Form 990

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending ☐

Please use IRS label or print or type. See Specific Instructions.

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): 950 SOUTH OYSTER BAY ROAD | Room/suite

City or town, state or country, and ZIP + 4: HICKSVILLE, NY 11801

D Employer identification number: 11-2438388

E Telephone number: (516)822-6111

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 [X] No

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

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] 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: ▶ 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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,541,319.

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

Revenue	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	70,990.		
	c	Indirect public support (not included on line 1a)	1c	23,708.		
	d	Government contributions (grants) (not included on line 1a)	1d	2,984,934.		
	e	Total (add lines 1a through 1d) (cash $ 3,079,632. noncash $)			1e	3,079,632.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	7,188,563.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	22,604.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a	160,844.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	160,844.
	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 — (A): ; (B):	8b			
	c	Gain or (loss) (attach schedule) — (A): ; (B):	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 $ 48,655. of STMT 2 contributions reported on line 1b) STMT 3	9a	29,971.		
	b	Less direct expenses other than fundraising expenses	9b	27,675.		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	2,296.
	10 a	Gross sales of inventory, less returns and allowances STMT 4	10a	47,962.		
	b	Less cost of goods sold	10b	47,559.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	403.
	11	Other revenue (from Part VII, line 103)			11	11,743.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	10,466,085.
Expenses	13	Program services (from line 44, column (B))			13	8,782,388.
	14	Management and general (from line 44, column (C))			14	1,207,875.
	15	Fundraising (from line 44, column (D))			15	85,047.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	10,075,310.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	390,775.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,993,317.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	5,384,092.

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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
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	NONE			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,455,661.	1,950,834.	425,669.	79,158.
27 Pension plan contributions not included on lines 25a, b, and c	27	162,721.	127,802.	33,694.	1,225.
28 Employee benefits not included on lines 25a - 27	28	405,563.	318,531.	83,978.	3,054.
29 Payroll taxes	29	213,682.	167,827.	44,245.	1,610.
30 Professional fundraising fees	30				
31 Accounting fees	31	33,000.		33,000.	
32 Legal fees	32	16,039.	13,034.	3,005.	
33 Supplies	33	526,322.	501,196.	25,126.	
34 Telephone	34	60,477.	56,937.	3,540.	
35 Postage and shipping	35	11,204.	4,564.	6,640.	
36 Occupancy	36	741,463.	491,304.	250,159.	
37 Equipment rental and maintenance	37	321,960.	290,392.	31,568.	
38 Printing and publications	38	13,228.	2,944.	10,284.	
39 Travel	39	70,382.	65,520.	4,862.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	296,666.	284,714.	11,952.	
42 Depreciation, depletion, etc. (attach schedule)	42	398,164.	255,318.	142,846.	
43 Other expenses not covered above (itemize)					
a STMT 5	43a	4,348,778.	4,251,471.	97,307.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	10,075,310.	8,782,388.	1,207,875.	85,047.

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? ▶ SEE STATEMENT 6 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 THE MENTAL HEALTH CLINIC PROVIDED MEDICAL TREATMENT AND COUNSELING ON AN OUT-PATIENT BASIS TO 770 PATIENTS DURING 2007. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,538,423.
b THE COMMUNITY PROGRAM PROVIDED TREATMENTS AND COUNSELING FOR 417 DRUG AND ALCOHOL DEPENDENT PERSONS DURING 2007. 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 ▶ ☐	4,353,773.
c THE COMMUNITY RESIDENCE PROGRAM PROVIDED HOUSING AND COUNSELING TO 228 RESIDENTS WITH MENTAL HEALTH AND/OR CHEMICAL ADDICTION RELATED PROBLEMS DURING 2007. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	601,656.
d DURING 2007 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 ▶ ☐	478,827.
e Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,809,709.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	8,782,388.

Form **990** (2007)

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			213,909.	45	527,178.
46 Savings and temporary cash investments			343,053.	46	376,383.
47a Accounts receivable	47a	2,078,360.			
b Less allowance for doubtful accounts	47b	182,784.	1,459,790.	47c	1,895,576.
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			19,965.	53	18,390.
54a Investments - publicly-traded securities STMT. 9 ▶ ☐ Cost ☒ FMV			7,818.	54a	5,840.
b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ 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	9,784,978.			
b Less. accumulated depreciation (attach schedule)	57b	2,367,251.	7,517,529.	57c	7,417,727.
58 Other assets, including program-related investments (describe ▶ STMT 10)			284,628.	58	220,301.
59 **Total assets** (must equal line 74) Add lines 45 through 58			9,846,692.	59	10,461,395.
Liabilities 60 Accounts payable and accrued expenses			1,447,472.	60	1,555,299.
61 Grants payable				61	
62 Deferred revenue STMT. 11			323,614.	62	503,079.
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			3,082,289.	64b	3,018,925.
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			4,853,375.	66	5,077,303.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			4,993,317.	67	5,384,092.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) **must** equal line 21)			4,993,317.	73	5,384,092.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			9,846,692.	74	10,461,395.

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

a	Total revenue, gains, and other support per audited financial statements			a	10,466,085.
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	10,466,085.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	10,466,085.

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

a	Total expenses and losses per audited financial statements			a	9,983,722.
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	9,983,722.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 14	d2	91,588.		
	Add lines **d1** and **d2**			d	91,588.
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	10,075,310.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		NONE	NONE	NONE

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
b	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	
c	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" ▶ If "Yes," attach a statement that includes the information described in the instructions	75c		X
d	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)

(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
NONE				

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

			Yes	No
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? If "Yes," attach a conformed copy of the changes	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
b	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	
b	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			
b	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?	82a		X
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			
83a	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	
84a	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	X	
85a	*501(c)(4), (5), or (6)* 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			
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	88a		X
b	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 ▶	88b		X
89a	*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			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*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?	89g	N/A	

90a 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, 2007 (See instructions.) **90b** 61

91a The books are in care of ▶ THE AGENCY Telephone no ▶ 516-822-6111

Located at ▶ 950 SOUTH OYSTER BAY ROAD, HICKSVILLE, NY ZIP + 4 ▶ 11801

			Yes	No
b	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

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*	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					698,834.
b CLIENT FEES					189,785.
c MEDICAID					5,840,732.
d MEDICARE					149,674.
e 3RDPARTY INSURANCE					309,538.
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	22,604.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			17	160,844.	
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	2,296.	
102 Gross profit or (loss) from sales of inventory			05	403.	
103 Other revenue a					
b MISCELLANEOUS					11,743.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				186,147.	7,200,306.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 7,386,453.

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.)*

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 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
	%			
	%			
	%			
	%			

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 ☒ 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)*

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)*

		Yes	No
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	N/A	

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

		Yes	No
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	N/A	

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

		Yes	No
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?	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

Barbara Bartell CEO — Signature of officer — Date 8/14/08

BARBARA BARTELL, CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date AUG 13 2008	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst. X) P00183769
Firm's name (or yours if self-employed), address, and ZIP + 4	CONDON O'MEARA MCGINTY & DONNELLY L ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405	EIN	13-3628255
		Phone no	212-661-7777

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 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
2007

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
BARBARA BARTELL C/O THE ORGANIZATION	CEO 35.00	136,800.	34,200.	NONE
RICHARD RISE C/O THE ORGANIZATION	PSYCHIATRIST 35.00	132,729.	33,182.	NONE
WILLIAM LEONELLI C/O THE ORGANIZATION	CFO 35.00	99,160.	24,790.	NONE
PAULE PACHTER C/O THE ORGANIZATON	DEPUTY EXECUTIVE DIR 35.00	97,281.	24,320.	NONE
ROSEMARY DILLON C/O THE ORGANIZATION	DIRECTOR RES PROGRAM 35.00	87,266.	21,817.	NONE
Total number of other employees paid over $50,000 . . ▶	12			

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		

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)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
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 (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			NONE

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 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 [X] 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 8 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? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,782,583.	2,253,773.	2,660,962.	4,240,417.	11,937,735.
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	5,866,409.	6,188,470.	4,853,479.	4,331,518.	21,239,876.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	113,216.	236,778.	253,034.	249,954.	852,982.
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 6,388.	34,575.	37,272.	43,310.	121,545.
23 Total of lines 15 through 22	8,768,596.	8,713,596.	7,804,747.	8,865,199.	34,152,138.
24 Line 23 minus line 17	2,902,187.	2,525,126.	2,951,268.	4,533,681.	12,912,262.
25 Enter 1% of line 23	87,686.	87,136.	78,047.	88,652.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 258,245.

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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b NONE

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 12,912,262.

d Add. Amounts from column (e) for lines 18 852,982. 19 ____ 22 121,545. 26b NONE ▶ 26d 974,527.

e Public support (line 26c minus line 26d total) ▶ 26e 11,937,735.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 92.4527 %

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

NOT APPLICABLE

(2006) ____ (2005) ____ (2004) ____ (2003) ____

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 11b, 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·

(2006) ____ (2005) ____ (2004) ____ (2003) ____

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 2003 through 2006, 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
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?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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)			
34a	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 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h**)			

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 14 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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 ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print		
Type or print	Name of Exempt Organization CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC.	Employer identification number 11-2438388
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O box, see instructions 950 SOUTH OYSTER BAY ROAD	For IRS use only
	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)

[X] Form 990
[ ] 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

4 I request an additional 3-month extension of time until 11/15/2008

5 For calendar year 2007 , or other tax year beginning ______ and ending ______

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

7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

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 RETURNS Date ▶ AUG 13 2008

Form **8868** (Rev 4-2008)

CONDON O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- 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) 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) 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 From 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* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization CENTRAL NASSAU GUIDANCE & COUNSELING	**Employer identification number** 11-2438388
File by the due date for filing your return. See instructions.	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):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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) corporation required to file Form 990-T) extension of time until 6/15 , 08 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2007 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.	3a	$
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.	3b	$
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.	3c	$

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.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
5K RUN	20,495.
GOLF OUTING	13,465.
ANNUAL LUNCHEON	14,695.
OTHER MISCELLANEOUS EVENTS	
TOTAL	48,655.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
5K RUN	6,069.	7,195.	-1,126.
GOLF OUTING	21,195.	11,565.	9,630.
ANNUAL LUNCHEON	1,440.	8,915.	-7,475.
OTHER MISCELLANEOUS EVENTS	1,267.		1,267.
TOTALS	29,971.	27,675.	2,296.

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
THRIFT SHOP	47,962.						
THRIFT SHOP					47,559.		47,559.
TOTALS	47,962.				47,559.		47,559.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBT EXPENSE	127,208.	127,208.	
CONSULTANTS	27,102.	27,102.	
CONTRACTED PERSONAL SERVICES	3,482,773.	3,482,773.	
DATA PROCESSING	26,789.	20,662.	6,127.
DUES AND SUBSCRIPTIONS	9,350.	4,196.	5,154.
INSURANCE	216,551.	207,320.	9,231.
MISCELLANEOUS	106,609.	62,883.	43,726.
MOVING AND STORAGE	1,028.	1,028.	
STAFF TRAINING	25,454.	16,921.	8,533.
UTILITIES	325,914.	301,378.	24,536.
TOTALS	4,348,778.	4,251,471.	97,307.

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.

STATEMENT 6

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.		665,842.
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.		388,817.
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.		69,355.
ACT - ASSERTIVE COMMUNITY PROGRAM IS FUNDED BY CLIENT SERVICE FEES AND NASSAU COUNTY.		685,695.
TOTALS		1,809,709.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	18,390.
TOTALS	18,390.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MARKETABLE SECURITIES	5,840.	FMV
TOTALS	5,840.	

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
SECURITY DEPOSITS	58,868.
UNAMORTIZED BOND EXPENSE	125,284.
UNAMORTIZED MORTGAGE EXPENSE	23,652.
DUE FROM AFFILIATE	12,497.
TOTALS	220,301.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	503,079.
TOTALS	503,079.

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	202,319.
ENDING BALANCE DUE	193,584.

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	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	2,725,000.

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	109,970.
ENDING BALANCE DUE	100,032.

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

ENDING BALANCE DUE	309.

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

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,082,289.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	3,018,925.

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

DESCRIPTION	AMOUNT
EXPENES PAID TO SUBSIDIARY ORGANIZATION	91,588.
TOTAL	91,588.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK 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
CARL GROSSBARD C/O THE AGENCY	VICE PRESIDENT 3.00	NONE	NONE	NONE
HARRIET LIBSTAG C/O THE AGENCY	VICE PRESIDENT/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
BEVERLY GREEN C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
STEVEN G. SHUSTER C/O THE AGENCY	TREASURER 3.00	NONE	NONE	NONE
BILL KRANZ C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
DANIEL LEWIS C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
RICHARD O'BRIEN C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
LEONARD PARNESS	DIRECTOR 3.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O THE AGENCY				
GENE REILLY C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
NEVILLE L. RICHARDS C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
MARK SEIDEN C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
ADA SHAPIRO C/O THE AGENCY	DIRECTOR 3.00	NONE	NONE	NONE
SEE ATTACHED SCHEDULE	1-3 HRS/WK	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

CENTRAL NASSAU
Guidance & Counseling Services, Inc.
950 South Oyster Bay Road, Hicksville, New York 11801-3511
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www.centralnassau.org

2007 Board of Directors

James F. O'Brien, President
Carl Grossbard, Vice President
Harriet Libstag, Vice President/Treasurer
Audie Kranz, Secretary

Arnold Gould
Beverly Green
Bill Kranz
Daniel Lewis
Richard O'Brien
Leonard Parness
Gene Reilly
Neville L. Richards
Mark Seiden
Ada Shapiro
Steven G. Shuster

Applies to all:

Time devoted	3 hours/week
Address	c/o Central Nassau
Expense Allowance	None
Compensation	None
Employee Benefit Plan	None

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

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

NAME OF OFFICER, DIRECTOR, ETC:	BILL 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	2006	2005	2004	2003	TOTAL
MISCELLANEOUS		-9.	5,569.	43,310.	48,870.
SPECIAL EVENTS	6,388.	34,584.	31,703.	28,294.	100,969.
TOTALS	6,388.	34,575.	37,272.	71,604.	149,839.