

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CENTRAL NASSAU GUIDANCE & COUNSELING SE INC. D Employer identification number: 11-2438388. E Telephone number: (516) 822-6111. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [X] No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list See instructions) Yes [ ] No [X]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Group Exemption Number

M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

J Organization type (check only one) [X] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 8,241,744.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Contributions (lines 1-5), Special Events (lines 9-11), and Expenses (lines 13-17). Total revenue is 8,149,286 and total expenses is 7,108,891.

600 Revenue RECEIVED NOV 18 2004 OGDEN UT

SCANNED EXPENSES DEC 08 2004

**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. See page 22 of the instructions.

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 (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	NONE		
26 Other salaries and wages	26	2,013,710.	1,600,321.	413,389.
27 Pension plan contributions	27	226,260.	171,448.	54,812.
28 Other employee benefits	28	283,053.	229,568.	53,485.
29 Payroll taxes	29	165,491.	131,824.	33,667.
30 Professional fundraising fees	30			
31 Accounting fees	31	38,446.	8,276.	30,170.
32 Legal fees	32			
33 Supplies	33	293,632.	256,838.	36,794.
34 Telephone	34	63,146.	56,646.	6,500.
35 Postage and shipping	35	11,196.	6,085.	5,111.
36 Occupancy	36	820,488.	761,078.	59,410.
37 Equipment rental and maintenance	37	181,173.	167,680.	13,493.
38 Printing and publications	38	13,685.	7,587.	6,098.
39 Travel	39	32,859.	30,808.	2,051.
40 Conferences, conventions, and meetings	40	19,273.	15,565.	3,708.
41 Interest	41	128,335.	93,678.	34,657.
42 Depreciation, depletion, etc (attach schedule)	42	313,021.	181,879.	131,142.
43 Other expenses not covered above (itemize) <b>STMT 3</b>	43a	2,505,123.	2,433,938.	71,185.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,108,891.	6,153,219.	955,672.

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 (See page 25 of the instructions.)**

What is the organization's primary exempt purpose? <b>STMT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <b>STMT 5</b> ----- ----- ----- (Grants and allocations \$ _____)	1,418,766.
b ----- ----- ----- (Grants and allocations \$ _____)	580,982.
c ----- ----- ----- (Grants and allocations \$ _____)	2,746,470.
d ----- ----- ----- (Grants and allocations \$ _____)	500,115.
e Other program services (attach schedule) <b>STMT 6</b> (Grants and allocations \$ _____)	906,886.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,153,219.

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	63,951.	<b>45</b>	137,240.
	<b>46</b> Savings and temporary cash investments	847,559.	<b>46</b>	423,833.
	<b>47a</b> Accounts receivable	<b>47a</b> 1,457,090.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	1,457,090.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	6,320. <b>STMT. 7.</b>	<b>53</b>	11,175.
	<b>54</b> Investments - securities (attach schedule) <b>STMT. 8.</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	3,739.	<b>54</b>	5,924.
	<b>55a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments - other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 9,083,671.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 1,789,727.	6,400,068.	<b>57c</b>	7,293,944.
<b>58</b> Other assets (describe <b>STMT 9</b> )		239,963.	<b>58</b>	225,359.
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		9,642,145.	<b>59</b>	9,554,565.
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	1,636,535.	<b>60</b>	1,188,219.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	560,729. <b>STMT. 10.</b>	<b>62</b>	80,777.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>STMT. 11.</b>	4,507,525.	<b>64b</b>	4,307,818.
	<b>65</b> Other liabilities (describe <b>STMT 11</b> )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)		6,704,789.	<b>66</b>	5,576,814.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	2,937,356.	<b>67</b>	3,977,751.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 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)		2,937,356.	<b>73</b>	3,977,751.
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		9,642,145.	<b>74</b>	9,554,565.

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 VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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	
81a	If "Yes," enter the name of the organization <b>CNGCS DEVELOPMENT CORPORATION</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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.)	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	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
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
89b	501(c)(3) and 501(c)(4) orgs. 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		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <b>NEW YORK</b>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	51	
91	The books are in care of <b>THE AGENCY</b> Telephone no <b>516-822-6111</b> Located at <b>SAME AS ABOVE</b> ZIP + 4		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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 <u>STMT 19</u>					4,210,766.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,978.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			01	239,976.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	28,294.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <u>MISCELLANEOUS</u>					43,310.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				278,248.	4,254,076.
105 Total (add line 104, columns (B), (D), and (E))					4,532,324.

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 page 34 of the 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)
▼	<u>STMT 19</u>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the 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 page 34 of the 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.

Please print name of preparer: Barbara Korman CEO

Date: 11/8/04

Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W)

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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

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

Name of the organization **CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES INC.** Employer identification number **11-2438388**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<u>ROBERT N. PILOSI, MD</u> 24 ST. CHARLES PLACE SOUTH SETAUKET NY	MEDICAL DIRECTOR  35	  136,533.	  43,691.	
<u>RICHARD RISE</u> 1643 DEWEY AVENUE N. BELLMORE NY	PSYCHIATRIST  35	  130,382.	  41,722.	
<u>BARBARA BARTELL</u> 41 CHERYL ROAD N. MASSAPEQUA	CEO  35	  122,329.	  39,145.	
<u>STEVEN DIAMOND, MD</u> 22 EDNA PLACE NEW ROCHELLE NY	PSYCHIATRIST  26	  107,434.	  45,056.	
<u>PAULE PACHTER</u> 2450 MARSHALL AVE NORTH BELLMORE NY	ASST. CEO  35	  83,516.	  26,725.	
Total number of other employees paid over \$50,000 . . . . . ▶	7			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

**Part III Statements About Activities (See page 2 of the instructions.)**

	Yes	No
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 ▶ \$ _____ (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		X
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)		
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
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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)(iii) 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.)
- 11a  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)
- 11b  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 page 5 of the 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 page 6 of the 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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 page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** 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 on page 11 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 page 12 of the instructions.)

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
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

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



FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
5K RUN	23,745.	9,353.	14,392.
GOLF OUTING	35,360.	17,547.	17,813.
THRIFT SHOP I	37,187.	32,929.	4,258.
THRIFT SHOP II	13,648.	19,737.	-6,089.
OTHER MISCELLANEOUS EVENTS	10,812.	12,892.	-2,080.
TOTALS	120,752.	92,458.	28,294.

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBIT EXPENSE	9,932.	9,932.	
CONSULTANTS	6,177.	5,312.	865.
CONTRACTED SERVICES	1,980,036.	1,980,036.	
DATA PROCESSING	10,308.	9,438.	870.
DUES AND SUBSCRIPTIONS	9,829.	4,484.	5,345.
INSURANCE	165,388.	154,900.	10,488.
MISCELLANEOUS	67,316.	27,690.	39,626.
MOVING AND STORAGE	5,977.	4,583.	1,394.
REPAIRS AND MAINTENANCE			
STAFF TRAINING			
UTILITIES	250,160.	237,563.	12,597.
RENT			
TOTALS	2,505,123.	2,433,938.	71,185.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

CENTRAL NASSAU GUIDANCE AND 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/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 THEIR PURSUITS.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION  
-----

EXPENSES  
-----

THE MENTAL HEALTH CLINIC PROVIDED MEDICAL TREATMENT AND COUNSELING ON AN OUT-PATIENT BASIS TO 719 PATIENTS DURING 2003. 1,418,766.

THE COMMUNITY PROGRAM PROVIDED TREATMENTS AND COUNSELING FOR 402 DRUG AND ALCOHOL DEPENDENT PERSONS DURING 2003. IN ADDITION, THE PROGRAM PROVIDED AN UNDETERMINED AMOUNT OF EVALUATIONS FOR THE SAME POPULATION. 580,982.

THE COMMUNITY RESIDENCE PROGRAM PROVIDED HOUSING AND COUNSELING TO 117 RESIDENTS WITH MENTAL HEALTH AND/OR CHEMICAL ADDICTION RELATED PROBLEMS DURING 2003. 2,746,470.

DURING 2003 THE CLUBHOUSE ENABLED 149 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. 500,115.

TOTAL

-----  
5,246,333.  
=====

FORM 990, PART III - OTHER PROGRAM SERVICES  
=====

DESCRIPTION  
-----  
GRANTS AND ALLOCATIONS  
-----  
EXPENSES  
-----

THE CONTINUING DAY TREATMENT PROGRAM PROVIDED TREATMENT TO 104 CLIENTS WITH A COMBINATION OF MENTAL ILLNESS AND SUBSTANCE ABUSE PROBLEMS.

614,013.

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.

150,173.

THE BLENDED CASE MANAGEMENT PROGRAM ENABLED 55 CLIENTS DIAGNOSED WITH SERIOUS AND PERSISTENT MENTAL ILLNESSES AND OTHER PSYCHIATRIC DISABILITIES, THEIR FAMILIES AND OTHER SIGNIFICANT CAREGIVERS.

116,123.

MENTAL HEALTH SERVICES FOR THE DEAF/HEARING IMPAIRED PROVIDES DIRECT CARE SERVICES INCLUDING MENTAL HEALTH COUNSELING, MEDICATION MANAGEMENT, CARE COORDINATION AND FAMILY SUPPORT FOR DEAF/HEARING IMPAIRED INDIVIDUALS WHO PREFER TO COMMUNICATE IN SIGN LANGUAGE.

26,577.

TOTALS

-----  
906,886.  
=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	11,175.
TOTALS	----- 11,175. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MARKETABLE SECURITIES	5,924.
TOTALS	----- 5,924. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	29,349.
UNAMORTIZED BOND EXPENSE	147,108.
UNAMORTIZED MORTGAGE EXPENSE	48,902.
	-----
TOTALS	225,359.
	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	80,777.
TOTALS	----- 80,777. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: MORTGAGE RESIDENCE 1  
 ORIGINAL AMOUNT: 279,000.  
 INTEREST RATE: 7.740000  
 DATE OF NOTE: 04/01/1997  
 MATURITY DATE: 03/31/2021  
 REPAYMENT TERMS: SEMIANNUAL INSTALLMENTS OF \$12,900  
 SECURITY PROVIDED: PREMISES AND CONTENTS

BEGINNING BALANCE DUE ..... 247,948.  
 ENDING BALANCE DUE ..... 223,770.  
 -----

LENDER: MORTGAGE RESIDENCE 2  
 ORIGINAL AMOUNT: 217,000.  
 INTEREST RATE: 7.950000  
 DATE OF NOTE: 03/01/1989  
 MATURITY DATE: 02/28/2004  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$2,200 INC. PRINC. & INT.  
 SECURITY PROVIDED: PREMISES

BEGINNING BALANCE DUE ..... 37,757.  
 ENDING BALANCE DUE ..... 13,935.  
 -----

LENDER: MORTGAGE RESIDENCE 3  
 ORIGINAL AMOUNT: 154,800.  
 INTEREST RATE: 8.530000  
 DATE OF NOTE: 07/01/1999  
 MATURITY DATE: 06/30/2014  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$1,540 INC. PRINC. & INT.  
 SECURITY PROVIDED: PREMISES

BEGINNING BALANCE DUE ..... 135,720.  
 ENDING BALANCE DUE ..... 130,131.  
 -----

LENDER: OFFICE BUILDING MORTGAGE

ORIGINAL AMOUNT: 1,200,000.

INTEREST RATE: 6.990000

DATE OF NOTE: 12/01/1996

MATURITY DATE: 12/31/2006

REPAYMENT TERMS: MONTHLY INSTALLMENTS OF APPROXIMATELY \$12,000

SECURITY PROVIDED: PREMISES

BEGINNING BALANCE DUE .....	573,456.
ENDING BALANCE DUE .....	462,338.

LENDER: BOND PAYABLE

ORIGINAL AMOUNT: 2,970,000.

INTEREST RATE: 7.500000

DATE OF NOTE: 09/01/2000

MATURITY DATE: 06/01/2030

REPAYMENT TERMS: QUARTERLY PAYMENTS

SECURITY PROVIDED: PREMISES AND GROSS RECEIPTS OF THE AGENCY

BEGINNING BALANCE DUE .....	2,915,000.
ENDING BALANCE DUE .....	2,880,000.

LENDER: CREDIT LINE PAYABLE

INTEREST RATE: 4.250000

BEGINNING BALANCE DUE .....	400,000.
ENDING BALANCE DUE .....	400,000.

LENDER: CREDIT LINE PAYABLE

INTEREST RATE: 4.500000

BEGINNING BALANCE DUE .....	197,644.
ENDING BALANCE DUE .....	197,644.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	4,507,525.
---	------------

=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	4,307,818.
--	------------

=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSE	211,641.
	-----
TOTAL	211,641.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

-----

-----

SUBSIDIARY ENTITY EXPENSE

537,075.

-----

TOTAL

537,075.

=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSE	211,641.
SUBSIDIARY ENTITY INCOME	610,100.
	-----
TOTAL	821,741.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
ARNOLD GOULD ADDRESS THE AGENCY	PRESIDENT PART TIME	NONE
HARRIET LIBSTAG ADDRESS THE AGENCY	VICE PRESIDENT PART TIME	NONE
JAMES F. O'BRIEN, ESQ ADDRESS THE AGENCY	VICE PRESIDENT PART TIME	NONE
MARK SEIDEN ADDRESS THE AGENCY	VICE PRESIDENT PART TIME	NONE
RICHARD J. O'BRIEN ADDRESS THE AGENCY	TREASURER PART TIME	NONE
GENE REILLY ADDRESS THE AGENCY	SECRETARY PART TIME	NONE
MICHAEL FREDERICKSEN ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
BEVERLY GREEN ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
CARL GROSSBARD ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
LLOYD JORRISCH ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
WILBUR KRANZ	DIRECTOR PART TIME	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS ----- ADDRESS THE AGENCY	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----
AUDIE KRANZ ADDRESS THE AGENCY	DIRECTOR PART-TIME	NONE
DANIEL LEWIS ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
NEVILLE L. RICHARDS ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
ADA SHAPIRO ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
HERBERT SILBER ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
IRVING ZWECKER ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
KEVIN HOPKINS ADDRESS THE AGENCY	DIRECTOR PART TIME	NONE
GRAND TOTALS		----- NONE =====

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MENTAL HEALTH					1,555,100.
COMMUNITY RESIDENC					1,608,685.
COMMUNITY PROGRAM					237,436.
CLUBHOUSE					166,501.
CONTINUING DAY TRE					600,801.
BLENDDED CASE MGMT					42,243.
TOTALS					4,210,766.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	PROVIDES CLIENTS WITH STRUCTURED SOCIAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES.
93B	CLIENTS OF THE COMMUNITY PROGRAM VISIT THE CLINIC FOR ONGOING SUBSTANCE ABUSE TREATMENTS.
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.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2002	2001	2000	1999	TOTAL
MISCELLANEOUS	18,647.	17,425.	56,188.	15,708.	107,968.
SPECIAL EVENTS	32,547.	44,123.			76,670.
TOTALS	51,194.	61,548.	56,188.	15,708.	184,638.

EIN:  
FYE:

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

---

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	469,633.	NONE	469,633.
Land Improvements	NONE		
Buildings	7,181,140.	679,723.	6,501,417.
Leasehold Improvements			
Equipment	271,985.	170,366.	101,619.
Furniture & Fixtures	1,160,913.	939,638.	221,275.
Property, Plant & Equipment	<u>9,083,671.</u>	<u>1,789,727.</u>	<u>7,293,944.</u>
Construction in Progress		NONE	
<b>Total Fixed Assets, line 57</b>	<u><u>9,083,671.</u></u>	<u><u>1,789,727.</u></u>	<u><u>7,293,944.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset

# 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 <b>CENTRAL NASSAU GUIDANCE &amp; COUNSEL</b>	Employer identification number <b>11-2438388</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>950 SOUTH OYSTER BAY ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>HICKSVILLE, NY 11801</b>	

**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(sec 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 08/16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2003 or  
 ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

**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 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 ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

For Paperwork Reduction Act Notice, see Instruction

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>CENTRAL NASSAU GUIDANCE &amp; COUN INC.</b>	Employer identification number <b>11-2438388</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>950 SOUTH OYSTER BAY ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HICKSVILLE, NY 11801</b>	

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-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 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 is for.

4 I request an additional 3-month extension of time until 11/15/2004

5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO FILE

**COMPLETE AND ACCURATE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE RETURN DATE.**

8a 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ \_\_\_\_\_

**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

**ACCOUNTANTS AUTHORIZED TO PREPARE RETURN**

**AUG 10 2004**

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

**Notice to Applicant - To Be Completed by the IRS**

- 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 from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- 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 are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By \_\_\_\_\_ Director \_\_\_\_\_ 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**

Type or print	Name <b>PKF DAPOLITO LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>2234 JACKSON AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SEAFORD, NY 11783</b>