

RSM McGladrey

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NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001-5203

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED JUNE 30, 2006 FOR:

NEW YORK CARES, INC. AS FOLLOWS...

2005 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2005 SCHEDULE A - ORGANIZATION EXEMPT UNDER 501(C)(3)
2005 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2005 NEW YORK FORM 500 - ANNUAL FINANCIAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

TO ASSIST YOU IN UNDERSTANDING THE SCOPE OF OUR SERVICES AND OTHER
MATTERS RELATED TO THE PREPARATION OF YOUR TAX RETURNS, WE HAVE
ATTACHED A COPY OF THE "RSM MCGLADREY TAX PREPARATION CONDITIONS AND
LIMITATIONS". OUR TAX RETURN PREPARATION SERVICES ARE EXPRESSLY
SUBJECT TO THESE CONDITIONS AND LIMITATIONS, AND BY SIGNING YOUR
RETURN YOU WILL BE AGREEING TO THEM.

VERY TRULY YOURS,

RSM MCGLADREY INC.

INSTRUCTIONS FOR FILING
NEW YORK CARES, INC.
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED JUNE 30, 2006

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2007
WITH...

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY 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)

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NEW YORK CARES, INC. D Employer identification number: 13-3444193. E Telephone number: (212) 228-5000. 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).

G Website: WWW.NYCARES.ORG

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

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,488,560.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 179,169.	132,561.	16,665.	29,943.
26	Other salaries and wages	26 1,925,698.	1,430,127.	179,113.	316,458.
27	Pension plan contributions	27 NONE			
28	Other employee benefits	28 237,708.	192,543.	14,263.	30,902.
29	Payroll taxes	29 153,022.	123,948.	9,181.	19,893.
30	Professional fundraising fees	30 25,925.			25,925.
31	Accounting fees	31 16,500.		16,500.	
32	Legal fees	32			
33	Supplies	33 41,055.	24,027.	7,544.	9,484.
34	Telephone	34 83,904.	74,792.	2,688.	6,424.
35	Postage and shipping	35 40,862.	34,694.	1,948.	4,220.
36	Occupancy	36 258,793.	179,490.	50,496.	28,807.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 83,473.	67,613.	5,008.	10,852.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 30,816.	24,961.	1,849.	4,006.
43	Other expenses not covered above (itemize):	43			
a	PROJECT EXPENSES	43a 395,451.	395,451.		
b	STAFF DEVELOPMENT	43b 31,776.	28,830.	826.	2,120.
c	OUTREACH	43c 72,121.	72,121.		
d	INSURANCE	43d 46,710.	39,025.	4,675.	3,010.
e	PROFESSIONAL FEES	43e 110,090.	25,777.	14,981.	69,332.
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 3,733,073.	2,845,960.	325,737.	561,376.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	70,043.	45	96,253.
	46 Savings and temporary cash investments	805,940.	46	549,184.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a 1,557,847.		
	b Less: allowance for doubtful accounts	48b	944,932.	48c 1,557,847.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	128,024.	53	228,470.
	54 Investments - securities (attach schedule) <input type="checkbox"/> STMT 5. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	510,959.	54	546,465.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis	57a 436,364.		
	b Less: accumulated depreciation (attach schedule)	57b 275,001.	149,788.	57c 161,363.
	58 Other assets (describe <input type="checkbox"/> STMT 6)		27,693.	58 36,667.
59 Total assets (must equal line 74). Add lines 45 through 58.		2,637,379.	59 3,176,249.	
Liabilities	60 Accounts payable and accrued expenses	114,985.	60	146,233.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7)		105,266.	65 135,212.
66 Total liabilities. Add lines 60 through 65		220,251.	66 281,445.	
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	1,669,935.	67	1,938,244.
	68 Temporarily restricted	747,193.	68	956,560.
	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; column (B) must equal line 21)		2,417,128.	73 2,894,804.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		2,637,379.	74 3,176,249.

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 21
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
75d Does the organization have a written conflict of interest policy?

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows dashes for (A) and -0- for (B), (C), and (E).

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

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 432,079
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 quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
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
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 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 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
90 a List the states with which a copy of this return is filed NY,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 47
91 a The books are in care of JEANETTE GISBERT Telephone no. (212) 228-5000
Located at 214 W. 29TH STREET NEW YORK, NY ZIP + 4 10001
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

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

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

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes 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).

Please Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer
Date
Type or print name and title.

Paid Preparer's Use Only
Preparer's signature
Date
Check if self-employed
Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4
RSM MCGLADREY INC.
1185 AVENUE OF THE AMERICAS
NEW YORK, NY 10036
EIN 41-1944416
Phone no.

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

2005

Name of the organization

NEW YORK CARES, INC.

Employer identification number

13-3444193

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
SEE STATEMENT 13				

Total number of other employees paid over \$50,000 . . ▶ 4

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>49,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	<input checked="" type="checkbox"/>
b	Lending of money or other extension of credit?	2b	<input checked="" type="checkbox"/>
c	Furnishing of goods, services, or facilities?	2c	<input checked="" type="checkbox"/>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/>
e	Transfer of any part of its income or assets?	2e	<input checked="" type="checkbox"/>
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	<input checked="" type="checkbox"/>
b	Do you have a section 403(b) annuity plan for your employees?	3b	<input checked="" type="checkbox"/>
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<input checked="" type="checkbox"/>
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	<input checked="" type="checkbox"/>
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<input checked="" type="checkbox"/>

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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.)

11 a 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.)

11 b 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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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		
	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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		49,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			49,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 17

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

NEW YORK CARES, INC.

Employer identification number

13-3444193

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization **NEW YORK CARES, INC.**

Employer identification number
13-3444193

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GOLDMAN SACHS & CO. 85 BROAD STREET NEW YORK, NY 10004	82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CARNEGIE CORPORATION OF NEW YORK 437 MADISON AVENUE NEW YORK, NY 10022	150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE COUNCIL OF THE CITY OF NEW YORK CITY HALL NEW YORK, NY 10007	331,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PAUL TAUBMAN 271 CENTRAL PARK WEST, APT. 12E NEW YORK, NY 10024	100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEWS CORPORATION 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GOV'T CONTRIBUTIONS < 2% OF LINE 1D 	37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NEW YORK CARES, INC.**

Employer identification number
13-3444193

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE CLARK FOUNDATION ONE ROCKEFELLER PLAZA NEW YORK, NY 10020	200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CITIGROUP 850 THIRD AVENUE NEW YORK, NY 10022	125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	NON CASH CONTRIBUTIONS < 2% OF LINE 1D /	139,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CONTRIBUTIONS LESS THAN 2% OF LINE 1D /	2,982,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NEW YORK CARES, INC.

Employer identification number

13-3444193

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	VARIOUS DONATED GOODS AND SUPPLIES	\$ 139,295.	

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

DESCRIPTION -----	AMOUNT -----
WINTER BENEFIT DINNER OTHER	774,609.
TOTAL	----- 774,609. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES
 =====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
WINTER BENEFIT DINNER	51,000.	222,982.	-171,982.
OTHER	85,354.	78,762.	6,592.
TOTALS	----- 136,354. =====	----- 301,744. =====	----- -165,390. =====

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS	23,933.
TOTAL	----- 23,933. =====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO MOBILIZE VOLUNTEERS TO HELP CARING NEW YORKERS MAKE A DIFFERENCE

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
EQUITY MUTUAL FUNDS	319,760.
MONEY MARKET FUNDS	8,227.
CERTIFICATES OF DEPOSIT	167,400.
FIXED INCOME AND BOND FUNDS	51,078.

TOTALS	546,465.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	36,667.
TOTALS	----- 36,667.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED RENT	135,212.
TOTALS	----- 135,212.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL INCOME NETTED ON BOOKS	37,200.
TOTAL	----- 37,200.
	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL INCOME NETTED ON BOOKS	37,200.
TOTAL	----- 37,200.
	=====

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

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ARIEL ZWANG 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	EXECUTIVE DIRECTOR 40	179,169.	NONE	NONE
GAIL B. HARRIS 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	PRESIDENT 2	NONE	NONE	NONE
RICHARD BILOTTI 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
CHERYL COHEN EFFRON 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	VICE PRESIDENT 2	NONE	NONE	NONE
JOYCE FROST 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	TREASURER 2	NONE	NONE	NONE
EDWARD ADLER 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	VP & SECRETARY 2	NONE	NONE	NONE
GARY L. GINSBERG 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
KEN GIDDON 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE

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

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ROSS H. GOLDSTEIN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
SHELDON HIRSHON 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
ROBERT LEVITAN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
MICHAEL SCHLEIN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
DAVID RABIN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
JANE ROSENBERG 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
JEANNE STRAUS 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	VICE PRESIDENT 2	NONE	NONE	NONE
JANET ZAGORIN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE

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

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ROBERT WALSH 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
KATHY BEHRENS 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
RICHARD GORDON 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
NOAH GOTBAUM 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
PAUL TAUBMAN 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
TOM NIDES 214 WEST 29TH STREET, 5TH FLOOR NEW YORK, NY 10001-5203	DIRECTOR 1	NONE	NONE	NONE
GRAND TOTALS		179,169.	NONE	NONE

 179,169. NONE NONE
 =====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
ANNE CORRY 214 WEST 29TH STREET NEW YORK, NY 10001	DIR EXTERNAL AFFAIRS 40	112,560.	NONE	NONE
GARY BAGLEY 214 WEST 29TH STREET NEW YORK, NY 10001	DIRECTOR OF PROGRAMS 40	88,876.	NONE	NONE
DEIRDRE FLYNN 214 WEST 29TH STREET NEW YORK, NY 10001	DIRECTOR OF FINANCE 40	80,347.	NONE	NONE
COLLEEN FARRELL 214 WEST 29TH STREET NEW YORK, NY 10001	DIR MKT & COMMUNIC 40	85,112.	NONE	NONE
CANDIE HAYES 214 WEST 29TH STREET NEW YORK, NY 10001	DIR OF CORP RELATION 40	62,523.	NONE	NONE
	TOTAL COMPENSATION	----- 429,418. =====	----- NONE =====	----- NONE =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
EVENT ASSOCIATES 162 WEST 56TH STREET NEW YORK, NY 10019	SPEC EVENTS CONSULT	53,949.
TOTAL COMPENSATION		----- 53,949. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

- INSURANCE IS PURCHASED THROUGH A BROKER WHO WORKS FOR A COMPANY AFFILIATED WITH THE BOARD PRESIDENT. NEW YORK CARES BELIEVES THE INSURANCE IS BEING PURCHASED AT FAIR MARKET VALUE.
- LEGAL FEES ARE DONATED TO THE ORGANIZATION BY PROSKAUR ROSE LLC AND SOME DIRECTORS OF THE ORGANIZATION ARE ALSO ASSOCIATED WITH THAT FIRM.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990 PART V

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION
=====

TO HELP SEEK GOVERNMENT FUNDING FOR NEW YORK CARES

INSTRUCTIONS FOR FILING
NEW YORK CARES, INC.
NEW YORK FORM 500 - ANNUAL FILING FOR CHARITABLE ORG.
FOR THE PERIOD ENDED JUNE 30, 2006

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO OFFICERS
OF ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2007
WITH...

NEW YORK STATE DEPARTMENT OF LAW
(OFFICE OF THE ATTORNEY GENERAL)
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NEW YORK 10271

AN ANNUAL FILING FEE OF \$275. MUST BE SUBMITTED WITH THE REPORT
PAYABLE TO THE NYS DEPARTMENT OF LAW.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE).

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2005 and ending (mm/dd/yyyy) 06/30/2006

b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <u>NEW YORK CARES, INC.</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Number and street (or P.O. box if mail not delivered to street address)</td> <td style="width:40%;">Room /suite</td> </tr> <tr> <td><u>214 WEST 29TH STREET, 5TH FLOOR</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country and zip + 4</td> </tr> <tr> <td colspan="2"><u>NEW YORK, NY, 10001-5203</u></td> </tr> </table>	Number and street (or P.O. box if mail not delivered to street address)	Room /suite	<u>214 WEST 29TH STREET, 5TH FLOOR</u>		City or town, state or country and zip + 4		<u>NEW YORK, NY, 10001-5203</u>		d. Fed. employer ID no. (EIN) (##-####-####) <u>13-3444193</u> e. NY State registration no. (##-##-###) <u>04-17-000</u> f. Telephone number <u>(212) 228-5000</u> g. Email <u>NYCARES@NYCARES.OR</u>
Number and street (or P.O. box if mail not delivered to street address)	Room /suite									
<u>214 WEST 29TH STREET, 5TH FLOOR</u>										
City or town, state or country and zip + 4										
<u>NEW YORK, NY, 10001-5203</u>										

2. Certification - Two Signatures Required

We certify under penalties for perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer/Trustee	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title	Date

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)
 Check if total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

***Do not** submit a fee, **do not** complete the following schedules and **do not** submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . **Yes*** **No**
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . **Yes*** **No**
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:		Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee	\$ <u>25.</u>	
b. EPTL filing fee	\$ <u>250.</u>	
c. Total fee		\$ <u>275.</u>

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for **required attachments.**

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser	<input checked="" type="checkbox"/>
Fund raising counsel	<input type="checkbox"/>
Commercial co-venturer	<input type="checkbox"/>

2. Name of FRP:
GORDON & SCHWENKMEYER, INC.

Number and street (or P.O. box if mail is not delivered to street address):
550 N. CONTINENTAL BLVD.
SUITE 180
City or town, state or country and zip + 4:
EL SEGUNDO, CA 90245

3. FRP telephone number:
310-615-2300

4. Services provided by FRP (provide description):
TELEPHONE DRIVE

5. Compensation arrangement with FRP (provide description):
FEE BASED ON NUMBER OF CALLS MADE AND HOURS
WORKED.

6. Dates of contract 07/01/2005 through 06/30/2006
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 25,925.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
----------------------------------	------------------

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$ 50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

IRS Form 990

Schedule A to IRS Form 990

Schedule B to IRS Form 990

IRS Form 990-T

IRS Form 990-EZ

Schedule A to IRS Form 990-EZ

Schedule B to IRS Form 990-EZ

IRS Form 990-T

IRS Form 990-PF

Schedule B to IRS Form 990-PF

IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)