

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

C Name of organization**MUSICIANS ON CALL**

Number and street (or P.O. box if mail is not delivered to street address)

1133 BROADWAY, SUITE 630

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10010-8072**D** Employer identification number**13-4067116****E** Telephone number**212-741-2709****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.MUSICIANSONCALL.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,309,855.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	661,782.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 377,423. noncash \$ 284,359.)	1e	661,782.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	87,410.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	17,359.	
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	7,680.	
	b	Less: rental expenses SEE STATEMENT 2	6b	5,677.	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	2,003.		
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 113,828. of contributions reported on line 1b)	9a	511,182.	
	b	Less: direct expenses other than fundraising expenses	9b	166,487.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c	344,695.	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	24,442.
12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,137,691.	
13		Program services (from line 44, column (B))	13	649,910.	
14		Management and general (from line 44, column (C))	14	156,121.	
15		Fundraising (from line 44, column (D))	15	137,661.	
16		Payments to affiliates (attach schedule)	16		
17		Total expenses. Add lines 16 and 44, column (A)	17	943,692.	
18		Excess or (deficit) for the year. Subtract line 17 from line 12	18	193,999.	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	393,333.	
20		Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	587,332.		

723001
12-27-07

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

Form 990 (2007)

Part II Statement of
Functional ExpensesAll organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)
and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>91,394</u> noncash \$ <u>284,359</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	375,753.	375,753.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	134,411.	53,764.	67,206.	13,441.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	190,172.	89,053.	26,923.	74,196.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a-27	11,420.	4,682.	5,253.	1,485.
29 Payroll taxes	22,945.	10,096.	6,654.	6,195.
30 Professional fundraising fees				
31 Accounting fees	9,995.	4,298.	2,099.	3,598.
32 Legal fees				
33 Supplies	50,898.	30,051.	20,034.	813.
34 Telephone	12,731.	5,474.	2,674.	4,583.
35 Postage and shipping	4,155.	2,508.	702.	945.
36 Occupancy	51,088.	31,674.	15,327.	4,087.
37 Equipment rental and maintenance				
38 Printing and publications	4,004.	1,722.	841.	1,441.
39 Travel	21,458.	20,468.		990.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	3,043.		3,043.	
43 Other expenses not covered above (itemize):				
a DUES AND SUBSCRIPTIONS	2,180.		1,090.	1,090.
b INSURANCE	11,668.	2,011.	1,340.	8,317.
c OTHER PROFESSIONAL FEE	7,037.	3,026.	1,477.	2,534.
d MARKETING	11,709.	8,190.		3,519.
e MISCELLANEOUS	19,025.	7,140.	1,458.	10,427.
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	943,692.	649,910.	156,121.	137,661.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A723011
12-27-07

Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	PERFORMANCE PROGRAMS BY VOLUNTEER MUSICIANS IN HEALTH CARE FACILITIES AND DONATION OF CD'S TO HEALTH CARE FACILITIES	
	(Grants and allocations \$ 375,753.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	649,910.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	649,910.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	131,850.	45	373,955.	
	46 Savings and temporary cash investments	265,854.	46	309,016.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53	14,971.	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other		56			
57 a Land, buildings, and equipment: basis	57a	51,294.			
b Less: accumulated depreciation STMT 7	57b	38,876.			
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)		13,147.	58	13,124.	
59 Total assets (must equal line 74). Add lines 45 through 58		420,824.	59	723,484.	
Liabilities	60 Accounts payable and accrued expenses	27,491.	60	22,878.	
	61 Grants payable		61		
	62 Deferred revenue		62	113,274.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶)		65		
66 Total liabilities. Add lines 60 through 65		27,491.	66	136,152.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	343,333.	67	537,332.	
	68 Temporarily restricted	50,000.	68	50,000.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		393,333.	73	587,332.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		420,824.	74	723,484.

Form 990 (2007)

Part IV-A

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Form 990 (2007)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	145,200.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>NY, PA, TN</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	5
91 a	The books are in care of <u>LESLIE FAERSTEIN</u> Telephone no. <u>212-741-2709</u> Located at <u>1133 BROADWAY, SUITE#630, NEW YORK, NY</u> ZIP + 4 <u>10010</u>		
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 <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MUSIC THERAPY PROGRAM					87,410.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	17,359.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property			16	2,003.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	344,695.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	24,442.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		388,499.	87,410.
105 Total (add line 104, columns (B), (D), and (E))					475,909.

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 **MUSICAL THERAPY PROGRAM****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Please Sign Here	Signature of officer		Date	
	LESLIE FAERSTEIN, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	LOEB AND TROPER, LLP 655 THIRD AVE 12TH FLOOR NEW YORK, NY 10017		Phone no. 212-8674000	

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

MUSICIANS ON CALL

Employer identification number

13 4067116

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	649,662.	719,620.	288,288.	478,143.	2,135,713.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	259,747.	200,451.	188,905.	2,198.	651,301.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,221.	5,625.	2,833.	2,319.	31,998.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	17,387.		SEE STATEMENT 13		17,387.
23 Total of lines 15 through 22	948,017.	925,696.	480,026.	482,660.	2,836,399.
24 Line 23 minus line 17	688,270.	725,245.	291,121.	480,462.	2,185,098.
25 Enter 1% of line 23	9,480.	9,257.	4,800.	4,827.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 2,135,713. 16 _____ 17 651,301. 20 _____ 21 _____					27c 2,787,014.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,787,014.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,836,399.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.2589%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.1281%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE AND EQUIPMENT	00	00	00		.000	16	41,920.			41,920.	35,856.		3,020.
2	LEASEHOLD IMPROVEMENTS	00	00	00		.000	16	9,374.			9,374.			0.
	* TOTAL 990 PAGE 2 DEPR							51,294.		0.	51,294.	35,856.	0.	3,020.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
1133 BROADWAY SUITE 630,NEW YORK, NY 10010	1	7,680.	
TOTAL TO FORM 990, PART I, LINE 6A		7,680.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL PAYMENTS		5,677.	
- SUBTOTAL -	1		5,677.
TOTAL TO FORM 990, PART I, LINE 6B			5,677.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
THIRD ANNUAL BENEFIT CONCERT & AUCTION	625,010.	113,828.	511,182.	166487.	344,695.
TO FM 990, PART I, LINE 9	625,010.	113,828.	511,182.	166487.	344,695.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
MEDICAL RESEARCH AND EDUCATION THE KRISTEN ANN CARR FUND 29 BROADWAY RM 1412 NEW YORK , NY 10006	91,394.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	91,394.

FORM 990

NONCASH GRANTS AND ALLOCATIONS

STATEMENT

5

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

WANAQUE HEALTH CARE CENTER
1433 RINGWOOD AVENUE
HASKELL, NJ 07420

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

COMPACT DISCS

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

ESTIMATED RESALE

5,924.

5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

MARGARET TIETZ NURSING AND REHABILITATION CENTER
154-11 CHAPIN PARKWAY
JAMAICA, NY 11432

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

COMPACT DISCS

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

ESTIMATED RESALE

5,924.

5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

BROOKDALE HOSPITAL, SHULMAN & SHACKNEY INSTITUTE
555 ROCKAWAY PARKWAY ROOM 210
BROOKLYN, NY 11212

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

MOUNT SINAI HOSPITAL OF QUEENS
25-10 30TH AVENUE
LONG ISLAND CITY, NY 11102

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

VANDERBILT UNIVERSITY MEDICAL CENTER
1002 OXFORD HOUSE
NASHVILLE, TN 37232

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

FERNCLIFF MANOR
1154 SAW MILL RIVER ROAD
YONKERS, NY 10710

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

OUR LADY OF LOURDES HEALTH FOUNDATION
1600 HADDON AVENUE
CAMDEN, NJ 08103-3117

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

RILEY HOSPITAL FOR CHILDREN
702 BARNHILL DRIVE, ROOM 1960
INDIANAPOLIS, IN 46202

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
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METHOD USED TO DETERMINE BOOK VALUE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
	0.	5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

ELIZABETH SEATON PEDIATRIC CENTER
590 AVENUE OF THE AMERICAS
NEW YORK, NY 10011

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

HUDSON VALLEY DEVELOPMENTAL DISABILITIES SERVICES OFFICE
11 WILBUR RD.
THIELLS, NY 10984

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

OVERLOOK HOSPITAL FOUNDATION
36 UPPER OVERLOOK RD
SUMMIT, NJ 07902

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

CHANCELLOR SPECIALTY CARE CENTER
155 40TH STREET
IRVINGTON, NJ 07111

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

THE FOUNTAINS AT RIVERVUE
ONE RIVERVUE PLACE
TUCKAHOE, NY 10707

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

CHILDREN'S SPECIALIZED HOSPITAL
115 NEW PROVIDENCE ROAD
MOUNTAINSIDE, NJ 07092

RELATIONSHIP OF DONEEDESCRIPTION OF PROPERTYDATE OF GIFTMETHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUEBOOK VALUEAMOUNT GIVEN

0.

5,924.

CLASS OF ACTIVITY: PROVISIONS OF CD'S TO NURSING HOME RESID

DONEE'S NAME AND ADDRESS

SCHNEIDER'S CHILDREN'S HOSPITAL CHILD LIFE DEPARTMENT
269-01 76TH AVE.
NEW HYDE PARK, NY 11040

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
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METHOD USED TO DETERMINE BOOK VALUE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
	0.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

FAIRVIEW DEVELOPMENT CENTER, PROGRAM 6
2501 HARBOR BLVD
COSTA MESA, CA 92626

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

COLD SPRING HILLS CENTER FOR NURSING AND REHABILITATION
378 SYOSSET WOODBURY RD
WOODBURY, NY 11797

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
ESTIMATED RESALE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

INDIANA UNIVERSITY HOSPITAL
550 NORTH UNIVERSITY BOULEVARD, RM. 1305
INDIANAPOLIS, INDIANA 46202

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
ESTIMATED RESALE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

VILLAGE NURSING HOME
607 HUDSON STREET
NEW YORK, NY 10014

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

NEW YORK UNIVERSITY MEDICAL CENTER PATIENT AND FAMILY RESOURCE CENTER
530 FIRST AVENUE, 14TH FLOOR
NEW YORK, NY 10016

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

CHILDREN'S MEDICAL CENTER OF DALLAS CENTER FOR CANCER AND BLOOD DISORDERS
1935 MOTOR ST.
DALLAS, TX 75235

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
ESTIMATED RESALE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

VANDERBILT UNIVERSITY MEDICAL CENTER
21ST AVE SOUTH
NASHVILLE, TN 37232-7451

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
ESTIMATED RESALE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

SAINT ROSE'S HOME
71 JACKSON STREET
NEW YORK, NY 10002

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

MAIMONIDES MEDICAL CENTER
4802 - 10TH AVE.
BROOKLYN NY, 11219

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

JEWISH HOME AND HOSPITAL
120 WEST 106 ST.
NEW YORK, NY 10025

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

HOPE LODGE NEW YORK CITY AMERICAN CANCER SOCIETY
132 WEST 32ND STREET
NEW YORK, NY 10001

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

THE RONALD MCDONALD HOUSE OF NASHVILLE
2144 FAIRFAX AVE.
NASHVILLE, TN 37212

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

ALBERT EINSTEIN HEALTHCARE NETWORK
5501 OLD YORK ROAD
PHILADELPHIA, PA 19141

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

FERNCLIFF MANOR
1154 SAW MILL RIVER ROAD
YONKERS, NY 10710

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

RIVINGTON HOUSE
45 RIVINGTON ST.
NEW YORK, NY 10002

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,925.	5,925.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

CHILDREN'S MEMORIAL HOSPITAL
2300 CHILDREN'S PLAZA BOX 31
CHICAGO, IL 60614

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

HOUSING WORKS, INC.
320 WEST 13TH STREET 4TH FLOOR
NEW YORK, NY 10014

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

LUTHERAN MEDICAL CENTER
150 55TH STREET ROOM 2-37
BROOKLYN NY, 11220

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

MORRIS HILL CENTER
77 MADISON AVENUE
MORRISTOWN, NJ 07960

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

PHILADELPHIA VA MEDICAL CENTER
3900WOODLAND AVENUE SUITE 135
PHILADELPHIA, PA 19104

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

SOUTH MIAMI HOSPITAL
6200 SW 73RD STREET
MIAMI, FL 33143

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

THOMAS JEFFERSON UNIVERSITY HOSPITAL
11 SOUTH 11TH STREET SUITE G-2180
PHILADELPHIA, PA 19107

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

VANDERBILT UNIVERSITY MEDICAL CENTER
1211 MEDICAL CENTER DRIVE , 6 NORTH
NASHVILLE, TN 37232

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

COLUMBIA - PRESBYTERIAN HOSPITAL
NORTH HUDSON 6, ROOM 101
NEW YORK, NY 10032

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

CREATIVE AGING
1451 UNION AVENUE SUITE # 120
MEMPHIS, TN 38104

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
3400 SPRUCE STREET
PHILADELPHIA, PA 19104

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

HOPE LODGE JACKSONVILLE
665 WEST 8TH STREET
JACKSONVILLE, FL 32209

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

VANDERBILT UNIVERSITY MEDICAL CENTER - PEDIATRICS
2200 CHILDREN'S WAY, SUITE 2515
NASHVILLE, TN 37232

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

CLASS OF ACTIVITY: ASSISTANCE TO NURSING HOME RESIDENTS

DONEE'S NAME AND ADDRESS

WALTER REED ARMY MEDICAL CENTER
6900 GEORGIA AVE NW
WASHINGTON, DC 20307

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	COMPACT DISCS	

METHOD USED TO DETERMINE BOOK VALUE

ESTIMATED RESALE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
ESTIMATED RESALE	5,924.	5,924.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

284,359.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

USE MUSIC AND ENTERTAINMENT TO PROMOTE OR COMPLEMENT THE HEALING PROCESS FOR PATIENTS/RESIDENTS OF HEALTH CARE FACILITIES IN THE INTEREST OF IMPROVING QUALITY OF LIFE AND CREATING A BETTER LIVING AND HEALING ENVIRONMENT. THE PROGRAM'S PURPOSE IS TO PROVIDE A WORKING MODEL DESIGNED TO ALLOW OTHERS TO EMULATE LIKE PROGRAMS AT INSTITUTIONS AROUND THE WORLD. THE ORGANOZATION CURRENTLY CONDUCTS ACTIVITIES IN NEW YORK, PENNSYLVANIA, AND TENNESSEE.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
FURNITURE AND EQUIPMENT	41,920.	38,876.	3,044.	
LEASEHOLD IMPROVEMENTS	9,374.	0.	9,374.	
TOTAL TO FORM 990, PART IV, LN 57	51,294.	38,876.	12,418.	

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
SECURITY DEPOSIT		12,957.	
TRADEMARK (NET OF ACCUMULATED AMORTIZATION OF \$155)		167.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		13,124.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	166,487.
RENTAL EXPENSES	5,677.
TOTAL TO FORM 990, PART IV-A	172,164.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 10
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	166,487.
RENTAL EXPENSES	5,677.
TOTAL TO FORM 990, PART IV-B	172,164.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. LESLIE FAERSTEIN 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	SECRETARY & EXECUTIVE DIRECTOR 40.00	134,411.	0.	0.
MICHAEL SOLOMON 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	CO-CHAIR AND FOUNDER 1.00	0.	0.	0.
LEE PERLMAN 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	TREASURER 1.00	0.	0.	0.
RAJ AMIN 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
ANNIE BALLIRO 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
VIVEK TIWARY 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	FOUNDER, MEMBER-AT-LARGE 1.00	0.	0.	0.
JEFFREY R. SOLOMON 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
AUDREY S. WEINER 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
PATTY LIPSHUTZ 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
TOM POLEMAN 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	CO-CHAIR 1.00	0.	0.	0.
CAROLINE PHITOUSSI 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.

MUSICIANS ON CALL13-4067116

MARTHA WOLFGANG 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
LEILA DUNBAR 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
RICHARD PALMESE 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
SCOTT WELCH 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
RICH RUSSO 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.
GREG THOMPSON 1133 BROADWAY, SUITE 630 NEW YORK, NY 10010	MEMBER-AT-LARGE 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

134,411.0.0.

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT 12
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<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
JEFFREY SOLOMON	BOARD MEMBER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
MICHAEL SOLOMON	BOARD MEMBER

EXPLANATION OF RELATIONSHIP
FATHER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
MICHAEL SOLOMON	BOARD MEMBER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
DR. AUDREY WEINER	BOARD MEMBER

EXPLANATION OF RELATIONSHIP
STEPMOTHER

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	17,387.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	17,387.	0.	0.	0.