

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2003

Form 990-EZ

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or p/nnt or type See Specific Instructions	C Name of organization LITTLE ANGELS SUPERVISED VISITATION INC		D Employer identification number 13-4077366
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 817		E Telephone number (914) 628-8668
		City or town, state or country, and ZIP + 4 BALDWIN PLACE, NY 10505		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
 G Accounting method Cash Accrual
 Other (specify) _____

I Web site: NONE
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

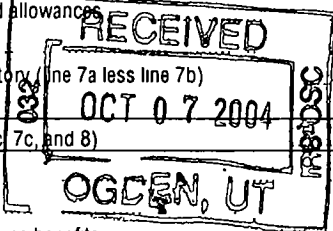
J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 99,852.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,200.
	2	Program service revenue including government fees and contracts	2	98,652.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ or contributions reported on line 1)	6a	
Expenses	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	99,852.
	10	Grants and similar amounts paid	10	
	11	Benefits paid to or for members	11	
Expenses	12	Salaries, other compensation, and employee benefits	12	72,203.
	13	Professional fees and other payments to independent contractors	13	200.
	14	Occupancy, rent, utilities, and maintenance	14	5,767.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 1)	16	10,551.
	17	Total expenses (add lines 10 through 16)	17	88,721.
	18	Excess or (deficit) for the year (line 9 less line 17)	18	11,131.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<42,833.>
	20	Other changes in net assets or fund balances (attach explanation SEE STATEMENT 3)	20	952.
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	<30,750.>



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Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	962.	22 338.
23 Land and buildings		23
24 Other assets (describe ACCOUNTS RECEIVABLE)	4,439.	24 8,878.
25 Total assets	5,401.	25 9,216.
26 Total liabilities (describe SEE STATEMENT 2)	48,234.	26 39,966.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<42,833.>	27 <30,750.>

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE STATEMENT 5			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 4		
	(Grants \$)	28a	90,891.
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	90,891.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(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
SEE STATEMENT 6		37,757.		3,000.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0.
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		0.
b	501(c)(3) and (4) organizations. 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 an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		0.
41	List the states with which a copy of this return is filed		NEW YORK
42	The books are in care of		CHRISTINE STROUD
	Located at		47 LONGDALE RD - MAHOPAC, NY
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in and enter the amount of tax-exempt interest received or accrued during the tax year		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided to the preparer by the taxpayer.

Signature of officer: *Abraham C. Markowitz*

Type or print name and title: *Abraham C. Markowitz*

Paid Preparer's Use Only

Preparer's signature: *Abraham C. Markowitz*

Firm's name (or yours if self-employed): **ABRAHAM C. MARKOWITZ, C**

address, and ZIP + 4: **45 HALLEY STREET YONKERS, NY 10704**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE		5,014.	
SUPPLIES		160.	
CREDIT CARD MACHINE		437.	
PHONE		4,101.	
AUTO & TRAVEL		839.	
TOTAL TO FORM 990-EZ, LINE 16		10,551.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LOAN PAYABLE - WILLIAM STROUD (BOARD MEMBER)	5,000.	5,000.	
LOAN PAYABLE - VIOLA STROUD (PRESIDENT)	24,522.	24,522.	
LOAN PAYABLE - MAHOPAC NATIONAL BANK	18,712.	10,444.	
TOTAL TO FORM 990-EZ, LINE 26	48,234.	39,966.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER CHANGES IN NET ASSETS OR FUND BALANCES		952.	
TOTAL TO FORM 990-EZ, LINE 20		952.	

FORM 990-EZ STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

STATEMENT

TRAINED STAFF PROVIDED 5,040 HOURS OF SUPERVISED VISITS.
APPROX 2,520 VISITS WERE PROVIDED. FAMILY COURT WILL NOT
ALLOW SPOUSES TO VISIT FAMILY MEMBERS WITHOUT SUPERVISION.

	GRANTS	EXPENSES
TO FORM 990-EZ, LINE 28	_____	90,891.
	=====	=====

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 5
PRIMARY EXEMPT PURPOSE

EXPLANATION

PROVIDING COURT ORDERED SUPERVISED VISITS

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 6
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VIOLA STROUD 47 LONGDALE RD - MAHOPAC, NY 10541	PRES / EXEC DIRECTOR 60	20,000.	0.	3,000.
CHRISTINE STROUD 47 LONGDALE RD - MAHOPAC, NY 10541	PROGRAM DIRECTOR 30	17,757.	0.	0.
STEVE SANTORO 105 GLENEIDA AVE - CARMEL, NY 10512	DIRECTOR 0.	0.	0.	0.
JIM REITZ GLENEIDA AVE - CARMEL, NY 10512	DIRECTOR 0.	0.	0.	0.
CRAIG LANCASTER 19 CLOVER HILL DR - POUGHKEEPSIE, NY	DIRECTOR 0.	0.	0.	0.
WILLIAM STROUD 47 LONGDALE RD - MAHOPAC, NY 10541	DIRECTOR 0.	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		37,757.	0.	3,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO