

**Short Form  
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<p><b>B</b> Check if applicable:</p> <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	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b>                  FRIENDS OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF SUFFOLK COUNTY, INC.                  Number and street (or P O box, if mail is not delivered to street address) Room/suite                  811 WEST JERICHO TURNPIKE 103W                  City or town, state or country, and ZIP + 4                  SMITHTOWN NY 11787</p>	<p><b>D Employer identification number</b> 11-3493688</p> <p><b>E Telephone number</b> (631) 979-9490</p> <p><b>F Group Exemption Number</b> ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method.**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type (check only one)** —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check**  if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 332,202.

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

	1 Contributions, gifts, grants, and similar amounts received		305,528.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		2,313.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	24,361.
	b Less direct expenses other than fundraising expenses	6b	13,119.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,242.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	319,083.
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	206,581.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	26,373.
	15 Printing, publications, postage, and shipping	15	6,010.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	80,822.
	<b>17 Total expenses</b> (add lines 10 through 16)	17	319,786.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-703.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	224,978.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-8,202.
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	216,073.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	107,619.	102,295.
23	Land and buildings	0.	0.
24	Other assets (describe ▶ See L-24 Stmt)	131,905.	122,717.
25	<b>Total assets</b>	239,524.	225,012.
26	<b>Total liabilities</b> (describe ▶ See L-26 Stmt)	14,546.	8,939.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	224,978.	216,073.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PROVIDE VOLUNTEER OPPORTUNITIES/SERVICES FOR SENIORS		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	OPERATED 5 PROGRAMS - TELEPHONE REASSURANCE, FRIENDLY VISITING, COMMUNITY COMPUTER CONNECTIONS, SPEAKERS BUREAU AND FEELING GOOD. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	202,331.
29	----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	202,331.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated See the instrs )

(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 and deferred compensation	(e) Expense account and other allowances
REV. DR. BERESFORD ADAMS 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	SECRETARY 5.00	0.	0.	
ALICE AMRHEIN 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	PRESIDENT 5.00	0.	0.	
EILEEN DRISCOLL 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	VICE PRESIDENT 5.00	0.	0.	
ROBERT MARKMAN 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	TREASURER 5.00	0.	0.	
MARGARET ORSINO 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	EXECUTIVE DIRECTOR 35.00	51,878.	5,188.	
JOSEPHINE FARREN 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
ELIOT SONENBLUM 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
ANNE MEAD 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
IRMA JACOBS 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
TOM WILLIAMS 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
BERNARD ACQUAYE 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787	BD MEMBER 1.00	0.	0.	
See List of Officers, Directors, Trustees & Key Employees Stmt				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37 a</b>   _____ 0.</span>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38 b</b>   _____</span>		
39	501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39 a</b>   _____</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39 b</b>   _____</span>		
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations 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,' complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>New York</u>		

42 a The books are in care of ▶ MARGARET ORSINO Telephone no ▶ (631) 979-9490  
 Located at ▶ 811 W. JERICHO TURNPIKE SMITHTOWN NY ZIP + 4 ▶ 11787

		Yes	No
42 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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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  
 Signature of officer: Margaret Orosino Date: 11/16/09  
 Type or print name and title: Margaret Orosino Executive Director

Paid Preparer's Use Only  
 Preparer's signature: Andrew L. Hult Date: 11/05/09 Check if self-employed:   
 Firm's name (or yours if self-employed): ANDREW L. HULT CPA, P.L.L.C. Preparer's Identifying Number (See instructions)  
 address and ZIP + 4: 14 HILTON AVE HEMPSTEAD NY 11550 EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 BAA Form 990-EZ (2008)



**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 'unusual grants'.)	322,274.	322,432.	311,537.	364,580.	316,770.	1,637,593.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3	322,274.	322,432.	311,537.	364,580.	316,770.	1,637,593.
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)						
6 Public support. Subtract line 5 from line 4						1,637,593.

**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	322,274.	322,432.	311,537.	364,580.	316,770.	1,637,593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,061.	978.	2,118.	2,011.	2,313.	11,481.
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)						
11 Total support. Add lines 7 through 10						1,649,074.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.30 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

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.

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 '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.

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

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

**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**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**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

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 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 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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	(event type)	(event type)	NONE (total number)	(Add col (a) through col (c))
1	Gross receipts			
2	Less Charitable contributions			
3	Gross revenue (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses		
	8	Direct expense summary Add lines 4 through 7 in column (d)		
9	Net income summary Combine lines 3 and 8 in column (d)			

**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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
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
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? b If 'No,' Explain: -----	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain: -----	10a	
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

<b>13a</b>		%
<b>13b</b>		%

b An outside facility

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact 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: ▶ \$ \_\_\_\_\_

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**FRIENDS OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF SUFFOLK COUNTY, INC.**

Identifying number

**11-3493688**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,226.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	3,226.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) or Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

Name as Shown on Return FRIENDS OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF SUFFOLK COUNTY, INC.	Employer Identification No 11-3493688
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Line 24 - Other Assets:	Beginning of Year	End of Year
PREPAID EXPENSES	1,275.	280.
GRANTS RECEIVABLE	88,614.	91,774.
INVENTORY	25,872.	17,670.
EQUIPMENT	14,209.	10,983.
SECURITY DEPOSITS	1,935.	2,010.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>131,905.</b>	<b>122,717.</b>

  

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	14,546.	8,939.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>14,546.</b>	<b>8,939.</b>

Miscellaneous Statement

FORM 990-EZ, PART I, LINE 9 - RECONCILIATION		
TOTAL REVENUE PER FINANCIAL STATEMENTS		406,363.
LESS: DONATED VOLUNTEER SERVICES		-65,922.
IN-KIND DONATIONS		-17,865.
NET ASSETS RELEASED FROM RESTRICTIONS		-3,493.
Total		<u>319,083.</u>

**Miscellaneous Statement**

FORM 990-EZ, PART I, LINE 17 - RECONCILIATION		
TOTAL EXPENSES PER FINANCIAL STATEMENTS		411,775.
LESS: DONATED VOLUNTEER SERVICES		-74,124.
IN-KIND DONATIONS		-17,865.
Total		<u>319,786.</u>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

PAYROLL TAXES	16,582.
TRAVEL	17,646.
TELEPHONE	7,580.
PAYROLL PROCESSING	3,205.
SUPPLIES	10,300.
EQUIPMENT RENTAL AND MAINTENANCE	2,580.
INSURANCE	4,327.
STORAGE	3,791.
CONFERENCES AND TRAINING	1,296.
MEMBERSHIP DUES	985.
Depreciation	3,226.
CCC DONATIONS	5,538.
OTHER	3,766.
<b>Total</b>	<b>80,822.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MASSOUD EGHRARI, M.D. 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUSAN FLANAGAN 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUSAN HELMUS 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ED SCHER 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOHN SCIACCHITANO 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JANNA VISCONTI 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEVEN DREISEN 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PETER ELKOWITZ 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PATRICIA WHITLOCK 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FRED THEILE, JR. 811 W. JERICHO TURNPIKE SMITHTOWN NY 11787 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 1, Part I, Line 20  
 Other Changes in Net Assets or Fund Balances

Description	Amount
NET INVENTORY CHANGE - REFLECTED AT VALUE OF DONATED SERVICES	-8,202.
Total	<u>-8,202.</u>