

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

Department of the Treasury
Internal Revenue Service

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

For the 2006 calendar year, or tax year beginning 2006, and ending

Section B: Check if applicable (Address change, Name change, Initial return, Final return, Amended return, Application pending)
Section C: Name of organization CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC.
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
950 SOUTH OYSTER BAY ROAD
City or town, state or country, and ZIP + 4
HICKSVILLE, NY 11801
Section D: Employer identification number 11-2438388
Section E: Telephone number (516) 822-6111
Section F: Accounting method: Cash [X] 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 [X]
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 [X]

G Website: WWW.CENTRALNASSAU.ORG

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

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

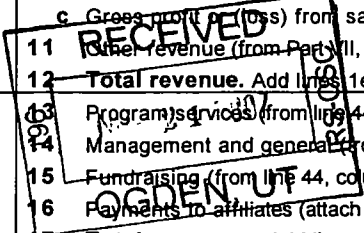
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 9,143,459.

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

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount.
1 Contributions, gifts, grants, and similar amounts received:
a Contributions to donor advised funds 1a
b Direct public support (not included on line 1a) 1b 13,620.
c Indirect public support (not included on line 1a) 1c 21,450.
d Government contributions (grants) (not included on line 1a) 1d 3,122,376.
e Total (add lines 1a through 1d) (cash \$ 3,157,446. noncash \$ ) 1e 3,157,446.
2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 5,752,293.
3 Membership dues and assessments 3
4 Interest on savings and temporary cash investments 4 14,127.
5 Dividends and interest from securities 5
6 a Gross rents 6a 99,089.
b Less: rental expenses 6b
c Net rental income or (loss). Subtract line 6b from line 6a 6c 99,089.
7 Other investment income (describe ) 7
8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other 8a
b Less: cost or other basis and sales expenses 8b
c Gain or (loss) (attach schedule) 8c
d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d
9 Special events and activities (attach schedule). If any amount is from gaming, check here [ ]
a Gross revenue (not including \$ of contributions reported on line 1b). STMT. 1. 9a 69,352.
b Less: direct expenses other than fundraising expenses 9b 37,397.
c Net income or (loss) from special events Subtract line 9b from line 9a 9c 31,955.
10 a Gross sales of inventory, less returns and allowances STMT. 2. 10a 44,764.
b Less: cost of goods sold STMT. 3. 10b 39,759.
c Gross profit (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 5,005.
11 Other revenue (from Part VII, line 103) 11 6,388.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 9,066,303.
13 Program services (from line 44, column (B)) 13 7,268,344.
14 Management and general (from line 44, column (C)) 14 1,240,646.
15 Fundraising (from line 44, column (D)) 15
16 Payments to affiliates (attach schedule) 16
17 Total expenses. Add lines 16 and 44, column (A) 17 8,508,990.
18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 557,313.
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 4,572,741.
20 Other changes in net assets or fund balances (attach explanation) STMT. 4. 20 -136,737.
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 4,993,317.

SCANNED DEC 21 2007



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**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 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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	NONE			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	2,255,124.	1,811,264.	443,860.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	177,213.	141,948.	35,265.	
<b>28</b> Employee benefits not included on lines 25a - 27	366,463.	293,900.	72,563.	
<b>29</b> Payroll taxes	197,746.	158,395.	39,351.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	28,000.		28,000.	
<b>32</b> Legal fees	12,585.	11,348.	1,237.	
<b>33</b> Supplies	401,801.	382,040.	19,761.	
<b>34</b> Telephone	56,604.	52,321.	4,283.	
<b>35</b> Postage and shipping	9,128.	4,049.	5,079.	
<b>36</b> Occupancy	525,320.	333,515.	191,805.	
<b>37</b> Equipment rental and maintenance	250,424.	235,726.	14,698.	
<b>38</b> Printing and publications	10,390.	4,405.	5,985.	
<b>39</b> Travel	45,025.	41,239.	3,786.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	322,995.	299,194.	23,801.	
<b>42</b> Depreciation, depletion, etc (attach schedule)	364,273.	226,074.	138,199.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> STMT 5	3,485,899.	3,272,926.	212,973.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	8,508,990.	7,268,344.	1,240,646.	

**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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 6</b> 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)
<b>a</b> THE MENTAL HEALTH CLINIC PROVIDED MEDICAL TREATMENT AND COUNSELING ON AN OUT-PATIENT BASIS TO 770 PATIENTS DURING 2006.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,519,331.
<b>b</b> THE COMMUNITY PROGRAM PROVIDED TREATMENTS AND COUNSELING FOR 417 DRUG AND ALCOHOL DEPENDENT PERSONS DURING 2006. IN ADDITION, THE PROGRAM PROVIDED AN UNDETERMINED AMOUNT OF EVALUATIONS FOR THE SAME POPULATION.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,326,499.
<b>c</b> THE COMMUNITY RESIDENCE PROGRAM PROVIDED HOUSING AND COUNSELING TO 228 RESIDENTS WITH MENTAL HEALTH AND/OR CHEMICAL ADDICTION RELATED PROBLEMS DURING 2006.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	562,510.
<b>d</b> DURING 2006 THE CLUBHOUSE ENABLED 150 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.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	470,928.
<b>e</b> Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,389,076.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	7,268,344.

Form 990 (2006)

**Part IV Balance Sheets** (See 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	83,869.	45	213,909.	
	46 Savings and temporary cash investments	477,997.	46	343,053.	
	47a Accounts receivable	47a 1,556,441.			
	b Less: allowance for doubtful accounts	47b 96,651.	1,084,927.	47c 1,459,790.	
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	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. 8 . . . . .	10,607.	53	19,965.
	54a Investments - publicly-traded securities	STMT. 9 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	5,924.	54a	7,818.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	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 9,935,823.			
b Less: accumulated depreciation (attach schedule)	57b 2,418,294.	7,290,532.	57c	7,517,529.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 10)		197,985.	58	284,628.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		9,151,841.	59	9,846,692.	
Liabilities	60 Accounts payable and accrued expenses	922,042.	60	1,447,472.	
	61 Grants payable		61		
	62 Deferred revenue	STMT. 11 . . . . .	275,734.	62	323,614.
	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. 12 . . . . .	3,381,324.	64b	3,082,289.
	65 Other liabilities (describe <input type="checkbox"/> )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		4,579,100.	66	4,853,375.	
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		4,572,741.	67	4,993,317.
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		4,572,741.	73	4,993,317.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		9,151,841.	74	9,846,692.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 17. 75b X
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c X
75d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE'.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
78b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 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? 80a X
80b If "Yes," enter the name of the organization CNGCS DEVELOPMENT CORPORATION and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE
81b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

		Yes	No
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 <i>quid pro quo</i> 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?	X	
85a	501(c)(4), (5), or (6) organizations. 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
88a	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
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
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
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>NEW YORK</u>		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	55	
91a	The books are in care of <u>THE AGENCY</u> Telephone no. <u>516-822-6111</u> Located at <u>SAME AS ABOVE</u> ZIP + 4 <u></u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? ... 91c X
If "Yes," enter the name of the foreign country
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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (Social Security, Client Fees, Medicaid, Medicare, 3rd Party Insurance), Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal/Total.

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

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

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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

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

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
	N/A	

**Please Sign Here**

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.

Signature of officer: Barbara Bartell CEO Date: 11/15/07

Type or print name and title: Barbara Bartell CEO

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: NOV 14 2007 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CONDON O'NEARA MCGINTY & DONNELLY L EIN: 13-3628255

ONE BATTERY PARK PLAZA Phone no.: 212-661-7777

NEW YORK, NY 10004-1405

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

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 2 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
ROBERT N. PILOSI, MD C/O THE ORGANIZATION	MEDICAL DIRECTOR 35.00	148,675.	50,550.	NONE
RICHARD RISE C/O THE ORGANIZATION	PSYCHIATRIST 35.00	128,869.	43,815.	NONE
BARBARA BARTELL C/O THE ORGANIZATION	CEO 35.00	132,821.	45,159.	NONE
WILLIAM LEONELLI C/O THE ORGANIZATION	CONTROLLER 35.00	93,559.	31,810.	NONE
PAULE PACHTER C/O THE ORGANIZATION	DEPUTY EXEC. DIR 35.00	94,434.	32,108.	NONE
Total number of other employees paid over \$50,000 . . ▶	NONE			

**Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships, fellowships, student loans, etc.?; 3b. Did the organization have a section 403(b) annuity plan for its employees?; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?; 4a. Did the organization maintain any donor advised funds?; 4b. Did the organization make any taxable distributions under section 4966?; 4c. Did the organization make a distribution to a donor, donor advisor, or related person?; d. Enter the total number or donor advised funds owned at the end of the tax year; e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year; f. Enter the total number of separate funds or accounts owned at the end of the tax year...; g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005, (b) 2004, (c) 2003, (d) 2002, (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, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 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: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)** NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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? . . . . .	<b>29</b>	
<b>30</b>	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? . . . . .	<b>30</b>	
<b>31</b>	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.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

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 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

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 13 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 with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; 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:

Table with 4 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:

Table with 3 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
SPONSORSHIP PARTICIPANTS	40,480.	22,343.	18,137.
RAFFLE TICKETS	20,641.	7,485.	13,156.
DINNERS	4,481.	3,819.	662.
	3,750.	3,750.	
TOTALS	69,352.	37,397.	31,955.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES  
=====

DESCRIPTION -----	AMOUNT -----
THRIFT SHOP	44,764.
TOTAL	----- 44,764. =====

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
THRIFT SHOP				39,759.		39,759.
TOTALS				39,759.		39,759.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
PRIOR PERIOD ADJUSTMENT	136,737.
TOTAL	----- 136,737. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBIT EXPENSE	47,079.	47,079.	
CONSULTANTS	29,183.	28,945.	238.
CONTRACTED SERVICES	2,652,380.	2,651,600.	780.
DATA PROCESSING	18,715.	17,358.	1,357.
DUES AND SUBSCRIPTIONS	13,724.	4,073.	9,651.
INSURANCE	205,732.	195,973.	9,759.
MISCELLANEOUS	93,723.	47,705.	46,018.
MOVING AND STORAGE	2,165.	2,144.	21.
STAFF TRAINING	18,973.	12,818.	6,155.
UTILITIES	287,604.	265,231.	22,373.
TAXES AND PENALTIES	116,621.		116,621.
TOTALS	3,485,899.	3,272,926.	212,973.

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 - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
THE CONTINUING DAY TREATMENT PROGRAM PROVIDED TREATMENT TO 87 CLIENTS WITH A COMBINATION OF MENTAL ILLNESS AND SUBSTANCE ABUSE PROBLEMS.		661,452.
THE BLENDED CASE MANAGEMENT PROGRAM ENABLED 100 CLIENTS DIAGNOSED WITH SERIOUS AND PERSISTENT MENTAL ILLNESSES AND OTHER PSYCHIATRIC DISABILITIES, THEIR FAMILIES AND OTHER SIGNIFICANT CAREGIVERS.		346,698.
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.		89,406.
ACT - ASSERTIVE COMMUNITY PROGRAM IS FUNDED BY CLIENT SERVICE FEES AND NASSAU COUNTY.		291,520.
TOTALS		1,389,076.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	19,965.
TOTALS	----- 19,965. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MARKETABLE SECURITIES	7,818.
	-----
TOTALS	7,818.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	49,617.
UNAMORTIZED BOND EXPENSE	130,740.
UNAMORTIZED MORTGAGE EXPENSE	25,825.
DUE FROM AFFILIATE	78,446.
TOTALS	----- 284,628. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	323,614.
TOTALS	----- 323,614. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: 499 JERUSALEM  
 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 ..... 209,821.  
 ENDING BALANCE DUE ..... 202,319.  
 -----

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 ..... 222,962.  
 ENDING BALANCE DUE ..... NONE  
 -----

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 ..... 2,770,000.  
 ENDING BALANCE DUE ..... 2,770,000.  
 -----

LENDER: 57 ANGLE  
 ORIGINAL AMOUNT: 125,000.  
 INTEREST RATE: 7.340000  
 DATE OF NOTE: 03/01/2005  
 MATURITY DATE: 03/01/2015  
 REPAYMENT TERMS: MONTHLY INSTALLEMENTS

BEGINNING BALANCE DUE ..... 119,207.  
 ENDING BALANCE DUE ..... 109,970.  
 -----

LENDER: TRANSPORTATION EQUIPMENT  
 ORIGINAL AMOUNT: 33,225.  
 INTEREST RATE: 2.900000  
 DATE OF NOTE: 03/01/2004  
 MATURITY DATE: 03/01/2009

BEGINNING BALANCE DUE ..... 14,457.

LENDER: FIRE PROTECTION SYSTEM  
 ORIGINAL AMOUNT: 49,424.  
 INTEREST RATE: 6.600000  
 DATE OF NOTE: 07/01/2005  
 MATURITY DATE: 07/01/2009  
 REPAYMENT TERMS: MONTHLY PAYMENTS

BEGINNING BALANCE DUE ..... 44,877.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ..... 3,381,324.  
 =====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 3,082,289.  
 =====

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

=====

DESCRIPTION

AMOUNT

-----

-----

EXPENSES PAID TO SUBSIDIARY  
ORGANIZATION

49,102.

-----

TOTAL

49,102.

=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES F. O'BRIEN C/O THE AGENCY	PRESIDENT 3.00	NONE	NONE	NONE
HARRIET LIBSTAG C/O THE AGENCY	VICE PRESIDENT 3.00	NONE	NONE	NONE
CARL GROSSBARD C/O THE AGENCY	VICE PRESIDENT 3.00	NONE	NONE	NONE
GENE REILLY C/O THE AGENCY	TREASURER 3.00	NONE	NONE	NONE
AUDIE KRANZ C/O THE AGENCY	SECRETARY 3.00	NONE	NONE	NONE
ARNOLD GOULD C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
STEVEN G SHUSTER C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
BEVERLY GREEN C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
LEONARD PARNESS C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
WILBUR KRANZ C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
MARK B. SEIDEN	DIRECTOR 3.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS C/O THE AGENCY	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANIEL LEWIS C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
NEVILLE L. RICHARDS C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
ADA SHAPIRO C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
RICHARD O'BRIEN C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	AUDIE KRANZ
NAME OF RELATED ENTITY:	WILBUR KRANZ
TITLE OR ROLE:	BOARD MEMBER
RELATIONSHIP:	FATHER/SON RELATIONSHIP

NAME OF OFFICER, DIRECTOR, ETC:	WILBUR KRANZ
NAME OF RELATED ENTITY:	AUDIE KRANZ
TITLE OR ROLE:	SECRETARY
RELATIONSHIP:	FATHER/SON RELATIONSHIP

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.
103B	MISCELLANEOUS RECEIPTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
MISCELLANEOUS	-9.	5,569.	43,310.	18,647.	67,517.
SPECIAL EVENTS	34,584.	31,703.	28,294.	32,547.	127,128.
TOTALS	34,575.	37,272.	71,604.	51,194.	194,645.

## 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>CENTRAL NASSAU GUIDANCE &amp; COUNSELING SERVICES, 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>	
	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 |

• The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 07 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2006 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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**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. 12-2006)

