

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC. Doing Business As _____ 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	D Employer identification number 11-2438388
	F Name and address of principal officer _____ _____	E Telephone number (516) 822-6111
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	G Gross receipts \$ 10,753,462.
J Website: ▶ WWW.CENTRALNASSAU.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number ▶ _____
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1972	M State of legal domicile NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5	Total number of employees (Part V, line 2a)	5 90
	6	Total number of volunteers (estimate if necessary)	6 25
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: 3,079,632. Current Year: 2,874,068.
	9	Program service revenue (Part VIII, line 2g)	7,188,563. 7,575,888.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,604. 15,765.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 11e)	175,286. 203,852.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,466,085. 10,669,573.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,237,627. 3,641,879.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses, Part IX, column (D), line 25) ▶ 101,876.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,837,683. 7,103,740.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,075,310. 10,745,619.	
19	Revenue less expenses Subtract line 18 from line 12	390,775. -76,046.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 10,461,395. End of Year: 10,863,650.
	21	Total liabilities (Part X, line 26)	5,077,303. 5,552,254.
	22	Net assets or fund balances Subtract line 21 from line 20.	5,384,092. 5,311,396.

Part II Signature Block

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

Sign Here: *Barbara Bartell CEO* Date: 10/27/09
 Signature of officer

Barbara Bartell CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: Oct 26 2009
 Check if self-employed: Preparer's identifying number (see instructions): 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

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

SCANNED NOV 12 2009

6

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,634,224. including grants of \$ _____) (Revenue \$ 1,743,164.)

THE MENTAL HEALTH COUNSELING CENTER IS AN OUTPATIENT MENTAL HEALTH FACILITY PROVIDING A WIDE RANGE OF SERVICES INCLUDING INDIVIDUAL, FAMILY AND GROUP COUNSELING AS WELL AS MEDICATION MANAGEMENT AND CASE MANAGEMENT TO CHILDREN, ADOLESCENTS, ADULTS AND SENIORS. 2008 OUTCOMES AND MILESTONES INCLUDED:

PROVIDED ASSISTANCE TO 931 PEOPLE WITH A TOTAL OF 16,435 UNITS OF SERVICE.

NEARLY 80% OF OUR CLIENT POPULATIONS SERVED WERE ADULTS 18 - 65, NEARLY 14% WERE CHILDREN AND ADOLESCENTS, AND 7% WERE INDIVIDUALS OVER THE AGE OF 65.

4b (Code _____) (Expenses \$ 763,285. including grants of \$ _____) (Revenue \$ 663,310.)

SEE STATEMENT 2

4c (Code _____) (Expenses \$ 4,829,189. including grants of \$ _____) (Revenue \$ 3,519,650.)

SEE STATEMENT 2

4d Other program services (Describe in Schedule O.) SEE STATEMENT 3

(Expenses \$ 2,252,342. including grants of \$ _____) (Revenue \$ 1,649,764.)

4e Total program service expenses ► \$ 9,479,040. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and charitable trusts.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body management, including voting members, family relationships, and document retention. Includes 'Yes' and 'No' columns.

Section B. Policies

Table with 12 rows of questions regarding organizational policies such as conflict of interest, whistleblower, and document retention. Includes 'Yes' and 'No' columns.

Section C. Disclosure

Table with 4 rows of disclosure questions, including state filing requirements and public availability of documents. Includes 'Yes' and 'No' columns.

Part VIII Statement of Revenue

11-2438388

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	19,317.				
	b	Membership dues	1b					
	c	Fundraising events	1c	46,180.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,779,904.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,667.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		2,874,068.				
Program Service Revenue	Business Code							
	2a	3RD PARTY REIMBURSEMENTS		7,369,845.	7,369,845.			
	b	PATIENT FEES		206,043.	206,043.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		7,575,888.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 4	15,765.			15,765.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		192,277.						
		Less: rental expenses						
		192,277.						
	d	Net rental income or (loss)		192,277.			192,277.	
	7a	(i) Securities		(ii) Other				
		Less cost or other basis and sales expenses						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 46,180. of contributions reported on line 1c). See Part IV, line 18.		STMT 5 a	36,707.			
		Less direct expenses		b	35,294.			
Net income or (loss) from fundraising events		STMT 6	1,413.			1,413.		
9a	Gross income from gaming activities See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances		a	54,781.				
	Less: cost of goods sold		b	48,595.				
	Net income or (loss) from sales of inventory		STMT 7	6,186.			6,186.	
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS		3,976.	3,976.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		3,976.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,669,573.	7,579,864.		215,641.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	205,709.	166,380.	33,624.	5,705.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	2,593,998.	2,098,060.	423,995.	71,943.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . .	184,641.	149,340.	30,180.	5,121.
9 Other employee benefits	460,185.	372,204.	75,218.	12,763.
10 Payroll taxes	197,346.	159,616.	32,257.	5,473.
11 Fees for services (non-employees)				
a Management				
b Legal	22,608.	12,731.	9,877.	
c Accounting	33,500.		33,500.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	38,855.	37,156.	1,699.	
12 Advertising and promotion				
13 Office expenses	672,844.	621,769.	50,925.	150.
14 Information technology				
15 Royalties				
16 Occupancy	1,426,586.	1,189,611.	236,975.	
17 Travel	76,705.	71,549.	4,673.	483.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	329,406.	319,151.	10,255.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	416,903.	264,072.	152,831.	
23 Insurance	220,998.	210,340.	10,658.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE -----	66,616.	66,616.		
b DUES AND SUBSCRIPTIONS -----	22,746.	8,481.	14,235.	30.
c MISCELLANEOUS -----	109,316.	73,874.	35,392.	50.
d CONTRACTED SERVICES -----	3,633,048.	3,633,048.		
e STAFF TRAINING -----	33,609.	25,042.	8,409.	158.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	10,745,619.	9,479,040.	1,164,703.	101,876.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	527,178.	1	722,206.
	2 Savings and temporary cash investments	376,383.	2	472,061.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,895,576.	4	1,558,824.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges SFMT. 8.	18,390.	9	20,463.
	10a Land, buildings, and equipment, cost basis 10a 10,465,512.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b 2,617,717.	7,417,727.	10c	7,847,795.
	11 Investments - publicly traded securities SFMT. 9.	5,840.	11	1,609.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	220,301.	15	240,692.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,461,395.	16	10,863,650.	
Liabilities	17 Accounts payable and accrued expenses	1,555,299.	17	1,801,724.
	18 Grants payable		18	
	19 Deferred revenue SFMT. 10.	503,079.	19	379,784.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties SFMT. 11	3,018,925.	23	3,370,746.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	5,077,303.	26	5,552,254.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,384,092.	27	5,311,396.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,384,092.	33	5,311,396.	
34 Total liabilities and net assets/fund balances.	10,461,395.	34	10,863,650.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,518,867.	2,253,773.	3,157,446.	3,079,632.	2,874,068.	13,883,786.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,518,867.	2,253,773.	3,157,446.	3,079,632.	2,874,068.	13,883,786.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6 Public support. Subtract line 5 from line 4						13,883,786.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	2,518,867.	2,253,773.	3,157,446.	3,079,632.	2,874,068.	13,883,786.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253,034.	236,778.	113,216.	183,448.	208,042.	994,518.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,569.	-9.	6,388.	11,743.	3,976.	27,667.
11 Total support. Add lines 7 through 10						14,905,971.
12 Gross receipts from related activities, etc. (See instructions.)					12	31,717,200.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.45 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS	5,569.	-9.	6,388.	11,743.	3,976.	27,667.
SPECIAL EVENTS	102,052.	67,492.	69,352.	29,971.	36,707.	305,574.
GROSS SALES	NONE	37,546.	44,764.	47,962.	54,781.	185,053.
TOTALS	107,621.	105,029.	120,504.	89,676.	95,464.	518,294.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization **CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC.**

Employer identification number
11-2438388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XII - LINE 2D

2D. UNREALIZED LOSS ON INVESTMENTS - (\$3,350.)

RECONCILIATION OF EXPENSES

PART XIII - LINE 4B

4B. EXPENSES PAID TO SUBSIDIARY ORGANIZATION - \$200.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		5K RUN (event type)	GOLF OUTING (event type)	1 (total number)		
Revenue	1	Gross receipts	28,281.	48,136.	6,470.	82,887.
	2	Less: Charitable contributions	23,020.	17,950.	5,210.	46,180.
	3	Gross revenue (line 1 minus line 2)	5,261.	30,186.	1,260.	36,707.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	7,283.	20,346.	7,665.	35,294.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(35,294.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				1,413.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain. _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

- 13** Indicate the percentage of gaming activity operated in
- a** The organization's facility **13a** %
 - b** An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address

Name ▶ -----

Address ▶ -----

16 Gaming manager information.

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990 To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

2008

**Open to Public
Inspection**

Name of the organization **CENTRAL NASSAU GUIDANCE & COUNSELING
SERVICES, INC.**

Employer identification number
11-2438388

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION INFORMATION

PART I - QUESTION 4B

BARBARA BARTELL RECEIVED \$25,427 FROM A SECTION 457 DEFERRED COMPENSATION

PLAN.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **CENTRAL NASSAU GUIDANCE & COUNSELING
SERVICES, INC.**

Employer identification number
11-2438388

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD GOULD DIRECTOR	3.	X						NONE	NONE	NONE
BEVERLY GREEN DIRECTOR	3.	X						NONE	NONE	NONE
BILL KRANZ DIRECTOR	3.	X						NONE	NONE	NONE
DANIEL LEWIS DIRECTOR	3.	X						NONE	NONE	NONE
RICHARD O'BRIEN DIRECTOR	3.	X						NONE	NONE	NONE
LEONARD PARNESS DIRECTOR	3.	X						NONE	NONE	NONE
GENE REILLY DIRECTOR	3.	X						NONE	NONE	NONE
NEVILLE L. RICHARDS DIRECTOR	3.	X						NONE	NONE	NONE
MARK SEIDEN DIRECTOR	3.	X						NONE	NONE	NONE
ADA SHAPIRO DIRECTOR	3.	X						NONE	NONE	NONE
JAMES F. O'BRIEN PRESIDENT	3.			X				NONE	NONE	NONE
CARL GROSSBARD VICE PRESIDENT	3.			X				NONE	NONE	NONE
HARRIET LIBSTAG VICE PRESIDENT/TREASURER	3.			X				NONE	NONE	NONE
AUDIE KRANZ SECRETARY	3.			X				NONE	NONE	NONE
STEVEN G. SHUSTER TREASURER	3.			X				NONE	NONE	NONE
BARBARA BARTELL CHIEF EXECUTIVE OFFICER	35.				X			186,790.	NONE	18,919.
RONALD GORDON MEDICAL DIRECTOR	30.					X		132,150.	NONE	33,152.
WILLIAM LEONELLI CHIEF FINANCIAL OFFICER	35.					X		120,414.	NONE	6,888.
ROSEMARY DILLON PROGRAM DIRECTOR	35.					X		101,326.	NONE	5,712.
UKUKU DIKE PSYCHIATRIST	33.					X		130,732.	NONE	13,218.

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1 000

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Name of the organization
CENTRAL NASSAU GUIDANCE & COUNSELING
SERVICES, INC.

Employer identification number
11-2438388

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4D

THE HAVEN AND MICA RECOVERY CONTINUING DAY TREATMENT, ADDRESSES THE NEEDS
OF ADULTS WITH CO-OCCURRING MENTAL ILLNESS AND CHEMICAL ADDICTION.
OUTPATIENT TREATMENT, UTILIZING A MULTIDICIPLINARY APPROCAH OF MEDICATION
MANAGEMENT, INDIVIDUAL AND GROUP THERAPY, SKILLS TRAINING AND ALTERNATIVE
APPROACHES, IS PROVIDED BY THE CDT PROGRAM. THE MICA RECOVERY PROGRAM
COMBINES CONGREGATE TREATMENT REHABILITATIVE HOUSING WITH AN ONSITE CDT
PROGRAM FOR INTENSIVE TREATMENT TO OCCUR. OUTCOMES AND MILESTONES IN 2008

INCLUDED:

THE HAVEN ADDRESSED THE NEEDS OF 92 MEN AND WOMEN FROM NASSAU COUNTY: A
MAJORITY RESIDE IN OUR COMMUNITY RESIDENCES.
LESS THAN 5% OF CLIENTS REQUIRED ACUTE HOSPITALIZATION AS A RESULT OF OUT
SERVICES.
92% OF THE MICA RECOVERY PROGRAM CLIENTS GRADUATED AND MOVED TO A
CONGREGATE LEVEL OF CARE.

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

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 2

BILL KRANZ (DIRECTOR), AND AUDIE KRANZ (SECRETARY), ARE FATHER AND SON.

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

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

THE AGENCY'S COMPLIANCE OFFICER MONITORS THIS POLICY BY TRACKING THAT

EACH INDIVIDUAL BE REQUIRED TO SIGN THE POLICY ANNUALLY.

Name of the organization CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC.

Employer identification number 11-2438388

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTIONS 15A & 15B

THE BOARD IS PRESENTED WITH THE ANNUAL BUDGETS EACH YEAR WHICH INCLUDES

THE COMPENSATION OF ALL STAFF. THEY APPROVE AND ADOPT THESE BUDGETS.

WITH FEW EXCEPTIONS STAFF INCREASES FOLLOW THE COLLECTIVE BARGAINING

AGREEMENTS OF THE AGENCY'S OUTPATIENT CLINICS FOR COMPENSATION INCREASES.

Name of the organization **CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES, INC.**

Employer identification number
11-2438388

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE AGENCY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved	Yes	No
1a					X
1b					X
1c					X
1d					X
1e					X
1f					X
1g					X
1h					X
1i					X
1j				X	
1k					X
1l					X
1m					X
1n					X
1o					X
1p					X
1q					X
1r					X
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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 File by the extended due date for filing the return See instructions	Name of Exempt Organization CENTRAL NASSAU GUIDANCE & COUN SERVICES, INC.	Employer identification number 11-2438388
	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)

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

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

- The books are in the care of THE AGENCY
Telephone No 516 822-6111 FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2009
- For calendar year 2008 , or other tax year beginning _____ and ending _____
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO 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

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS

Signature _____ Title _____ Date AUG 12 2009

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- 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)

A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*.

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

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

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

• The books are in the care of ▶ THE AGENCY

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 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

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

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

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

FORM 990, PART III - PROGRAM SERVICES

4B PROGRAM SERVICE

THE ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM PROVIDES 24 HR A DAY, 7 DAYS PER WEEK TREATMENT TO ADULTS SUFFERING FROM SERIOUS AND PERSISTENT MENTAL ILLNESS. THE GOAL IS TO PROVIDE COMPREHENSIVE CLIENT DRIVEN TREATMENT BASED ON STRENGTH BASED APPROACH TO SERVICES, WITH EACH CLIENT VISITED 2-3 TIMES PER WEEK.

2008 OUTCOMES AND MILESTONES INCLUDED:

PROVIDED ASSISTANCE TO 85 PEOPLE WITH A TOTAL OF 4,342 UNITS OF SERVICE.

66% OF THE CLIENTS WERE SEVERELY AND PERSISTENTLY MENTALLY ILL WITH NO SUBSTANCE ABUSE DIAGNOSIS.

97% OF THE CLIENTS, WHO RESPONDED TO THE CONSUMER SATISFACTION SURVEY, RATED THE OVERALL QUALITY OF SERVICE RECEIVED AS GOOD.

4C PROGRAM SERVICE

THE COMMUNITY RESIDENCE SERVICES OFFERS BOTH REHABILITATIVE AND PERMANENT HOUSE SETTINGS WITH FLEXIBLE SUPPORTS FROM STAFF TO ADULTS THROUGHOUT NASSAU AND SUFFOLK COUNTY. ITS TRANSITIONAL LICENSED HOUSING PROGRAMS INCLUDE 5 CONGREGATE TREATMENT PROGRAMS OFFERING 24-HR STAFF SUPERVISION AND AN APARTMENT TREATMENT PROGRAM (ATP), WHICH PROVIDES DAILY VISITS FROM STAFF. PERMANENT HOUSING WITH FLEXIBLE STAFF SUPPORTS ARE AVAILABLE WITH A DAILY CAPACITY OF 102 INDIVIDUALS AND FAMILIES.

OUTCOMES AND MILESTONES IN 2008 INCLUDED:

ALL PROGRAMS LICENSED BY NEW YORK STATE MAINTAINED THE HIGHEST TIER 1 LEVEL DURING LICENSE REVIEWS.

210 INDIVIDUALS AND FAMILIES WERE SERVED. RESIDENTS WERE SUCCESSFULLY TAUGHT SKILLS TO MANAGE THEIR PSYCHIATRIC SYMPTOMS IN THE COMMUNITY AS EVIDENCED BY AN OVERALL HOSPITALIZATION RATE OF 1%.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
ASSERTIVE COMMUNITY TREATMENT - (SEE SCHEDULE O)		748,027.	922,642.
OTHER PROGRAM SERVICES		1,504,315.	727,122.
TOTALS		2,252,342.	1,649,764.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	15,765.			15,765.
TOTALS	15,765.			15,765.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
5K RUN	23,020.
GOLF OUTING	17,950.
ANNUAL LUNCHEON	5,210.

TOTAL	46,180.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
5K RUN	5,261.	7,283.	-2,022.
GOLF OUTING	30,186.	20,346.	9,840.
ANNUAL LUNCHEON	1,260.	7,665.	-6,405.
TOTALS	36,707.	35,294.	1,413.

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

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	MINUS: OTHER COSTS	ENDING INVENTORY	COST OF GOODS SOLD
THRIFT SHOP	54,781.				48,595.		48,595.
THRIFT SHOP							
TOTALS	54,781.				48,595.		48,595.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	20,463.
TOTALS	----- 20,463. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MARKETABLE SECURITIES	1,609.	FMV
TOTALS	1,609.	

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	379,784.
TOTALS	----- 379,784. =====

FORM 990, PART X - SECURED MORTGAGES AND 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 193,584.
 ENDING BALANCE DUE 184,493.

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 2,725,000.
 ENDING BALANCE DUE 2,680,000.

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 100,032.
 ENDING BALANCE DUE 89,339.

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	309.
ENDING BALANCE DUE	NONE

LENDER: 8 CREIGHTON
 ORIGINAL AMOUNT: 445,841.
 INTEREST RATE: 2.760000
 DATE OF NOTE: 01/20/2008
 MATURITY DATE: 01/20/2020
 REPAYMENT TERMS: SEMI ANNUAL PAYMENTS

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	416,914.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,018,925.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	3,370,746.
	=====