

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2004 calendar year, or tax year beginning 2004, 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: Cash, Accrual, Other (specify).

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 No

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

H(c) Are all affiliates included? Yes No

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

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): 501(c)(3), 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: 7,630,949.

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: Line number, Description, Sub-column, Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 7,560,600. Total expenses: 7,648,544. Net assets at end of year: 3,889,807.

SCANNED DEC 14 2003 Revenue

RECEIVED NOV 18 2003 CASH ON HAND

23

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			
26 Other salaries and wages	26 2,039,423.	26 1,607,087.	26 432,336.	
27 Pension plan contributions	27 209,916.	27 159,152.	27 50,764.	
28 Other employee benefits	28 235,619.	28 201,779.	28 33,840.	
29 Payroll taxes	29 204,183.	29 160,812.	29 43,371.	
30 Professional fundraising fees	30			
31 Accounting fees	31 38,309.		31 38,309.	
32 Legal fees	32 7,326.	32 3,963.	32 3,363.	
33 Supplies	33 289,830.	33 273,858.	33 15,972.	
34 Telephone	34 69,470.	34 62,828.	34 6,642.	
35 Postage and shipping	35 8,205.	35 4,381.	35 3,824.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 9,279.	38 3,416.	38 5,863.	
39 Travel	39 36,372.	39 34,356.	39 2,016.	
40 Conferences, conventions, and meetings	40			
41 Interest	41 130,956.	41 72,577.	41 58,379.	
42 Depreciation, depletion, etc (attach schedule)	42 336,249.	42 204,956.	42 131,293.	
43 Other expenses not covered above (itemize) STMT 3	43a 4,033,407.	43a 3,894,171.	43a 139,236.	
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 7,648,544.	44 6,683,336.	44 965,208.	

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? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 5	(Grants and allocations \$ _____)	1,380,241.
b	(Grants and allocations \$ _____)	557,656.
c	(Grants and allocations \$ _____)	3,092,067.
d	(Grants and allocations \$ _____)	507,346.
e Other program services (attach schedule) STMT 6	(Grants and allocations \$ _____)	1,146,026.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		6,683,336.

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) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	137,240.	45	67,481.	
	46 Savings and temporary cash investments	423,833.	46	870,423.	
	47a Accounts receivable	47a 1,314,995.			
	b Less: allowance for doubtful accounts	47b	1,457,090.	47c 1,314,995.	
	48a Pledges receivable	48a		48c	
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT. 7	11,175.	53	21,991.
	54 Investments - securities (attach schedule) STMT. 8. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		5,924.	54	5,924.
	55a Investments - land, buildings, and equipment basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 9,013,119.				
b Less: accumulated depreciation (attach schedule) STATEMENT 2.0	57b 1,937,159.	7,293,944.	57c	7,075,960.	
58 Other assets (describe STMT 9)		225,359.	58	207,828.	
59 Total assets (add lines 45 through 58) (must equal line 74)		9,554,565.	59	9,564,602.	
Liabilities	60 Accounts payable and accrued expenses	1,188,219.	60	905,281.	
	61 Grants payable		61		
	62 Deferred revenue	STMT. 10	80,777.	62	638,569.
	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) STMT. 11		4,307,818.	64b	4,130,945.
	65 Other liabilities (describe)			65	
66 Total liabilities (add lines 60 through 65)		5,576,814.	66	5,674,795.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		3,977,751.	67	3,889,807.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		3,977,751.	73	3,889,807.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		9,554,565.	74	9,564,602.	

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... 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. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a 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? b If "Yes," enter the name of the organization CNGCS DEVELOPMENT CORPORATION and check whether it is [X] exempt or [] nonexempt 81 a Enter direct and indirect political expenditures See line 81 instructions. 81a b Did the organization file Form 1120-POL for this year? 81b 82 a 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? 82a 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 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A 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. c Dues, assessments, and similar amounts from members 85c N/A d Section 162(e) lobbying and political expenditures 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A 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? 85h N/A 86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a N/A b Gross receipts, included on line 12, for public use of club facilities 86b N/A 87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A 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 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 88 X 89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A, section 4955 N/A b 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 89b 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 90 a List the states with which a copy of this return is filed NEW YORK b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 52 91 The books are in care of THE AGENCY Telephone no 516-822-6111 Located at SAME AS ABOVE 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 92 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 SOCIAL SECURITY					515,143.
b CLIENT FEES					167,979.
c MEDICAID					3,595,813.
d MEDICARE					168,101.
e 3RD PARTY INSURANC					304,391.
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	22,090.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					230,944.
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	31,703.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					5,569.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				53,793.	4,987,940.
105 Total (add line 104, columns (B), (D), and (E))					5,041,733.

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)
▼	STMT 18

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 Sign Here

Signature of officer: *Deborah Bartel* CEO Date: 11/15/05

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2004

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	MEDICAL DI 35	139,952.	39,240.	
<u>RICHARD RISE</u> 1643 DEWEY AVENUE	PSYCHIATRI 35	121,283.	34,862.	
<u>BARBARA BARTELL</u> 41 CHERYL ROAD	CEO 35	125,008.	35,736.	
<u>STEVEN DIAMOND, MD</u> 22 EDNA PLACE	PSYCHIATRI 26	94,979.	28,694.	
<u>PAULE PACHTER</u> 2450 MARSHALL AVE	ASST. CEO 35	87,900.	27,034.	
Total number of other employees paid over \$50,000 ▶	6			

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)		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?	2 a	X
b	Lending of money or other extension of credit?	2 b	X
c	Furnishing of goods, services, or facilities?	2 c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	X
e	Transfer of any part of its income or assets?	2 e	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)	3 a	X
b	Do you have a section 403(b) annuity plan for your employees?	3 b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4 a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4 b	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)(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)
- 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 5 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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28.)	3,616,962.	2,956,597.	1,840,177.	1,534,484.	9,948,220.
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	4,210,756.	4,334,410.	3,690,036.	3,701,518.	15,936,720.
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	249,954.	154,283.	143,597.	49,838.	597,672.
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	STMT 19 71,604.	51,194.	61,548.	56,188.	240,534.
23 Total of lines 15 through 22	8,149,276.	7,496,484.	5,735,358.	5,342,028.	26,723,146.
24 Line 23 minus line 17	3,938,520.	3,162,074.	2,045,322.	1,640,510.	10,786,426.
25 Enter 1% of line 23	81,493.	74,965.	57,354.	53,420.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 215,729.
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 10786426.
d Add. Amounts from column (e) for lines 18 597,672. 19 _____ 22 240,534. 26b _____ ▶					26d 838,206.
e Public support (line 26c minus line 26d total) ▶					26e 9,948,220.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 92.2291 %
27 Organizations described on line 12: 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 (2003) _____ (2002) _____ (2001) <u>NOT APPLICABLE</u> (2000) _____ 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 (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
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)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 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?	29	
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?	30	
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)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

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.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows a-i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule.

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
5K RUN	24,554.	8,171.	16,383.
GOLF OUTING	31,435.	16,067.	15,368.
THRIFT SHOP I	40,011.	36,118.	3,893.
OTHER MISCELLANEOUS EVENTS	6,052.	9,993.	-3,941.
TOTALS	102,052.	70,349.	31,703.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBIT EXPENSE	-2,696.	-2,696.	
CONSULTANTS	21,617.	16,109.	5,508.
CONTRACTED SERVICES	2,322,849.	2,322,849.	
DATA PROCESSING	5,159.	4,873.	286.
DUES AND SUBSCRIPTIONS	16,535.	4,633.	11,902.
INSURANCE	207,771.	199,940.	7,831.
MISCELLANEOUS	68,795.	16,269.	52,526.
MOVING AND STORAGE	797.	372.	425.
REPAIRS AND MAINTENANCE	232,759.	221,918.	10,841.
STAFF TRAINING	13,018.	10,670.	2,348.
UTILITIES	268,185.	249,891.	18,294.
RENT	878,618.	849,343.	29,275.
TOTALS	4,033,407.	3,894,171.	139,236.

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 - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	EXPENSES
A	THE MENTAL HEALTH CLINIC PROVIDED MEDICAL TREATMENT AND COUNSELING ON AN OUT-PATIENT BASIS TO 719 PATIENTS DURING 2004.	1,380,241.
B	THE COMMUNITY PROGRAM PROVIDED TREATMENTS AND COUNSELING FOR 402 DRUG AND ALCOHOL DEPENDENT PERSONS DURING 2004. IN ADDITION, THE PROGRAM PROVIDED AN UNDETERMINED AMOUNT OF EVALUATIONS FOR THE SAME POPULATION.	557,656.
C	THE COMMUNITY RESIDENCE PROGRAM PROVIDED HOUSING AND COUNSELING TO 117 RESIDENTS WITH MENTAL HEALTH AND/OR CHEMICAL ADDICTION RELATED PROBLEMS DURING 2004.	3,092,067.
D	DURING 2004 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.	507,346.
TOTAL		<u><u>5,537,310.</u></u>

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

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.		728,196.
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.		332,006.
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. THE PROGRAM PROVIDED SERVICES TO 104 PATIENTS IN 2004.		
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.		85,824.
TOTALS		1,146,026.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	21,991.
TOTALS	21,991.

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	26,364.
UNAMORTIZED BOND EXPENSE	141,652.
UNAMORTIZED MORTGAGE EXPENSE	39,812.
TOTALS	----- 207,828. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	638,569.
TOTALS	----- 638,569. =====

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 223,770.
 ENDING BALANCE DUE 217,060.

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 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 130,131.
 ENDING BALANCE DUE 120,718.

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	462,338.
ENDING BALANCE DUE	348,167.

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	2,880,000.
ENDING BALANCE DUE	2,845,000.

LENDER: CREDIT LINE PAYABLE

INTEREST RATE: 5.500000

BEGINNING BALANCE DUE	400,000.
ENDING BALANCE DUE	500,000.

LENDER: CREDIT LINE PAYABLE

INTEREST RATE: 5.750000

BEGINNING BALANCE DUE	197,644.
ENDING BALANCE DUE	100,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	4,307,818.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	4,130,945.
	=====

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

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSE	136,210.
TOTAL	----- 136,210. -----

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

DESCRIPTION	AMOUNT
RENT EXPENSE	562,137.
TOTAL	562,137.

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

DESCRIPTION -----	AMOUNT -----
RENT EXPENSE	136,209.
DEVELOPMENT CORP REVENUE	606,875.

TOTAL	743,084.
	=====

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	------------------------------------	--------------	---	-----------------------------------

ARNOLD GOULD
ADDRESS THE AGENCY

PRESIDENT

HARRIET LIBSTAG
ADDRESS THE AGENCY

VICE PRESIDENT

JAMES F. O'BRIEN, ESQ
ADDRESS THE AGENCY

VICE PRESIDENT

MARK SEIDEN
ADDRESS THE AGENCY

VICE PRESIDENT

RICHARD J. O'BRIEN
ADDRESS THE AGENCY

TREASURER

GENE REILLY
ADDRESS THE AGENCY

SECRETARY

MICHAEL FREDERICKSEN
ADDRESS THE AGENCY

DIRECTOR

BEVERLY GREEN
ADDRESS THE AGENCY

DIRECTOR

CARL GROSSEARD
ADDRESS THE AGENCY

DIRECTOR

LLOYD JORRISCH
ADDRESS THE AGENCY

DIRECTOR

WILBUR KRANZ

DIRECTOR

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

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
EXPENSE ACCT AND OTHER ALLOWANCES

TITLE AND TIME DEVOTED TO POSITION
COMPENSATION

NAME AND ADDRESS
ADDRESS THE AGENCY

AUDIE KRANZ
ADDRESS THE AGENCY

DANIEL LEWIS
ADDRESS THE AGENCY

NEVILLE L. RICHARDS
ADDRESS THE AGENCY

ADA SHAPIRO
ADDRESS THE AGENCY

HERBERT SILBER
ADDRESS THE AGENCY

IRVING ZWECKER
ADDRESS THE AGENCY

KEVIN HOPKINS
ADDRESS THE AGENCY

GRAND TOTALS

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

<u>DESCRIPTION</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>TOTAL</u>
MISCELLANEOUS	43,310.	18,647.	17,425.	56,188.	135,570.
SPECIAL EVENTS	28,294.	32,547.	44,123.		104,964.
TOTALS	<u>71,604.</u>	<u>51,194.</u>	<u>61,548.</u>	<u>56,188.</u>	<u>240,534.</u>

CENTRAL NASSAU GUIDANCE COUNSELING, INC.

EIN: 11-2438388

Y/E: 12/31/04

FORM 990, PART IV, LINE 57- Land, Buildings, and equipment, less accumulated depreciation:

Description	Line 57a Cost	Line 57b Accumulated Depreciation	Net Book Value
Land	469,633	0	469,633
Land Improvements			
Buildings	7,292,767	774,436	6,518,331
Leasehold improvements			-
Equipment	271,985	200,671	71,314
Furniture & Fixtures	978,734	962,052	16,682
Property, Plant & Equipment	9,013,119	1,937,159	7,075,960
Construction in Progress		-	
TOTAL	9,013,119	1,937,159	7,075,960

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

OMB No 1545-1709

▶ 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)

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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

- The books are in the care of ▶ THE AGENCY

Telephone No. ▶ 516 822-6111 FAX No. ▶ _____

- 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-months for a **Form 990-T corporation**) extension of time until 08/15, **2005**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 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. \$ _____

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. \$ _____

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. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

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

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.

Name of Exempt Organization CENTRAL NASSAU GUIDANCE & COUN INC. Employer Identification number 11-2438388. Number, street, and room or suite no. 950 SOUTH OYSTER BAY ROAD. City, town or post office, state, and ZIP code. HICKSVILLE, NY 11801.

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

Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T(sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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

The books are in the care of THE AGENCY Telephone No. 516 822-6111 FAX No.

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.

I request an additional 3-month extension of time until 11/15/2005. For calendar year 2004, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. 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. 8b 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. 8c 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.

Signature Title ACCOUNTANTS AUTHORIZED TO PREPARE RETURN Date AUG 12 2005

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 extended due date of the return for which an extension was requested. Other

Director By: Date

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

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