

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2001**

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**\* A For the 2001 calendar year, OR tax year beginning , and ending**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> BATEY RELIEF ALLIANCE INC B R A		<b>D Employer identification number</b> 11-3403494	
	Number and street (or P O box if mail is not delivered to street address)		<b>E Telephone number</b>	
	PO BOX 300565		(917) 627-5026	
	City or town BROOKLYN	State or country NY	ZIP + 4 11230	<b>F Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

**G Web site:**

**J Organization type (check only one)**  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Enter 4-digit GEN**

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 807,062

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

	<b>1 Contributions, gifts, grants, and similar amounts received</b>			
	<b>a Direct public support</b>	<b>1a</b>	11,161	
	<b>b Indirect public support</b>	<b>1b</b>	795,901	
	<b>c Government contributions (grants)</b>			
	<b>d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)</b>	<b>1d</b>	807,062	
	<b>2 Program service revenue including government fees and contracts (from Part VII, line 93)</b>	<b>2</b>		
	<b>3 Membership dues and assessments</b>	<b>3</b>		
	<b>4 Interest on savings and temporary cash investments</b>	<b>4</b>		
	<b>5 Dividends and interest from securities</b>	<b>5</b>		
	<b>6a Gross rents</b>			
	<b>b Less rental expenses</b>	<b>6b</b>		
	<b>c Net rental income or (loss) (subtract line 6b from line 6a)</b>	<b>6c</b>	0	
	<b>7 Other investment income (describe _____)</b>	<b>7</b>		
	<b>8a Gross amount from sales of assets other than inventory</b>			
	<b>b Less cost or other basis and sales expenses</b>	<b>8a</b>		
	<b>c Gain or (loss) (attach schedule)</b>	<b>8b</b>		
	<b>d Net gain or (loss) (combine line 8c, columns (A) and (B))</b>	<b>8c</b>	0	
	<b>9 Special events and activities (attach schedule)</b>	<b>8d</b>	0	
	<b>a Gross revenue (not including \$ _____ of contributions reported on line 1a)</b>	<b>9a</b>		
	<b>b Less direct expenses other than fundraising expenses</b>	<b>9b</b>		
	<b>c Net income or (loss) from special events (subtract line 9b from line 9a)</b>	<b>9c</b>	0	
	<b>10a Gross sales of inventory, less returns and allowances</b>	<b>10a</b>		
	<b>b Less cost of goods sold</b>	<b>10b</b>		
	<b>c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)</b>	<b>10c</b>	0	
	<b>11 Other revenue (from Part VII, line 103)</b>	<b>11</b>		
	<b>12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)</b>	<b>12</b>	807,062	
	<b>13 Program services (from line 44, column (B))</b>	<b>13</b>	5,141	
	<b>14 Management and general (from line 44, column (C))</b>	<b>14</b>	798,675	
	<b>15 Fundraising (from line 44, column (D))</b>	<b>15</b>	0	
	<b>16 Payments to affiliates (attach schedule)</b>	<b>16</b>		
	<b>17 Total expenses (add lines 16 and 44, column (A))</b>	<b>17</b>	803,816	
	<b>18 Excess or (deficit) for the year (subtract line 17 from line 12)</b>	<b>18</b>	3,246	
	<b>19 Net assets or fund balances at beginning of year (from line 73, column (A))</b>	<b>19</b>	13,896	
	<b>20 Other changes in net assets or fund balances (attach explanation)</b>	<b>20</b>		
	<b>21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)</b>	<b>21</b>	17,142	

SCANNED NOV 07 2005

STATUTE UNIT  
RESERVED  
OCT 07 2005  
TPR BRANCH  
OGDEN

720 OCT 04 2005 RS-OSC



**Part IV Balance Sheets**

(See Specific Instructions on page 24 )

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>				
45	Cash - non-interest-bearing	4,748	45	3,318
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47a	
b	Less allowance for doubtful accounts		47b	0
			47c	
48a	Pledges receivable		48a	
b	Less allowance for doubtful accounts		48b	0
			48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less allowance for doubtful accounts		51b	0
			51c	
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		55a	
b	Less accumulated depreciation (attach schedule)		55b	0
			55c	
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis		57a	
b	Less accumulated depreciation (attach schedule)		57b	0
			57c	
58	Other assets (describe _____ )	9,148	58	16,000
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	13,896	59	19,318
<b>Liabilities</b>				
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	<b>Total liabilities (add lines 60 through 65)</b>	0	66	0
<b>Net Assets or Fund Balances</b>				
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	9,148	67	11,161
68	Temporarily restricted		68	
69	Permanently restricted	4,748	69	8,157
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	13,896	73	19,318
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	13,896	74	19,318

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 26 )

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

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b> Amounts included on line a but not on line 12, Form 990		
(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>b</b>	0
<b>c</b> Line a minus line b	<b>c</b>	0
<b>d</b> Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b> Amounts included on line a but not on line 17, Form 990		
(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>b</b>	0
<b>c</b> Line a minus line b	<b>c</b>	0
<b>d</b> Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	0

**Part V List of Officers, Directors, Trustees, and Key Employees**

(List each one even if not compensated, see Specific Instructions on page 26 )

(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 DRIVE, BRIDL RI, 02809	PRESIDENT 15			
THOMAS BEAGUE 34 THE PINES, OLD WESTBURY NY	VICE PRESIDENT 10			
RAYMOND THERTULIEN 10695 ARCH STREET, LITTLE ROCK	MEDICAL DIRECTOR 9			
JEAN CLAUDE BELIZAIRE 2211 CHURCH AVE BROOKLYN NY	MEMBER 16			
RONALD WINLEY CHURCH OF EUAMPEL, BROOKLYN	MEMBER 17			
JAQUELINE POLOICA DOMINICAN REPUBLIC	MEMBER 14			
DAVID GARDNER 34 THE PINES, 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 27

**Part VI Other Information**

(See Specific Instructions on page 27.)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? 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 direct or indirect political expenditures See line 81 instructions	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 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" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	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 on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
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 imposed on the organization 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	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 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, 2001 (See instructions)	90b	
91	The books are in care of GENERAL ACCOUNTING PLUS Telephone no (718) 507-2652 Located at 80-15 45TH AVE ELMHURST NY 11373 ZIP + 4 _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and 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 page 32)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33)

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 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Please Sign [Signature] Date 9/27/05
LIEB, BOARD MEMBER

Date Check if self- Preparer's SSN or PTIN (See Gen Inst W)