Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer Identification number Pronto of Long Island Inc. Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11-2317426 Name change 128 Pine Aire Dr E Telephone number Initial return City or town ZIP code (631) 231-8290 Bay Shore NY 11706 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 1.239.246 Amended return G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? VIVIIAM HART 158 PINE AIRE DR, BAY SHORE, NY 11706 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list, (see instructions) 501(c) (4947(a)(1) or 527 Tax-exempt status:) < (insert no.) J Website: ► www.prontolongisland.org H(c) Group exemption number X Corporation Trust L Year of formation: 1973 K Form of organization: Association Other > M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To serve the poor of the community by Activities & Governance providing emergency food, clothing, furniture, advocacy with government agencies, English as a second language, referral Check this box • if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 38 0 **Current Year** 1,119,392 0 0 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 126,850 96,099 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 12 1,568,706 1,215,491 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) and 15 146.506 159,964 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,075,935 1,031,249 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,222,441 1,191,213 19 Revenue less expenses. Subtract line 18 from line 12. 346 265 24,278 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 965,007 971,436 Total liabilities (Part X, line 26) 21 388,844 406,693 22 Net assets or fund balances. Subtract line 21 from line 20 558,314 582,592 Signature Block Part II 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. moran Sign Signature of officer Here Vivian Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check X if Paid Bruce Fabrizio 10/9/2019 self-employed Bruce Fabrizio **Preparer** Firm's name ► Bruce Fabrizio Certified Public Accountant PC Firm's EIN ► 26-2567046 **Use Only** 631 273-0526 Firm's address ▶ 44 Laurel Dr, Brentwood, NY 11717

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2018)	Pronto of Long Island Inc	11-2317426	Page 2
Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1	Briefly d	escribe the organization's mission:		
•		he hungry cloth the needy welcome the stranger and provide healing and hono to		
	everyon	e who walks through our doors.		
	29101000			

2	Did the	organization undertake any significant program services during the year which were not listed on		
	the prior	Form 990 or 990-EZ?	Yes	X No
2		describe these new services on Schedule O.		
3	services	rganization cease conducting, or make significant changes in how it conducts, any program		[V] N
	If "Yes "	describe these changes on Schedule O.	Yes	X No
4		the organization's program service accomplishments for each of its three largest program services,	as measured by	
	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others	
	the total	expenses, and revenue, if any, for each program service reported.		'
4a	(Code:) (Expenses \$ 245,197 including grants of \$ 46,816) (Revenue	∍\$ <u>133</u>	,244)
	Pronto a	ssesses the needs of clients through interviews with intake worers. Based on the		
	househo	ent the client will be provided thr necessary services such as food, clothing, furniture or ditems or be assisted through information, advocacy and/or referrals.		
-		***************************************		

	*******			*******
4b	(Code:) (Expenses \$ 856,110 including grants of \$) (Revenue	\$ 939	,332)
	The food	pantry gives food to families in the community who are in need. The food is provided by		
	donations	rrom rood drives, personal donations, corporate donations and purchases.		

		***************************************		•

4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)

	*******	***************************************		
4d	Other pro	gram services. (Describe in Schedule O.)		
,	(Expense	· ·	0)	
		ram service expenses 1 101 307	0 /	

Part IV Pronto of Long Island Inc Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	Is the organization sequired to complete Schools S. Schools S. Schools S.	1	X	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Χ	_
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١̈̈		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Χ.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1272
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.			Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	-	
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	Па	^	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	, l	<u>X</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	_X_
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<u>X</u>
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		^	
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
۷ ۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	The state of the s		000	

Pai	rt IV Checklist of Required Schedules (continued)	17420		Page 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1	1	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	The state of the s	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		l.	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	51044		12.5
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	THE SAME	31.	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			0588
С	Schedule L, Part IV.	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_	X
30	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
-	If "Yes," complete Schedule N, Part II	22	1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Jou		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pari	V Statements Regarding Other IRS Filings and Tax Compliance	- 50	^	
	Check if Schedule O contains a response or note to any line in this Part V	#1 Par		
		***	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10.042	10.136	8254
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	STATE OF LAND		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Χ	- The state of the
		Form	990	(2018)

I al	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	rich's	Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2a	7. 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	Market		100
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	-	-
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	70		120025
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7
- 5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	on	Street	HEE
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Domesti i dell'	ALE SOCIOLO POPULAR
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Texas des	Markey A
d e	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	House	NAME OF	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		DATE.	900
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		204	1
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>X</u>
10	Section 501(c)(7) organizations. Enter:	9b	20123	X
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1000	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1000	
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		WEST TO
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		SOLIES SOLIES
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			X .13
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		V	SOLE
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	HOLDE		(C) (S)
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		_X_
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10	ASSESS.	Name of
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	H285		激體
	AND THE PERSON OF THE PERSON O	_	- Annual Contract of the Contr	

Part VI

Pronto of Long Island Inc

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sec	tion A. Governing Body and Management	8 8 E SE II M A	<u>s:</u> 151		<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11	N. S.		Jevij
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	X:	V 2 13 1		
b	Enter the number of voting members included in line 1a, above, who are independent as a second	1b 11	200		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with		1,0	
	any other officer, director, trustee, or key employee?	N 100 W W	2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?	V3V 8F 29 15	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,			
	stockholders, or persons other than the governing body?	* * *	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	200		NO.
	the year by the following:			19	
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
61 0	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	* * * * * * * * * * * * * * * * * * * *	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (Code.)	
40	PM III			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such or the control of the con	chapters,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		2 40	12.00	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could go Did the organization required to applicable and consistently good organization required to the organization	give rise to conflicts?	12b	X	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If it describe in Schedule O how this was done.	'Yes,"		J. 1	
13	Did the organization have a written whistleblower policy?		12c	X	_
14	Did the organization have a written document retention and destruction policy?		13	Х	
15	Did the process for determining compensation of the following persons include a review and appro-		14	Х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		non-	dill Table	
а	The organization's CEO, Executive Director, or top management official.		15a	X	0.05500
b	Other officers or key employees of the organization		15b	$\stackrel{\sim}{\rightarrow}$	X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		15/6/18
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
	with a taxable entity during the year?	8	16a	(Application)	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	(K)	12583	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	nuard	多洲		
	the organization's exempt status with respect to such arrangements?		16b		HARPET .
Secti	on C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed ► NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	oly.			
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest poli-	cy, and	b	
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b		•		
	Pronto of Long Island Inc	631 231-8290			
	128 Pine Aire Dr, Bay Shore, NY 11706				

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and ⊺itle	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	rson	than control than the state of	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			L			ğ				
(1) KATHLEEN BENNET	1.00									
TRUSTEE	0.00	X	_							
(2) LISA CAFORA	1.00									
TRUSTEE	0.00	X								
(3) CINDY REIDE COMBS	1.00									
TRUSTEE	0.00	X								-
(4) CARLOS CRUZ	1.00									
TRUSTEE	0.00	Х						4		
(5) LAMIAA ELKOULILY	1.00									
TRUSTEE	0.00	Х				į				
(6) JUDITH WEISSMAN	1.00									
TRUSTEE	0.00	Х								
(7) FRANK SINISI	1.00									
TRUSTEE	0.00	Х								
(8) VIVIAN HART	35.00									
PRESIDENT	0.00			Х						
(9) MICHAEL GRANT	10.00							-		
VICE PRESIDENT	0.00			Х						
(10) DARA GARY	5.00			-						
SECRETARY	0.00			Х						
(11) MICHAEL MC ELROY	10.00		П							
TREASURER	0.00			Х						
(12)										
(13)	***********									
(14)								1.5		

	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	Name and title Average box, unless person is both an Reportable Rep hours per officer and a director/trustee) compensation comp									(E) Reportable compensation	(F) Estimated amount of
	x	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)										//	
(16)											
(17)											
(18)											
(19)											
(20)										-	
(21)											
(22)											
(23)										27	
(24)									1	/*	
(25)											
1b c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A	0 × 0	00.00	13	80 08	X3 3X	4 4 4	0	0	0
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis	ted al	oove (e) w	ho r	eceiv	/ed	more than \$100		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu	ctor, or trustee, i	key ei dividu	mplo	yee	e, or	high	est	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable com	pens	atio						1	4 X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	ue compensation	· · · n from hedui	· n an le ./	y ur	nrela suci	ated o	orga	anization or indiv	idual	5 X
Sec	tion B. Independent Contractors	o, complete co	1000	-	,0,	Juci	pon	3011	8 F 8 F 8 30 8	3 8 9 8 8 1	3 X
1	Complete this table for your five highest compercompensation from the organization. Report covers.	nsated independ mpensation for t	lent c he ca	ontr	acto lar y	ors t /ear	hat r	ece ing	ived more than \$ with or within the	3100,000 of organization's t	ax
	(A) Name and business addr	ess							(B) Description of serv	ices C	(C) ompensation
-											0
											0
	TOTAL CALLS AND										0
2	Total number of independent contractors (includ		ed to	thos	e lis	sted	abo	ve)	who received		0
	more than \$100,000 of compensation from the	organization	_							SABINESS	MONTH OF THE WAR WINDS

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line ir	this Part VIII.	* <u>* *</u> * * * *	X: 04 X: 04 P: 00 A:	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
23 93	1a	Federated campaigns	1a 0		1070		
	b		1b 0				
S, G	C		1c 0			and the same	
Contributions, Gifts, Grants and Other Similar Amounts	d		1d 0				
ns,	е		1e 0				
utio	f	in a man					· 是有意见。[6]
물병			1f 1,119,392				
and	g	Noncash contributions included in lines 1a-1f:	\$ 939,332				
	h	Total. Add lines 1a-1f		1,119,392			15年4月19日
Program Service Revenue			Business Code				
e e	2a			0			
e e	b	***************************************		0			
Σ	C			0			
Se	d	***************************************		0		ļ	
臣	e	All other program against assessment		0			
õ	-	All other program service revenue	•	0	and transmission	Language State	
_	3	Total. Add lines 2a–2f Investment income (including dividends, intere	est, and	0	Spirit in weight		essell lagues status
		other similar amounts)	250 A 350	0			
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties	(ii) Personal	0	A DOMESTIC COMPANY	LANDA RESOURCE PROCESS	EUSWI EUSWICH
	6a	Gross rents	(II) Personal				· 电图形输出图
	b	Less: rental expenses					
	C	Rental income or (loss)	0 0				
	d	Makes at the server of the server		Name of the state	and the rest and rest and the	and the second	ALCOHOL STATE OF THE STATE OF T
	7a	Gross amount from sales of (i) Securities		0	CONTRACTOR SERVICES	III SAN KARATAN	2005 N. 182 N. 200 N. 200
	7 4	assets other than inventory	0 0			TELEVISION OF	pin scale
	b	Less: cost or other basis	0			Consumer and	
		and sales expenses	ol ol				
	С	Gain or (loss)	0 0				
	d	Net gain or (loss)		0	or an annual party	WINGSAUSSAYSSANIES	WEST CONTRACTOR
<u>o</u>	8a	Gross income from fundraising			10 A 10 A	3.00 A.S.	
эппе	V.	events (not including \$ 0					
Other Reve		of contributions reported on line 1c).					學會學數學
2			a 80,504				
ᆲ	ь		b 23,755	AGE STREET, DESCRIPTION	ALL LEVEL ET		
O	С	Net income or (loss) from fundraising events .		56,749		, streen on the property of	mental number of the second
	9a	Gross income from gaming activities.		A AVENANCE OF			As More to Street as
		See Part IV, line 19	a 0			经 真的发展的第三	
	b		b 0			4. 高级电影	
1	С	Net income or (loss) from gaming activities		0	The state of the s		professional designation of the section of the sect
	10a	Gross sales of inventory, less			V. V. State	Arts (Arts Arts	
		returns and allowances	a 0				
		•	b 0				
ļ	С	Net income or (loss) from sales of inventory .		0			
ļ		Miscellaneous Revenue	Business Code				
		OTHER INCOME	900099	39,350			
	b	(**************************************		0			
ıl	C			0			
	d	All other revenue		0	oranger Jones	S March March	
	e	Total. Add lines 11a–11d	_	39,350	Wall Hos	The state of the s	TO SERVICE THE SE
	12	Total revenue. See instructions	20 0 20 0 10 0 W	1,215,491	0	0	0

	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must o	complete column (A)	
	Check if Schedule O contains a response or note		4 157	*	X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				19 F. S. C. S. Printed Services
	domestic governments. See Part IV, line 21	o			
2	Grants and other assistance to domestic				TO MARKET STORY
	individuals, See Part IV, line 22	ol			
3	Grants and other assistance to foreign				CANAL SALES
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified			Ů	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	120,095	85,755	34,340	
8	Pension plan accruals and contributions (include	120,000	00,700	01,010	
	section 401(k) and 403(b) employer contributions).	o	l l		
9	Other employee benefits .	39,869	28,452	11,417	
10	Payroll taxes	0	20,402	. Пути	
11	Fees for services (non-employees):				
а	Management	0	į.		
b	Legal	0			
С	Accounting	16,200		16,200	
d	Lobbying	0		10,200	
е	Professional fundraising services. See Part IV, line 17	0		No. 1. 1.75 hos Alex	
f	Investment management fees	0	According to the contract of t	1.00 = 12.0=28.0=1	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	17,966	17,966	0	
12	Advertising and promotion	0	17,000	-	
13	Office expenses	9,934	8,543	1,192	199
14	Information technology	0	- 15.15		100
15	Royalties	0			
16	Occupancy	26,146	22,486	3,138	522
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		-	
20	Interest	19,877	17,102	2,386	389
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	33,558	28,860	4,027	671
23	Insurance	19,451	16,720	2,333	398
24	Other expenses. Itemize expenses not covered		17.84 (19.45 (19.45))	Manager Sparrage	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				Barrier Edward
	(A) amount, list line 24e expenses on Schedule O.)				
а	TRUCK EXPENSE	4,746	4,746		
b	PROGRAM - FOOD DISTRIBUTION	856,110	856,110		
С	SANITATION	8,639		8,639	
d	REPAIRS	15,832	13,616	1,900	316
е	All other expenses	2,790	951	1,839	
25	Total functional expenses. Add lines 1 through 24e	1,191,213	1,101,307	87,411	2,495
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash—con-interest-bearing Se, 581 1 123.55			Check it defletible of contains a response of note to any line in this Part X.	(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from thor disqualfied persons (as defined under section 4988(I/1)) genous described in section 4988(I/1), genous described in section 4988(I/1		1	Cash—non-interest-bearing		1	123,550
3 Pleadges and grants receivable, net. 4 Accounts receivable, net. 1 7,500 4 8.22 1 7,500		2	Savings and temporary cash investments		2	
4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other dequalited persons (as defined under section 4588(N,11), persons described in the describation of the		3	Pledges and grants receivable, net	0		0
5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5		4	Accounts receivable, net	17,600		8,250
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4550(7)(1), persons described in section 4550(9)(8), and contributing employers and sponsoting organizations of section 50(9) voluntary employees beneficary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 9 Prepald expenses and deferred charges. 9 Prepald expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10b Loss: accumulated depreciation. 11 Investments—propriate Part VI of Schedule D. 12 Investments—building traded securities. 13 Investments—building traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 19 Deferred revenue. 10 Deferred revenue. 20 Tax exempt bond liabilities. 21 Loans and other payables to urrent and former officers, directors, trustees, key employees, indhest compensated employees, and disqualified persons. Complete Part IV for Schedule D. 20 Total assets. Add lines 17 through 25. 3 Secret mortageas and notes payable to urrelated third parties. 21 Unsecured notes and loans payable to urrelated third parties. 22 Total liabilities. Add lines 17 through 25. 23 Fortal liabilities. Add lines 17 through 25. 24 Organizations that follow SFAS 117 (ASC 958), check here Imparties, and other liabilities not included on lines 17-2-24). Complete Part X of Schedule D. 25 Total liabilities of through 25. 26 Total liabilities of through 25. 27 Unrestricted net assets. 28 Fortal liabilities of through 25. 29 Organizations that follow SFAS 117 (ASC 958), check here Imparties, and other liabilities not included on lines 17-2-24). Complete Part X of Schedule D. 26 Total liabilities of through 25. 27 Unrestricted ne		5	Loans and other receivables from current and former officers, directors.		Section	
Complate Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see inclusiones). Complete Part I of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part I of Schedule D. 10b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 19 Deferred revenue. 10 Secured mortgages and notes payable to urrelated third parties. 20 Unsecured notes and loans payable to urrelated third parties. 21 Description of the isabilities. See Day and lines 3 and 34. 22 Total liabilities. Add lines 17 through 25. 23 Secured mortgages and notes payable to urrelated third parties. 24 Unsecured notes and loans payable to urrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 25, and lines 33 and 34. 29 Organizations that a do not follow SFAS 117 (ASC 958), check here and complete lines 27 through 25, and lines 33 and 34. 29 Organizations that on to follow SFAS 117 (ASC 958), check here and complete lines 27 through 25, and lines 33 and 34. 20 Capital stock or trust principal, or current funds. 21 Capital stock or trust principal, or current funds. 22 Org		1				
Section Comparison Compa				0	5	THE PARTY THE PROPERTY OF THE PARTY OF THE
4986(N(1)), persons described in section 4986(x(3)B), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L.		6		nte de Simero de Marie	EADS:	Manipureweek hearing
sponsoring organizations of secion 501(c)(e) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
organizations (see instructions). Complete Part It of Schedule L			sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 0 0 838,526 10c 813,67 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Office Travement Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total Ilabilities. Add lines 17 through 26 27 Expense and other payables to micrelated third parties 28 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently restricted net assets 23 Permanently restricted net assets 24 Unsecured notes payable to unrelated third parties 25 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 27 through 27 and lines 33 and 34. 25 Temporarily restricted net assets 26 Part IV of Schedule D 27 Degalizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 28 Temporarily restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total ratasets or fund balances	ş		organizations (see instructions). Complete Part II of Schedule L.	Ω	6	The state of the s
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 0 0 838,526 10c 813,67 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Office Travement Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total Ilabilities. Add lines 17 through 26 27 Expense and other payables to micrelated third parties 28 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently restricted net assets 23 Permanently restricted net assets 24 Unsecured notes payable to unrelated third parties 25 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 27 through 27 and lines 33 and 34. 25 Temporarily restricted net assets 26 Part IV of Schedule D 27 Degalizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 28 Temporarily restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total ratasets or fund balances	SSe	7	Notes and loans receivable, net			0
9	Ÿ	8	Inventories for sale or use			25 126
10a		9	Prepaid expenses and deferred charges			20,130
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b Less: accumulated depreciation					腦體	
1		b		838 526	10c	813 671
12 Investments—other securities. See Part IV, line 11 0 12 13 Investments—program-related. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 15 15 15 15 15 15		11	Investments—publicly traded securities			010,071
13 Investments—program-related. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 0 15 82 16 Total assets. Add lines 1 through 15 (must equal line 34) 965,007 16 971,42 17 Accounts payable and accrued expenses 12,417 17 14,71 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (included on lines 17—24). Complete Part X of Schedule D 0 25 1,13 26 Total liabilities. Add lines 17 through 25 406,693 26 388,84 27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 0 29 28 Permanently restricted net assets 0 29 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34 30 Capital stock or trust principal, or current funds 0 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 32 Retained earnings, endowment, accumulated income, or other funds 568,314 33 562,59 33 Total net assets or fund balances 558,314 33 562,59 33 Total net assets or fund balances 558,314 33 562,59 34 Total net assets or fund balances 558,314 33 562,59 35 Total net assets or fund balances 558,314 33 562,59 35 Total net assets or fund balances 558,314 33 562,59 36 Total liabilities and fund fund fund fund fund fund fund fu		12	Investments—other securities. See Part IV line 11			0
14		13	Investments—program-related, See Part IV line 11			0
15 Other assets. See Part IV, line 11. 510 15 82 16 Total assets. Add lines 1 through 15 (must equal line 34) 965 007 16 971.43 17 Accounts payable and accrued expenses 12,417 17 14,71 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 25 1,13 26 Total liabilities. Add lines 17 through 25 406,693 26 388,84 27 Organizations that follow SFAS 117 (ASC 958), check here		14	Intangible assets			0
16		15	Other assets. See Part IV. line 11			829
The Accounts payable and accrued expenses 12,417 17 14,71 18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)			
18 Grants payable 0 18 19 Deferred revenue 0 19 0 20 20 20 20 20 20 20		17	Accounts payable and accrued expenses			
Deferred revenue Tax-exempt bond liabilities Tax-exempt bo		18				157,711
Tax-exempt bond liabilities Tay-exempt bond		19	Deferred revenue			
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17—24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 558,314 33 582,59		20	Tax-exempt bond liabilities			
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Total liabilities and lines 30 through 34. Retained earnings, endowment, accumulated income, or other funds. Retained earnings, endowment, accumulated income, or other funds. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Secured mortgages and other liabilities and disqualified parties. 394,276 23 372,99 394,		21	Escrow or custodial account liability. Complete Part IV of Schedule D			
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 558,314 33 582,59	S	22	Loans and other payables to current and former officers, directors	ete wegenisor judan.	9.533	Construction of the second
24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	≝					
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Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	Ï	23		394 276		372 997
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC958), check here and complete lines 30 through 34.		24	Unsecured notes and loans payable to unrelated third parties			0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 Crganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 582,59 1,13 406,693 26 388,84 27 582,59 558,314 27 582,59 6 388,84		25	Other liabilities (including federal income tax, payables to related third			<u>×</u>
of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			parties, and other liabilities not included on lines 17–24). Complete Part X			
26 Total liabilities. Add lines 17 through 25 406,693 26 388,84 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 558,314 27 582,59 28 Temporarily restricted net assets 0 28 Permanently restricted net assets 0 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 31 Retained earnings, endowment, accumulated income, or other funds 558,314 33 582,59			of Schedule D	0	25	1,136
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	406.693	26	388,844
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	S		Organizations that follow SFAS 117 (ASC 958), check here and			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	S					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	lan	27	Unrestricted net assets	558,314	27	582,592
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ba	28	Temporarily restricted net assets	0	28	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	멀	29	Permanently restricted net assets	0	29	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	or Fu		Organizations that do not follow SFAS 117 (ASC958), check here			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	धु	30	36	O.	30	A CONTRACTO WINDS
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	SS		Paid-in or capital surplus, or land, building, or equipment fund			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ŢΨ		Retained earnings, endowment, accumulated income or other funds			
34 Total liabilities and net assets/fund balances 965 007 34 971 43	Se l		Total net assets or fund balances			582 592
			Total liabilities and net assets/fund balances			971,436

Form	990 (2018) Pronto of Long Island Inc	11-	2317426	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.		55_05X_973	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	•	1,215	,491
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	1,191	,213
3	Revenue less expenses. Subtract line 2 from line 1	3		24	278
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		558	,314
5	Net unrealized gains (losses) on investments #	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments . g	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		582	,592
Part				r	_
	Check if Schedule O contains a response or note to any line in this Part XII	2 5 3	2 2 2		
a.			105560-7	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 300	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a			1225949	SE SE	A SECTION
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?	1 1 1	2a	esn	X
	reviewed on a separate basis, consolidated basis, or both:		7.65	Tei.	
					20 D
			20020		1017
b	Were the organization's financial statements audited by an independent accountant?		2b	X	VENAN
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		658	200	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		S. June	高級	發展
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2 10 0 0	. 2c	(CO)	Meni
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			2,000	
3a			JERSELL.	to Alle	20.94
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	s 9: %	Ja	-	
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

11-231742

Pror	nto (of Long Island Inc					11-23	17426
Pa								
The	org	anization is not a private founda						
1	L	A church, convention of church	ies, or association o	of churches described i	n section	170(b)(1)	(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organizatio	n operated in conju	nction with a hospital o	lescribed i	in section	170(b)(1)(A)(iii). En	ter the
		hospital's name, city, and state						
5		An organization operated for th section 170(b)(1)(A)(iv). (Corr	ne benefit of a colleg oplete Part II.)	ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170	D(b)(1)(A)((v).	
7	Χ	An organization that normally r described in section 170(b)(1)	eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental (unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	\Box	An agricultural research organi				d in coniur	nction with a land-gra	ant college
		or university or a non-land-gramuniversity:	nt college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	L	An organization that normally re	eceives: (1) more th	an 33 1/3% of its supp	ort from c	ontribution	ns, membership fees	, and gross
		receipts from activities related support from gross investment acquired by the organization at	income and unrelat	ed business taxable in	come (les	s section	511 tax) from busine	3% of its sses
11		An organization organized and			•	-		
12	늗	An organization organized and			•		, , , ,	he purposes
		of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(s	s) the power to regu	larly appoint or elect a	oy its supp majority o	orted orga of the direa	anization(s), typically ctors or trustees of th	by giving ne supporting
h		organization. You must con			معائمة المائدة المام		d arrani-ation(a) bu	in the same of the
b		Type II. A supporting organization(s). You must c	ne supporting organi	zation vested in the sa	on with its ime perso	ns that co	ntrol or manage the	supported
С		Type III functionally integra			n connect	ion with, a	and functionally integ	rated with.
		its supported organization(s) (see instructions).	You must complete F	art IV, Se	ctions A,	D, and E.	
d	l	Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	anization(s) entiveness
е	Ì	requirement (see instruction Check this box if the organize						s III
Ç	1	functionally integrated, or Ty	ipe III non-functiona	lly integrated supportir	n me iro na oraaniz	unat it is a ation.	i type i, type ii, typi	5 III
f		Enter the number of supported					60 K 19 K 19 K 18 K 18 K	0
g		Provide the following information	n about the support	ed organization(s).				N
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Von	No		
(A)					Yes	No		
(~)								
(B)								
(C)								
(D)	-							
(E)							_	
Total			HERETENED AND INVESTIGATION	E FRANCE ENGLISHED	CHARLES HILL	SECRETARIA DE LA CONTRACTORIO	0	0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support	T		1			
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1	l'				
_	include any "unusual grants,")	1,030,103	793,362	900,907	1,441,858	1,119,392	5,285,622
2	Tax revenues levied for the					1	
	organization's benefit and either paid	1				1	
_	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	1,030,103	793,362	900,907	1,441,858	1,119,392	5,285,622
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	I make the long taken					
	shown on line 11, column (f)					州市沙山外山海 华	
6	Public support. Subtract line 5 from line 4	18 m 27 Care 10					5,285,622
_	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,030,103	793,362	900,907	1,441,858	1,119,392	5,285,622
8	Gross income from interest, dividends,						
	payments received on securities loans,			1			
	rents, royalties, and income from						
•	similar sources	101	29	351	8	26	515
9	Net income from unrelated business						
	activities, whether or not the business is						
40	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	90.000					
44	(Explain in Part VI.)	30,000	37,898	43,120	37,568	39,324	187,910
11 12	Total support. Add lines 7 through 10	5541/05 ENSURE		ideold and Nied	STATE OF THE PARTY		5,474,047
13	Gross receipts from related activities, etc. (se	ee instructions)			ឧខដ្ឋ 📗	12	
13	First five years. If the Form 990 is for the or	rganization's first, s	econa, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	
C	organization, check this box and stop here.					030 40 40 30 00 40 30	92 F4 F500 97 35
	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (line 6, c	olumn (f) divided by	y line 11, column (f))	0 100 × × ×	14	96.56%
	Public support percentage from 2017 Sched					15	96.12%
Iba	33 1/3% support test—2018. If the organization and stop here. The organization qualifies are						. Indi
l.	and stop here. The organization qualifies as						. X
D	33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified						10 10 10 10 1 >
17a	10%-facts-and-circumstances test—2018						
	10% or more, and if the organization meets t Part VI how the organization meets the "facts organization	he "facts-and-circu s-and-circumstance	mstances" test, ch s" test. The organi	eck this box and st zation qualifies as	<mark>op here.</mark> Explain i a publicly supporte	n ed	▶□
b	10%-facts-and-circumstances test—2017						
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meet supported organization	eets the "facts-and- s the "facts-and-cire	-circumstances" te cumstances" test.	st, check this box a The organization qu	nd stop here. ualifies as a public	у	.
18	Private foundation. If the organization did n						
10							
-	instructions	· · · · <u>E · · · · · · · · · · · · · · ·</u>	* * * * * * * *		3 2 2 X X 2 E		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	any ander the	tooto notog ben	on, piedee con	ipioto i are ii.)		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	Vel/ = 0 V.	(5), 50.0	(0) 20 10	(#) Z5 11	(0) 2010	(i) rotal
	received. (Do not include any "unusual grants.")		()				0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.			V			0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf ,	<u> </u>					0
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
Car	line 6.)						.0
	ction B. Total Support ndar year (or fiscal year beginning in)	(=) 2044	(h) 0045	(-) 0040 T	(-1) 0047	(-) 0040	(D.T.)
	Amounts from line 6	(a) 2014 0	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	T .		0	0	0	0	0
iva	Gross income from interest, dividends,					ľ	
	payments received on securities loans, rents, royalties, and income from similar sources						0
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					i	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					i i	
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or						_
	organization, check this box and stop here.					. 84 48 37 34 34 48 48 3	8 8 8 8 F
Sec	tion C. Computation of Public Sup		*				
15	Public support percentage for 2018 (line 8, co					15	0.00%
	Public support percentage from 2017 Schedu			1 1 1 1 1 1 1 1		16	0.00%
	tion D. Computation of Investmen			. (0)		47	0.000/
17 40	Investment income percentage for 2018 (line		•		71 to 10 10 10 10 10 10	17	0.00%
18 10a	Investment income percentage from 2017 Sc 33 1/3% support tests—2018. If the organization				N NO. NO. NO. NO. 101 101	18 and line 17 is	0.00%
134	33 1/3% support tests—2018. If the organize not more than 33 1/3%, check this box and si						
b	33 1/3% support tests—2017. If the organiz						xx (0e2) e)(3e)
_	line 18 is not more than 33 1/3%, check this b						** ** ** *** •
20	Private foundation. If the organization did n						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	Supporting Organizations (continued)	20		Page
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'	and of the fellowing a coepied dulit of contribution from any of the fellowing and	Florin	Yes	s N
	The portion who directly of indirectly controls either alone or together with many and the second se	1983		
	a sum a sea of a sepholica old sulvation.	157274		d Files
	The man in the most of a person described in (a) above?	11a	_	+
9,	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	_	+-
36	ection B. Type I Supporting Organizations			
1			Yes	No
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	appoint of circulat least a majority of the organization's disorters and trusters of the	1735		es,
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	and an game attorned delivities. If the himanization had more than one and an analysis is			
	and the powers to appoint and/or remove directors or trustees with the contractions with the contractions with the contraction of the contraction			A-2015
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	i and a supported organization of the cupported organization of the standard organization organiza			
Sec	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2	1.00	national
	organizations			
1	Were a majority of the organization a disease and the second seco		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported exercises in () 2 (this in a last of the organization).	15/2		
		4		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		<u> </u>	
Sec	ction D. All Type III Supporting Organizations	1		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	Yes	No
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2		1	SERVICE N	40.000
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3	7 The state of the foliation of the first of	2	91200	01093
	g-modern voice in the organization's investment noticies and in directing the contraction			
	of decote at all times during the tax veary it "yes " describe in Boot With a relative			ALPECT OF
Sact		3	1000	220
1	Check the Investment of the	-		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 3 heles.	ctions		
	- The Later Complete Title 2 Delow.	,	•	
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	n ndru . ndi		
2	Activities Test. Answer (a) and (b) below.	_		
a	Did substantially all of the organization's activities during the toy year directly forther the	Y	es 1	Vo
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	- game and how the area of the control of the contr			2311
	The second state of the second state of the second			100
b	Did the activities described in (a) constitute activities that, but for the accomination in the constitute activities that	2a	2365 ASS	C-1757
	and the state of t			
	and organization a position trial its supported organization(s) would have seened it.			
•	The sacrot the organization s involvement	2b	SIALIS	200
3	archi or supported Organizations. Answer (a) and (b) below	20 88 78	NES PAR	\$153
а	Did the organization have the power to regularly appoint or elect a majority of the officers, dispersed			
b	The supported of all the supported of th	3a	olicio Suff.	1983
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities	Ja d		
_		3b	CONTRACTOR	med.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Cotton and depletion 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Of Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities (A) Prior Year (optional)
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2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Aggregate fair market value of securities 1 Aggregate fair market value of securities 1 Aggregate fair market value of securities
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Add lines 1 through 3. 4 O O O O O O O O O O O O O O O O O O
4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 4 0 0 (a) (B) Current Year (optional)
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6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a
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Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities (B) Current Year (optional)
Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities (B) Current Year (optional)
instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a
a Average monthly value of securities 1a
b Average monthly cash balances
c Fair market value of other non-exempt-use assets 1c
d Total (add lines 1a, 1b, and 1c) 1d 0
e Discount claimed for blockage or other
factors (explain in detail in Part VI):
2 Acquisition indebtedness applicable to non-exempt-use assets 2
3 Subtract line 2 from line 1d. 3
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,
see instructions).
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0
6 Multiply line 5 by .035. 6 0
7 Recoveries of prior-year distributions 7 0
8 Minimum Asset Amount (add line 7 to line 6) 8 0
Section C - Distributable Amount Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1
2 Enter 85% of line 1 2
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3
4 Enter greater of line 2 or line 3,
5 Income tax imposed in prior year 5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions).
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)				
Secti	on D - Distributions		*	Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			0			
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6	MANUFACTURE SERVICE		0			
2	Underdistributions, if any, for years prior to 2018			THE RESERVE OF THE			
	(reasonable cause required—explain in Part VI). See		1				
	instructions.	100 Per 200 MINERAL (2018)					
3	Excess distributions carryover, if any, to 2018	(1) · · · · · · · · · · · · · · · · · · ·					
a	From 2013						
b	From 2014	LUCHULINATO DE METABORISE	THE DIEVERS OF THE PARTY AND THE	amening 2000 to a control			
<u>c</u>	From 2015						
d	From 2016			San Service of Services			
	From 2017		the state of the state of the state of	A CONTRACTOR OF THE STATE OF TH			
	Total of lines 3a through e	0	Service Report of the English	多型型 (
g	Applied to underdistributions of prior years		0				
	Applied to 2018 distributable amount			0			
	Carryover from 2013 not applied (see instructions)						
1_	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from	0	Company of the second				
4							
а	Section D, line 7: \$ 0 Applied to underdistributions of prior years	The second second second					
	Applied to 2018 distributable amount			0			
C	Remainder, Subtract lines 4a and 4b from 4.	0	and the second s	Chievalta Service per no security			
5	Remaining underdistributions for years prior to 2018, if	Shirst Court West Market	MADISASSENCESTABLIS TERROCIET				
·	any. Subtract lines 3g and 4a from line 2. For result			The state of the s			
	greater than zero, explain in Part VI . See instructions.		0				
6	Remaining underdistributions for 2018. Subtract lines 3h		ie au wezen graek kan de	C T C C C C C C C C C C C C C C C C C C			
	and 4b from line 1. For result greater than zero, explain in		san and report of the second				
	Part VI. See instructions.			0			
7	Excess distributions carryover to 2019. Add lines 3j	THE PERSON NAMED IN COLUMN TWO IS NOT THE	The County of Sangara				
	and 4c.	0					
8	Breakdown of line 7:	STOCKET STATE OF THE PARTY.	A CONTRACTOR	riks Didipuar seed.			
а	Excess from 2014 0	STATE OF THE STATE OF	and what the second				
b	Excess from 2015 0	e filit we enjoyeez	Presentation with				
С	Excess from 2016 0						
d	Excess from 2017						
е	Excess from 2018		7,73,73,77,7500				

Schedule A (Fo	orm 990 or 990-EZ) 2018 Pronto of Long Island Inc	11-2317426 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Pa 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5,	10; Part II, line 17a or 17b; Part 11b, and 11c; Part IV, Section art IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See in	nstructions.)

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**********	***************************************	

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Pronto of Long Island Inc	11-2317426				
Organization type (check one	s):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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 co	overed by the General Rule or a Special Rule.				
Note: Only a section 501(c)(7) instructions.	, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule	•				
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the literary, or educational	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization Employer identification number Pronto of Long Island Inc 11-2317426

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	HOWARD SOMBERG 17 THIDE CT SMITHTOWN NY 11787-1516 Foreign State or Province: Foreign Country:	\$7,145	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ROTHCO 3015 ROTHCO VETERANS HIGHWAY RONKOONKOMA NY 11779-0512 Foreign State or Province: Foreign Country:	\$57,421	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	BIMBO BAKERIES 1745 5TH AVE BAY SHORE NY 11706 Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll X Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	CAPITAL ONE 1701 SUNRISE HWY BAY SHORE NY 11706 Foreign State or Province: Foreign Country:	\$ 22,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
*********	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
*******	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number
Pronto of Long Island Inc 11-2317426

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
222822		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
*******		\$	5			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
**********		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	2333023033033033333333			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of org					Employer identification number				
Part III	ong Island Inc Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations com contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	r from any of pleting Part Enter this int	one contributor. Complict III, enter the total of excorration once. See inst	ete coli clusivel	umns (a) through (e) and y religious, charitable, etc.,				
(a) No. from	(b) Purpose of gift) Use of gift	(0	l) Description of how gift is held				
Part I				200					
	Transferee's name, address, and ZIP) Transfer of gift Relationship of transferor to transferee						
/- \ N	For. Prov. Country		***************************************						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held				
******				1000	***************************************				
	Transferee's name, address, and ZIP For. Prov. Country	+4	Relations	hip of	transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(0	i) Description of how gift is held				
******				****					
	(e) Transfer of gift								
	Transferee's name, address, and ZIP	+ 4	Relations	hip of	transferor to transferee				
	For. Prov. Country		0.0000000000000000000000000000000000000						
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(c	t) Description of how gift is held				
******				***					
	1 /		ransfer of gift						
	Transferee's name, address, and ZIP	+ 4	Relations	hip of	transferor to transferee				
	For Prov. Country								

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public

Inspection

Name	of the organization	Employer identification number
Pron	to of Long Island Inc	11-2317426
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or Accounts.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	*
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Par	Conservation Easements.	
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of a historically important land area
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. , 2 a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located	Landia af
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	
c	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of the staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of the staff and volunteer hours devoted to monitoring.	conservation easements during the year
7	Assessed of average in average in a series of a series	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing const	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of soction 170/b\/4\/P\/i\
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements.	allocal statements that describes the
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educati	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever	
_	works of art, historical treasures, or other similar assets held for public exhibition, educati	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar asse	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	=
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

Sched	dule D (Form 990) 2018 Pronto of Long Isla	nd Inc					11-2317	426		Page 2
Par	t III Organizations Maintaining (rt, Histor	ical Tre	asures, or	Other S	imilar Assets	(conti		
3	Using the organization's acquisition, ac	cession, and other	records, o	check any	of the follow	ing that a	re a significant	use of it	S	
	collection items (check all that apply):		_							
а	Public exhibition	200	d []	Loan or	exchange pr	ograms				
b	Scholarly research		e	Other						
С	Preservation for future generations	3								
4	Provide a description of the organization	on's collections and	explain h	ow they fo	urther the org	anization'	s exempt purpo	se in Pa	art	
	XIII.									
5	During the year, did the organization so									
	assets to be sold to raise funds rather		ed as part	of the or	ganization's c	collection?	((# W)	Ye	es	No
Part										
	Complete if the organization a 990, Part X, line 21.	nswered "Yes" o	n Form 9	90, Part	IV, line 9, o	r reporte	ed an amount	on For	m	
1a	Is the organization an agent, trustee, c	ustadian ar athar in	tormodian	, for cont	ributions or of	thar accor	en not			
Id	included on Form 990, Part X?							☐ Y€	· [_	No
b	If "Yes," explain the arrangement in Pa					0 5 C	8 5 5 5 W 5	·] 140
		Transition of the second					7	Amount		
C	Beginning balance		o a se as as	10 0 00 1		1c				
d	Additions during the year		5) 05 20 25	so a reca	.0 25 05 50 25	1d				
е	Distributions during the year		A	8 8 8 8	0 0 250 0 N 8	1e				
f	Ending balance					1f				0
2a	Did the organization include an amount							Ye	s X	No
b	If "Yes," explain the arrangement in Par	rt XIII. Check here	if the expla	anation ha	as been provi	ded on Pa	art XIII 👝 🖟 🧓			
Part										
	Complete if the organization a							1		
4.	B	(a) Current year	(b) Prio	ryear	(c) Two years	back (d) Three years back	(e) Fo	ur years	back
1a b	Beginning of year balance							1		
C	Net investment earnings, gains,							-		
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance			0		. 0		0		0
2	Provide the estimated percentage of the		0/	ne 1g, co	iumn (a)) nei	d as:				
a b	Board designated or quasi-endowment Permanent endowment	%	%							
C	Temporarily restricted endowment	> %								
	The percentages on lines 2a, 2b, and 2	***********)%.							
3a	Are there endowment funds not in the p	•		n that are	held and adr	ministered	I for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b ⊿	If "Yes" on line 3a(ii), are the related org Describe in Part XIII the intended uses						G (6)	3b		
4 Part			a criuowii	ient lunds	o					
	Complete if the organization a		n Form 9	90 Part	IV line 11a	See Fo	rm 990 Part	X line	10	
	Description of property	(a) Cost or ot			or other basis		cumulated		ook valu	e
	.,	(investm		• •	other)		reciation	()		
1a	Land	(3)	0		72,500		THE RESERVE		7	2,500
b	Buildings	0.0	0		1,084,697	*	343,524		74	1,171
C	Leasehold improvements	-	0		0		0			0
d	Equipment		0		336,299		336,299			0
e Total	Other		0 Part X	column II	0 3) line 10c.)	10 to 10 to	0		R1	3 671

(a) Description of socurity or category (b) Book value (c) Wethod of valuation: (c) Cast or end-of-year market value (c) Cast or end-of-year market value (c) Cast or end-of-year market value (d) Cast or end-of-year market value (e) Cast or end-of-year market value (f) Cast or end-of-year market value (g) Description of investments (g) Description of investment (g) Cast or end-of-year market value (g) Cast	Part VII Investments—Other Securities. Complete if the organization answ		Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category		(c) Method of valuation:
	1) Financial derivatives	0	
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
(6) (7) (8) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	2) Others		
(G)	(A)		
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(G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			
(G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)		
(G) (H) (All, Column (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
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Cold. Column (b) must equal Form 990, Part X, col. (B) line 12.)	(G)		
Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	X A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. (b) Book value (c) Cost or and-of-year market value (c			TO ASSESS TO THE PROPERTY OF THE PARTY OF TH
(a) Description of investment (b) Book value (c) Menhod of valuation: Coal or end-of-year market value (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VIII Investments—Program Related	•	
(1) Cost or end-of-year market value	Complete if the organization answ	vered "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X col. (B) line 13.) ▶ (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(a) Description of investment	(b) Book value	
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(8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(6)		
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Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		1 126	

Schedule D (Form 990) 2018

Pai	t XI Reconciliation of Revenue per Audited Financial Statements			teturn.	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total revenue, gains, and other support per audited financial statements.	W 1 5	88 88 68 88	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E 9			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		3-3-7	
d	Other (Describe in Part XIII.)	2d		3/1/2/15	
е	Add lines 2a through 2d	v v z		2e	0
3	Subtract line 2e from line 1	w a sa	27 21 5 27 5 25	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		4.0	
а	Investment expenses not included on Form 990, Part VIII; line 7b	4a			
b	Other (Describe in Part XIII.)	4b		S125 30-71	
С	Add lines 4a and 4b	18 55 58	10 3t 10 3t 8±0 3t	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	3 (6) 8	29 10 29 10 28 10	5	0
Par	XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line	12a.		
1	Total expenses and losses per audited financial statements	T 20 T 0	សាជាធ ត្រូវ	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1.44 S	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		200	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	gen and	a war war war	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		- 5	GM 704-94	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l: 		
b	Other (Describe in Part XIII.)	4b		1200	
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	0
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				t X, line
		******		*****	
*****	***************************************	*****			

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Schedule D (Form 990) 2018 Pronto of Long Island Inc	11-2317426	Page 5
Schedule D (Form 990) 2018 Pronto of Long Island Inc Part XIII Supplemental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Pronto of Long Island Inc						17426
Part I Fundraising Activities.				ered "Yes" on For	m 990, Part IV, li	ne 17.
Form 990-EZ filers are no Indicate whether the organization r				- activities Charles	all that apply	
Indicate whether the organization rMail solicitations	aised funds thro			of non-government g		
b Internet and email solicitations				of government grants		
c Phone solicitations		=		raising events		
d In-person solicitations		9 [2]	poolal faria	and in ground		
2a Did the organization have a written	or oral agreems	ent with any	individual	(including officers of	lirectors trustees	
key employees listed in Form 990,						Yes No
b If "Yes," list the 10 highest paid ind	ividuals or entitie	es (fundrais	ers) pursua	ant to agreements u	nder which the fund	lraiser is to be
compensated at least \$5,000 by the	e organization.					
		-r				
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vI) Amount paid to (or retained by) organization
		Yes	No			
1	1					
0	-			0	0	0
2				0	0	0
3				0	0	0
4						
5				0	0	0
6				0	0	0
				0	0	0
7				0	0	0
8				o	0	0
9						
10				0	0	0
		J		0	0	0
Total				0	o	0
3 List all states in which the organizar	tion is registered	or license	d to solicit		been notified it is e	xempt from
registration or licensing.						
********************************	************				***************	

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) **GALA** CAR RAFFLE 6 (event type) (event type) (total number) Revenue 1 Gross receipts 53,975 8,038 18,491 80,504 Less: Contributions . . . 0 Gross income (line 1 minus line 2) 53,975 8,038 18,491 80,504 Cash prizes 0 Noncash prizes Direct Expenses Rent/facility costs 12,720 6.025 18,745 7 Food and beverages 0 Entertainment 1,270 1,270 Other direct expenses 3.090 650 3,740 Direct expense summary. Add lines 4 through 9 in column (d) 23,755) Net income summary. Subtract line 10 from line 3, column (d) 56,749 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant bingo/progressive bingo Revenue (d) Total gaming (add col. (a) through col. (c)) (a) Bingo (c) Other gaming Gross revenue. 0 Direct Expenses 0 Noncash prizes . . . 0 Rent/facility costs . . . 0 Other direct expenses. 0 Yes Yes Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sched	dule G (Form 990 or 990-EZ) 2018 Pronto of Long Island Inc	11-2317426 Page	e 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No	0
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No	o
13	Indicate the percentage of gaming activity conducted in:		
а		13a	%
þ	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d	
	Name ►	***************************************	
	Address •		no no
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Vos No	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ 0 and the	L les No	,
	amount of gaming revenue retained by the third party ▶ \$ 0		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$0		
	Description of services provided	***************************************	2200
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes No	,
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_
Part	spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and	0
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	information.	
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	***************************************	***************	1227
			and:

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer Identification number

Pronto	of Long Island Inc							11-23	317426	6				
Part		fit Transactions e organization a	(section 501(d	c)(3), s on Fo	section 50 orm 990, F	01(c)(4), and Part IV, line	d 501(25a o	c)(29) organizati r 25b, or Form 9	ions oi 90-EZ	nly). , Part	V, line	e 40b.		
1	(a) Name of disquali	fied person	(b) Relationship b			person and		(c) Description	n of trar	nsaction			(d) Con	rected?
	(=)			organiz	zation			(0) 2000.15					Yes	No
(1)														
(2)														-
_(3)							_							-
(4)							-							
(5)											_			
(6)	F 4 41													
2	Enter the amount of		_		-	•								
	under section 4958													
3	Enter the amount of	f tax, if any, on lir	ne 2, above, re	imbur	sed by the	e organizat	ion .		- 62	W W	> \$			
Part	Complete if the organization re	or From Interese organization are organization are organization are	swered "Yes"	on For 0, Part	rm 990-E t X, line 5	Z, Part V, li , 6, or 22.	ne 38a	a or Form 990, F	art IV,	line 2	:6; or	if the		
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the anization?	(e) Origii principal an		(f) Balance due	(g) In a	default?	by bo	proved ard or nittee?		ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)									İ					-
(2)														
(3)							1							
(4)		N.												
_(5)														
(6)														
(7)														
(8)														
_(9)														
(10)									2-04			Co. or Piper		
Total . Part I	Grants or Ass	istance Benefit organization an	ing Interested	Perso	ons.		. ▶ \$	0	51.946			12.4.18.		Yara Y
(a)	Name of interested person		hip between Intere		(c) Amount	of assistance		(d) Type of assistance	Ð	(e) Purpo	se of a	ssistano	;e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorgani,	aring o zation' nues?
				g g	Yes	No
(1)						
(2)						
(3)						
(4) (5)					-	
(6)						_
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information	n for responses to questions on S	Sabadula I. (saa ins	tructions)		
	1 Tovide additional information	nor responses to questions on s	scriedule L (see ins	ti uctions).		-
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	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

www.irs.gov/rormsso for histractions and the latest information.

Pronto of Long Island Inc

Employer identification number 11-2317426

Pai	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art . 🗼				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				-
	goods				
6	Cars and other vehicles		163-111/21-21-21-21-21		
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic		l l		
	structures				
14	Qualified conservation				
	contribution—Other			į.	
15	Real estate—Residential				======================================
16	Real estate—Commercial			**************************************	
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				· · · · · · · · · · · · · · · · · · ·
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (food)	Х	856,110	856,110	fmv
26	Other ► ()				
27	Other ▶ ()				
28	Other ► (· · · · · · · · · · · · · · · · · · ·
29	Number of Forms 8283 received by	y the organi	zation during the tax year fo	or contributions for	
	which the organization completed				29
	•				Yes No
30a	During the year, did the organization	n receive b	v contribution any property	reported in Part I, lines 1 thr	ough
	28, that it must hold for at least three				
	to be used for exempt purposes for				
b	If "Yes," describe the arrangement		31	Œ	Soft of other of Oscato
31	Does the organization have a gift a		policy that requires the revie	ew of any nonstandard	
	contributions?				31
32a	Does the organization hire or use t				
	noncash contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	olumn (c) for a type of prope	erty for which column (a) is	
	all a describe to Deat II		(5) (5) Si 1) PO 51 Propi	,	

Schedule M (Form 990) 2018 Pronto of Long Island Inc	11-2317426 Pag	ge 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an	d 33, and whethe	r
the organization is reporting in Part I, column (b), the number of contributions, the number	of items received	, t
or a combination of both. Also complete this part for any additional information.		_
		1111
		anas.
		0025
		5.5.5.5

······································		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

° 2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number 11-2317426 Pronto of Long Island Inc Form 990, Part IX, Section ix, Line 11g. outside services - 17996 Form 990, Part IX, Section ix, Line 24e: , postage- 1014, state taxes - 415, community events -950

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer Identification number
Pronto of Long Island Inc	11-2317426

	5/5 /W.C. WESSEA REACTOR PRESENTE DE VOC 15 6/5 ASSOCIOSES

	Electronic	Filing In	nform	ation	1 (990/P)	F/E	Z/1120	-POL)	
Signature M	ethod								
X Option (1) - Us	ing Practitioner PIN.	Use Section (A)) below.	\neg	Date retu	n prep /2019	ared		
	anned 8453-EO.					72013	N		
PIN Inform	nation Enter info	ormation below							
				(A) Pra	ctitioner PIN:				
		PIN (5 Digits) TP €	entered	ERO entered				
	Taxpayer PIN:	07426	[X				2.	
	ERO PIN:	01950							
EFIN									
Enter your 6-digit EFI EFIN: 120464	N number. You can	enter EFINs in th	ne Prepare	r Table.					
Submission	ID								
	o for this e-File will b FC' or 'Rejected by A 1204642019134si7	Agency' acknowl						e regenerated	
Name Contro		ROGAV							
	see Knowledge Bas	se Document 14	1500. for n	nore info	rmation on Na	ne Co	ntrois		
Organization	Information								
Organization name Pronto of Long Island								Employer identification no.	
Street address									
128 Pine Aire Dr					T				
Address continuation					In care of na				
City Bay Shore					State NY	ZIP c 1170	3	Daytime phone (631) 231-8290	
Foreign country Foreign province/county Foreign postal code			Foreign phone number						
Email address									
Officer name					Officer Title			Date return signed	
VIVIAN HART					PRESIDEN			10/09/2019	
Officer Email address					Officer Phor	ne 		Authorize third party check ("X") here:	
ERO	(Enter da	ta in the Prepa	rer Manag	er)					
ERO's name Bruce Fabrizio							Check if self- employed X	ERO's SSN or PTIN P00350124	
Firm's name	nd Public Accountant	+ DC			Email addre		1 1/4	ERO's EIN 26-2567046	
Bruce Fabrizio Certified Public Accountant PC bruce@brucefcpa.com Address				COM	Phone 631 273-0526				
44 Laurel Dr City		State	ZIP co	de	Foreign cou	ntry		Foreign phone number	
Brentwood Preparer	/Enter de								
Preparer's name Bruce Fabrizio	(Enter da	ta in the Prepa	rer Manag	er)	Non-paid pre	p type	Check if self- employed X	Preparer's SSN or PTIN P00350124	
Firm's name Bruce Fabrizio Certifie	ed Public Accountant	t PC			Email addre			EIN 26-2567046	
Address	A LABIN MOODUINAIT				10.00e@bid0	zo,opa.		Phone 631 273-0526	
44 Laurel Dr City Brentwood	100000	State NY	ZIP co	de	Foreign cou	ntry		Foreign phone number	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

1	Federated Campaigns	4 ==	Cash	Noncash		
2	Membership dues .	, i=				
3	i undididing dvortd	2				
4		ું -				
5	Government grants (contributions)	4 -				
3	All other contributions, gifts, grants, and similar amounts not included above:	o				
	CONTRIBUTIONS		122 044			
	GRANTS	-	133,244			
	IN KIND CONTRIBUTIONS	-	46,816			
		-		939,332		
	Other contributions total	_ =				
ş	Other contributions total .	6 _	180,060	939,332		
	Total	7	180,060	939.332		

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation 1	33.558	28,860	4,027	074
2 Depletion . 2	0	20,000	4,027	671
3 Amortization 3				
1 Total	00.550		4	
l Iotal	33,558	28,860	4,027	671

Part X, Line 4 (990) - Accounts Receivable

	Accounts receivable		Allowance for doub	otful accounts
4	Beginning	End	Beginning	End
1	17,600	8,250	0	
2	0		0	
3	0		0	
4	0		0	
5	0		0	
6	0		0	
7	0		0	
8	0		0	
9	0		0	
0 10 [0		0	
1 Total accounts receivable	17,600	8,250	0	

Part X, Line 15 (990) - Other Assets

	Total:	510	829
4	GIFT CARDS Description	Beginning	End
-	EMPLOYEE ADVANCES	510	374
	EMPLOTEE ADVANCES		455

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

	Total:	394,276	372,997
Lender's name	Check if Unsecured	Balance due beginning of year	Balance due end of year
1 NORTH FORK		394,276	372,997

Part X, Line 25 (990) - Other Liabilities

	Total:	0	1,136
1	Federal income taxes	Beginning	End
<u>-</u>	PAYROLL TAXES	0	C
_	ITTI NOLL TAXLO		1,136

Perjury Statement

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Officer's	Signature
-----------	-----------

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 07426	Date: 10/9/2019

ERO Declaration

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this tax return by entering my PIN below:

ERO's PIN	12046401950	
(Enter	EFIN plus 5 self-selected numerics	١