

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	<b>2011</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <u>03/01/2011</u> and ending (mm/dd/yyyy) <u>02/29/2012</u>			
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  CARCINOID CANCER FOUNDATION  Number and street (or P.O. box if mail not delivered to street address) Room/suite 333 MAMARONECK AVENUE 492  City or town, state or country and zip + 4 g. Email WHITE PLAINS NY 10605	d. Fed. employer ID no. (EIN) (##-####-####) 13-6277875  e. NY State registration no. (##-##-###) 1-26-02  f. Telephone number 888-722-3132	

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of 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	Signature	Printed Name	Title
b. Chief Financial Officer or Treas.	Signature	Printed Name	Title

<b>3. Annual Report Exemption Information</b>	
a.	<b>Article 7-A annual report exemption (Article 7-A registrants and dual registrants)</b> Check <b>a</b> <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b.	<b>EPTL annual report exemption (EPTL registrants and dual registrants)</b> Check <b>a</b> <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A 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. <b>Do not</b> submit a fee, <b>do not</b> complete the following schedules and <b>do not</b> submit any attachments to this form.	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> 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?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted: See last page for summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee ..... \$ <u>25</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee ..... \$ <u>50</u>	
c. <b>Total fee</b> ..... \$ <u>75</u>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>e e e</b>
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**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

<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input checked="" type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> 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)



# New York State E-File Signature Authorization for Tax Year 2011 For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400

Electronic return originator (ERO)/paid preparer: **do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: CARCINOID CANCER FOUNDATION

Return type (mark all that apply):  CT-3  CT-3-A  CT-3M/4M  CT-3-S  CT-4  CT-13  CT-240  
 CT-245  CT-400

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our Web site at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3M/4M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; or CT-4, General Business Corporation Franchise Tax Return Short Form; CT-13, Unrelated Business Income Tax Return; CT-240, Foreign Corporation License Fee Return; CT-245, Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability; or CT-400, Estimated Tax for Corporations.

**Do not mail Form TR-579-CT to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both), Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both), Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return, or Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E or Form CT-186-EZ (short form). Instead use Form CT-579.1-CT, New York State Authorization for Electronic Funds Withdrawal for Tax Year 2011, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the

<b>Financial institution information</b> (required if electronic payment is authorized)	
1 Amount of authorized debit .....	1. _____
2 Financial institution routing number .....	2. _____
3 Financial institution account number .....	3. _____

<b>Part A — Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245 or CT-400</b>	
Under penalty of perjury, I declare that I have examined the information on this 2011 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2011 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2011 electronic return, and I authorize the financial institution to withdraw the amount from the account.	
Signature of authorized officer of the corporation: _____ Date: _____	
Print your name and title: <u>GRACE GOLDSTEIN</u> <span style="float: right;"><u>CHIEF OPERATING OFFI</u></span>	

<b>Part B — Declaration of ERO and paid preparer</b>	
Under penalty of perjury, I declare that the information contained in this 2011 New York State electronic corporate return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2011 New York State corporate return signed by a paid preparer, I declare that the information contained in the corporation's 2011 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2011 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.	
ERO's signature: _____ Date: _____	
Print name: _____	
Paid preparer's signature: <u>IRWIN WOLF</u> Date: <u>10-09-12</u>	
Print name: <u>IRWIN WOLF</u>	

2011 **CT-13**

Staple forms here

New York State Department of Taxation and Finance

**Unrelated Business Income Tax Return**

Amended return

Tax Law – Article 13

All filers enter tax period:

beginning **03-01-11** ending **02-29-12**

Employer identification number <b>13-6277875</b>	File number <b>MM9</b>	Business telephone number <b>888-722-3132</b>	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>
Legal name of corporation <b>CARCINOID CANCER FOUNDATION</b>		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box <b>333 MAMARONECK AVENUE 492</b>		Date of incorporation	
City State ZIP code <b>WHITE PLAINS NY 10605</b>		Foreign corporations: date began business in NYS	
NAICS business code number (from federal return) <b>900099</b>	If address/phone above is new, mark an <b>X</b> in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.	Audit (for Tax Department use only)
Principal unrelated business activity			

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? ..... Yes  No

Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <b>New York State Corporation Tax</b>	Payment enclosed
<input checked="" type="checkbox"/> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A.</b> <b>1,619.</b>

**Computation of income and tax**

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1.	17,984.
2 New York State Article 13 and Article 23 tax deducted on federal return	2.	
3 Additions required for shareholders of federal S corporations (see instructions)	3.	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4.	
5 Other additions (see instructions) <input checked="" type="checkbox"/> IRC section 199 deduction:	5.	
6 Add lines 1 through 5	6.	17,984.
7 Other income (see instructions)	7.	
8 Federal S corporation shareholder subtractions (see instructions)	8.	
9 Other subtractions (see instructions)	9.	
10 Total subtractions (add lines 7, 8, and 9)	10.	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11.	17,984.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12.	
13 Taxable income (subtract line 12 from line 11)	13.	17,984.
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14.	17,984.
15 Tax based on income (multiply line 14 by 9% (.09))	15.	1,619.
16 Minimum tax	16.	250
17 Tax (line 15 or line 16, whichever is larger)	17.	1,619.
18 Total prepayments from line 46	18.	
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19.	1,619.
20 Interest on late payment (see instructions)	20.	
21 Late filing and late payment penalties (see instructions)	21.	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22.	1,619.
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23.	
24 Amount of overpayment on line 23 to be <b>credited to next year</b>	24.	
25 Amount of overpayment on line 23 to be <b>refunded</b> (subtract line 24 from line 23)	25.	

See page 3 for third-party designee, certification, and signature entry areas.

Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other: \_\_\_\_\_ Attach a complete copy of your federal return.

**Schedule A – Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

**Average value of:**

	A New York State	B Everywhere
26 Real estate owned (see instructions) .....	26.	
27 Gross rents (attach list; see instructions) .....	27.	
28 Inventories owned .....	28.	
29 Other tangible personal property owned (see instructions) .....	29.	
30 Total (add lines 26 through 29) .....	30.	
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31.	%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32.	
33 All sales of tangible personal property .....	33.	
34 Services performed .....	34.	
35 Rentals of property .....	35.	
36 Other business receipts .....	36.	
37 Total (add lines 32 through 36) .....	37.	
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38.	%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39.	
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40.	%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41.	%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42.	%

**Composition of prepayments claimed on line 18\***

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43.	
44a Second installment from Form CT-400 .....	44a.	
44b Third installment from Form CT-400 .....	44b.	
44c Fourth installment from Form CT-400 .....	44c.	
45 Amount of overpayment credited from prior years .....	45.	
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46.	

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments.

If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination  If marked, enter date of determination:

Net operating loss (NOL) carryback  Capital loss carryback

Federal return filed Form 1139  Amended Form 990-T

<b>Third – party designee</b> <small>(see instructions)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's e-mail address		PIN <input type="text"/>

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person GRACE GOLDSTEIN	Signature of authorized person	Official title CHIEF OPERATING OFFI
	E-mail address of authorized person	Telephone number 914-683-1001	Date 10-09-12
<b>Paid preparer use only</b> <small>(see instr.)</small>	Firm's name (or yours if self-employed) WOLF WEISSMAN CPA'S, P.C.	Firm's EIN 13-3423153	Preparer's PTIN or SSN P00887090
	Signature of individual preparing this return IRWIN WOLF	Address 1 PENN PLZ STE 2615 NEW YORK, NY 10119-2495	State State ZIP code
	E-mail address of individual preparing this return IWOLF@WOLFWEISSMAN.COM	Preparer's NYTPRIN 00000000	Date 10-09-12

See instructions for where to file.