-POL for this year?			X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
<b>82b</b>	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>83b</b>	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b>	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?			N/A
<b>85b</b>	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			N/A
<b>85c</b>	c Dues, assessments, and similar amounts from members	85c	N/A	
<b>85d</b>	d Section 162(e) lobbying and political expenditures	85d	N/A	
<b>85e</b>	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
<b>85f</b>	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>85g</b>	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
<b>85h</b>	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			N/A
<b>86a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	87a	N/A	
<b>87b</b>	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
<b>89b</b>	b <b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
<b>90a</b>	List the states with which a copy of this return is filed <u>NEW YORK</u>			
<b>90b</b>	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	52	
<b>91</b>	The books are in care of <u>THE AGENCY</u> Telephone number <u>516-822-6111</u> Located at <u>SAME AS ABOVE</u> ZIP + 4 <u></u>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>			N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLUB HOUSE					162,044.
b COMMUNITY PROGRAM					195,783.
c COMMUNITY RESIDENCE F					1,749,182.
d CONTINUING DAY TREATM					628,928.
e MENTAL HEALTH CLINIC					1,598,473
f Medicare/Medicaid payments					
g Fees & contracts from government agencies.					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	7,740	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			1	146,543.	
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	32,547.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					18,647
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)).				186,830.	4,353,057.
105 Total (add line 104, columns (B), (D), and (E))					4,539,887.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

11/3/03  
Date

F EXECUTIVE OFFICER

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

**2002**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

**CENTRAL NASSAU GUIDANCE & CNSLNG SVS INC**

Employer identification number

**11-2438388**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>ROBERT N. PILOSI, MD</u> ----- 24 ST. CHARLES PLACE, S. SETAUKET	MEDICAL DIRECTR 35	132,118.	42,278	0.
<u>RICHARD RISE</u> ----- 1643 DEWEY AVENUE, N. BELLMORE	PSYCHIATRIST 35	120,544.	38,574.	0.
<u>BARBARA BARTELL</u> ----- 41 CHERYL RD, N MASSAPEQUA	CEO 35	118,032	37,770.	0.
<u>STEVEN DIAMOND, MD</u> ----- 22 EDNA PLACE, NEW ROCHELLE	PSYCHIATRIST 35	102,207.	32,706.	0
<u>PAULE T. PACHTER</u> ----- 2450 MARSHALL AVENUE, N. BELLMORE	ASST. CEO 35	73,486	23,516.	0.
Total number of other employees paid over \$50,000 ▶	6			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		0.
-----		
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-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. <b>\$</b> _____ <b>N/A</b> _____                      (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)                      Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<p><b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,840,177.	1,534,484.	1,662,259.	1,391,451	6,428,371
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	3,690,036	3,701,518.	3,922,821.	3,413,216.	14,727,591.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	143,597.	49,838.	60,790.	9,885	264,110.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 10	61,548.	56,188.	15,708	6,022	139,466.
23 Total of lines 15 through 22	5,735,358.	5,342,028	5,661,578.	4,820,574.	21,559,538.
24 Line 23 minus line 17	2,045,322.	1,640,510.	1,738,757.	1,407,358.	6,831,947
25 Enter 1% of line 23	57,354	53,420	56,616.	48,206.	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

26a	136,639.
26b	
26c	6,831,947
26d	403,576.
26e	6,428,371
26f	94.09 %

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 264,110. 19 \_\_\_\_\_ 22 139,466. 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

**27 Organizations described on line 12** N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

**Part V** Private School Questionnaire (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )		
----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )		
----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )		
----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40.	Over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40.														
Over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44													
	<b>Caution.</b> If there is an amount on either line 43 or line 44, you must file Form 4720														

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section for Name of Exempt Organization (CNGCS DEVELOPMENT CORPORATION), Employer Identification number (11-3365841), and address (950 SOUTH OYSTER BAY ROAD, HICKSVILLE, NY 11801).

Check type of return to be filed (file a separate application for each return)

Form section for selecting return type: Form 990 (checked), Form 990 EZ, Form 990 T, Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990-T, Form 4720, Form 6069.

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

Form section for extension details: 4 I request an additional 3 month extension of time until 11/15, 20 03; 5 For calendar year 2002; 6 If this tax year is for less than 12 months, check reason; 7 State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

Form section for tax amounts: 8a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits; 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made; 8c Balance due Subtract line 8b from line 8a.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Ann Krusberg Title: CPA Date: 7/30/03

Notice to Applicant - To be Completed by the IRS

Form section for IRS notice: We have approved this application Please attach this form to the organization's return; We have not approved this application However, we have granted a 10 day grace period; We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file; We cannot consider this application because it was filed after the due date of the return; Other

EXTENSION APPROVED

AUG 18 2003

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form section for Alternate Mailing Address: Name (DAPOLITO AND COMPANY, CPAS, PC), Number and street (2234 JACKSON AVENUE), City or town (SEAFORD, NY 11783)

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	CENTRAL NASSAU GUIDANCE & CNSLNG SVS INC	11-2438388
	Number, street, and room or suite number If a P O box, see instructions	
	950 SOUTH OYSTER BAY ROAD	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	HICKSVILLE, NY 11801	

Check type of return to be filed (file a separate application for each return)

- |                                              |                                                                      |                                    |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 02 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

BAA For Paperwork Reduction Act Notice, see instructions.

## CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

**STATEMENT 1**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
THRIFT SHOP I	40,185	0.	40,185.	35,989.	4,196.
GOLF OUTING	28,460.	0	28,460.	17,932.	10,528.
5K RUN	17,664.	0.	17,664	6,830.	10,834.
THRIFT SHOP II	31,397.	0.	31,397.	24,408.	6,989
<b>TOTAL</b>	<b>\$ 117,706.</b>	<b>\$ 0.</b>	<b>\$ 117,706.</b>	<b>\$ 85,159</b>	<b>\$ 32,547</b>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
BAD DEBT EXPENSE	29,133.	29,133.		
CONSULTANTS	13,420.	6,976.	6,444.	
CONTRACTED SERVICES	1,539,123.	1,539,123.		
DATA PROCESSING	7,611.	6,796.	815.	
DUES AND SUBSCRIPTIONS	12,076.	4,420.	7,656.	
INSURANCE	126,512	119,137.	7,375.	
MISCELLANEOUS	75,992.	42,098.	33,894	
MOVING AND STORAGE	6,292.	6,172.	120.	
REPAIRS AND MAINTENANCE	126,520.	115,480.	11,040.	
STAFF TRAINING	24,272.	20,532.	3,740.	
UTILITIES	185,959.	174,214	11,745.	
<b>TOTAL</b>	<b>\$ 2146910.</b>	<b>\$ 2064081.</b>	<b>\$ 82,829.</b>	<b>\$ 0.</b>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC. (THE AGENCY) IS A NEW YORK STATE NONPROFIT CORPORATION SERVING NASSAU COUNTY. THE AGENCY'S PRIMARY GOAL IS TO PROVIDE THERAPEUTIC, REHABILITATIVE AND SUPPORTIVE SERVICES AND HOUSING TO PEOPLE HAMPERED IN THEIR FUNCTIONING BY MENTAL ILLNESS, PSYCHOLOGICAL DIFFICULTIES AND/OR SUBSTANCE ABUSE/ADDICTION PROBLEMS. THE AGENCY ENDEAVORS TO HELP PERSONS SO AFFECTED IN MAKING INFORMED CHOICES ABOUT LIVING, LEARNING, WORKING AND SOCIAL GOALS AND TO ASSIST THEM IN DEVELOPING THE SKILLS AND SUPPORTS NEEDED TO INCREASE THEIR FUNCTIONING AND TO BE SUCCESSFUL AND PERSONALLY SATISFIED IN THESE PURSUITS.

## CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

STATEMENT 4  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE MENTAL HEALTH CLINIC PROVIDED MEDICAL TREATMENT AND COUNSELING ON AN OUT-PATIENT BASIS TO 647 PATIENTS DURING 2002		1,310,053.
THE COMMUNITY PROGRAM PROVIDED TREATMENTS AND COUNSELING FOR 268 DRUG AND ALCOHOL DEPENDENT PERSONS DURING 2002 IN ADDITION, THE PROGRAM PROVIDED AN UNDETERMINED AMOUNT OF EVALUATIONS FOR THE SAME POPULATION.		562,970.
THE COMMUNITY RESIDENCE PROGRAM PROVIDED HOUSING AND COUNSELING TO 102 RESIDENTS WITH MENTAL HEALTH AND/OR CHEMICAL ADDICTION RELATED PROBLEMS DURING 2002.		2,269,265.
DURING 2002 THE CLUBHOUSE ENABLED 202 SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS TO LIVE MORE SELF-SUFFICIENTLY. THIS WAS ACCOMPLISHED BY PROVIDING SOCIAL, EDUCATIONAL, RECREATIONAL AND STRUCTURED WORK-DAY ACTIVITIES FOR THIS POPULATION		534,281.
THE CONTINUING DAY TREATMENT PROGRAM PROVIDED TREATMENT TO 99 CLIENTS WITH A COMBINATION OF MENTAL ILLNESS AND SUBSTANCE ABUSE PROBLEMS.		571,656.
THE MICA RECOVERY PROGRAM, WHICH BEGAN IN 1999, IS A PROGRAM FUNDED BY A CONTRACT WITH THE NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES. FUTURE OPERATIONAL REVENUES WILL BE FUNDED FROM FEES PAID BY CLIENTS (SUPPLEMENTAL SECURITY INCOME) AND MEDICAID.		10,219.
PROJECT LIBERTY PROVIDES FACE-TO-FACE COUNSELING AND SUPPORT TO ASSIST DISASTER SURVIVORS IN UNDERSTANDING THEIR CURRENT SITUATION AND REACTIONS, TO MITIGATE ANY ADDITIONAL STRESS, ASSIST PERSONS TO REVIEW THEIR TREATMENT AND SERVICE OPTIONS, PROMOTE IMPROVED COPING STRATEGIES, PROVIDE SHORT-TERM AND IMMEDIATE EMOTIONAL SUPPORT AND ENCOURAGE REFERRALS AND LINKAGES WITH OTHER INDIVIDUALS AND AGENCIES WHO MAY ASSIST SURVIVORS AND THOSE DEEPLY EFFECTED TO RECOVER		226,304
	<u>\$ 0.</u>	<u>\$ 5,484,748.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 226,434.	\$ 131,430.	\$ 95,004.
FURNITURE AND FIXTURES	1,047,264.	838,271.	208,993.
BUILDINGS	6,137,752.	511,314.	5,626,438.

CLIENT 8388

CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

10/31/03

04 09PM

STATEMENT 5 (CONTINUED)  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
LAND	\$ 469,633.		\$ 469,633.
TOTAL	\$ 7,881,083.	\$ 1,481,015.	\$ 6,400,068.

STATEMENT 6  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

SECURITY DEPOSITS	\$ 28,641.
UNAMORTIZED BOND EXPENSE	152,564
UNAMORTIZED MORTGAGE EXPENSE	58,758.
TOTAL	\$ 239,963.

STATEMENT 7  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

LEASES PAYABLE	\$ 308.
TOTAL	\$ 308.

STATEMENT 8  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ARNOLD GOULD ADDRESS THE AGENCY	PRESIDENT PART TIME	\$ 0.	\$ 0.	\$ 0.
JAMES F O'BRIEN ADDRESS THE AGENCY	1ST VICE PRES PART TIME	0.	0.	0.
HARRIET LIBSTAG ADDRESS THE AGENCY	2ND VICE PRES PART TIME	0.	0.	0.
RICHARD O'BRIEN ADDRESS THE AGENCY	TREASURER PART TIME	0.	0.	0.

CLIENT 8388

CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

10/31/03

04 09PM

STATEMENT 8 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GENE REILLY ADDRESS THE AGENCY	SECRETARY PART TIME	\$ 0.	\$ 0.	\$ 0.
WILBER KRANZ ADDRESS THE AGENCY	BOARD MEMBER NONE	0	0.	0.
JOHN CAVALLUZZI ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0	0.	0.
MARGARET DOUGLAS ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
MICHAEL FREDERICKSEN ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0
BEVERLY GREEN ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0	0.	0.
CARL GROSSBARD ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0	0
DANIEL LEWIS ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
DANIEL J LIBERTY ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
KEVIN HOPKINS ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
LLOYD JORRISCH ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
AUDIE KRANZ ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.

CLIENT 8388

CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

10/31/03

04 09PM

**STATEMENT 8 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARK B SEIDEN ADDRESS THE AGENCY	BOARD MEMBER PART TIME	\$ 0.	\$ 0.	\$ 0.
ADA SHAPIRO ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
HERBERT SILBER ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
IRVING ZWECKER ADDRESS THE AGENCY	BOARD MEMBER PART TIME	0.	0.	0.
NEVILLE RICHARDS ADDRESS THE AGENCY	BOARD MEMBER NONE	0.	0.	0.
PATRICIA FEINBERG ADDRESS THE COMPANY	EXEC COMMITTEE PART TIME	0.	0.	0.
<b>TOTAL</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 9**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93A	PROVIDES CLIENTS WITH STRUCTURED SOCIAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES.
93B	CLIENTS OF THE COMMUNITY PROGRAM VISIT THE CLINIC FOR ONGOING SUBSTANCE ABUSE TREATMENT
93C	ALLOWING CLIENTS TO LIVE IN SUPERVISED HOUSING PROVIDES THEM WITH INDEPENDENT LIVING SKILLS, BUILDS SELF ESTEEM AND PROVIDES THEM WITH ACCESS TO COUNSELING TO DEAL WITH THEIR MENTAL HEALTH AND CHEMICAL ADDICTION PROBLEMS.
93D	CLIENTS WITH A COMBINATION OF MENTAL ILLNESS AND CHEMICAL ADDICTION RECEIVE COUNSELING ON AN OUT-PATIENT BASIS
93E	CLIENTS OF THE AGENCY VISIT THE MENTAL HEALTH CLINIC ON AN OUT-PATIENT BASIS FOR ONGOING MENTAL ILLNESS COUNSELING

CLIENT 8388

CENTRAL NASSAU GUIDANCE &amp; CNSLNG SVS INC

11-2438388

10/31/03

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STATEMENT 10  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2001</u>	<u>(B) 2000</u>	<u>(C) 1999</u>	<u>(D) 1998</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 17,425	\$ 56,188.	\$ 15,708.	\$ 6,022.	\$ 95,343.
SPECIAL EVENTS	44,123.	0.	0.	0.	44,123.
TOTAL	<u>\$ 61,548.</u>	<u>\$ 56,188.</u>	<u>\$ 15,708.</u>	<u>\$ 6,022.</u>	<u>\$ 139,466.</u>