

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2000 calendar year, OR tax year period beginning , 2000, and ending

Check if Change of address Change of name Initial return Final return Amended return C Name of organization BATEY RELIEF ALLIANCE INC B R A D Employer identification number 11-3403494 E Telephone number (917) 627-5026 F Check if application is pending

Organization type (check only one) 501(c) (3) (insert no) 527 or 4947(a)(1) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ). Accounting method X Cash Accrual Other (specify)

Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

Note H and I are not applicable to section 527 orgs H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption number (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See Specific Instructions on page 16)

Table with 13 columns: Description, 1a, 1b, 1c, 1d, 2, 3, 4, 5, 6a, 6b, 6c, 7, 8a, 8b, 8c, 8d, 9a, 9b, 9c, 10a, 10b, 10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Special events, and Total revenue/expenses.

SCANNED NOV 07 2005

STATE RECEIVED OCT 17 2005 TPR BRANCH OGDEN

RECEIVED OCT 04 2005 IRS-OSC

Handwritten initials/signature

Part IV Balance Sheets

(See Specific Instructions on page 23)

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

	(A) Beginning of year		(B) End of year
Assets			
45 Cash - non-interest-bearing	1,025	45	4,748
46 Savings and temporary cash investments		46	
47a Accounts receivable			
b Less allowance for doubtful accounts		47c	0
48a Pledges receivable			
b Less allowance for doubtful accounts		48c	0
49 Grants receivable		49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a Other notes and loans receivable (attach schedule)			
b Less allowance for doubtful accounts		51c	0
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation (attach schedule)		55c	0
56 Investments - other (attach schedule)	0	56	0
57a Land, buildings, and equipment basis			
b Less accumulated depreciation (attach schedule)		57c	0
58 Other assets (describe <u>EQUIPMENT</u>)	9,148	58	9,148
59 Total assets (add lines 45 through 58) (must equal line 74)	10,173	59	13,896
Liabilities			
60 Accounts payable and accrued expenses		60	
61 Grants payable		61	
62 Deferred revenue		62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a Tax-exempt bond liabilities (attach schedule)		64a	
b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe _____)	0	65	0
66 Total liabilities (add lines 60 through 65)	0	66	0
Net Assets or Fund Balances			
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67 Unrestricted	1,025	67	9,148
68 Temporarily restricted		68	
69 Permanently restricted	9,148	69	4,748
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70 Capital stock, trust principal, or current funds		70	
71 Paid-in or capital surplus, or land, bldg, and equipment fund		71	
72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	10,173	73	13,896
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	10,173	74	13,896

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements	a	
b Amounts included on line a but not on line 12, Form 990	b	
(1) Net unrealized gains on investments		
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	0
d Amounts included on line 12, Form 990 but not on line a	d	
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Add amounts on lines (1) and (2)	d	0
e Total revenue per line 12, Form 990 (line c plus line d)	e	0

a Total expense and losses per audited financial statements	a	
b Amounts included on line a but not on line 17, Form 990	b	
(1) Donated services and use of facilities		
(2) Prior year adjustments reported on line 20, Form 990		
(3) Losses reported on line 20, Form 990		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	0
d Amounts included on line 17, Form 990 but not on line a	d	
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Add amounts on lines (1) and (2)	d	0
e Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CAROL KING 12 BATEY DRICE, BRIDL RI 02809	PRESIDENT 15			
THOMAS BEAGUE 34 THEPINES, OLD WESTBURY NY	VICE PRESIDENT 10			
RAYMOND THERTULIEN 10695 ARCH STREET, LITTLE ROCK	MEDICAL DIRECTOR 9			
JEAN CLAUDE BELIZAIRE 2211 CHURCH AVENUE, BROOKLYN NY	MEMBER 16			
RONALD WINLEY CHURCH OF EUAMPEL, BROOKLYN	MEMBER 17			
JAQUELINE POLOICA DOMINICAN REPUBLIC	MEMBER 14			
DAVID GARDNER 34 THEPINES, OLD WESTBURY NY	MEMBER 12			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions on page 26.

Part VI Other Information

(See Specific Instructions on pages 26)

		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	NO
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	NO
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b	Did the organization file Form 1120-POL for this year?	81b	NO
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	NO
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	NO
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	NO
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. (a) Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	NO
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		
d	Enter Amount of tax in 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed _____		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	
91	The books are in care of GENERAL ACCOUNTING PLUS Telephone no (718) 507-2652 Located at 80-15 45TH AVENUE, ELMHURST NY ZIP code 11373		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues and assessments, etc.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 31)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31)

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge.
Date: 9/27/05
Type or print name: Raymond Theaulien
Title: Board Member

Name of organization BATEY RELIEF ALLIANCE INC B R A	Employer identification number 11-3403494
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Part III Section 501(c)(7), (8), or (10) orgs. that received more than \$1,000 in charitable gifts during the year-

* Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code	Relationship of transferor to transferee	

_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code	Relationship of transferor to transferee	

_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code	Relationship of transferor to transferee	

_____
	(e) Transfer of gift		
	Transferee's name, address, and zip code	Relationship of transferor to transferee	

Line 58 (Form 990) - Other Assets

		Beginning	End
1	VARIOUS EQUIPMENT	9,148	9,148
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	9,148	9,148