# Form **990**

**Return of Organization Exempt From Income Tax** 

202

Open to Public Inspection

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public.

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

<u> </u>			lendar year, or tax year beginning		, and en			
В	Check if a	ipplicable:	C Name of organization Pronto of Long	Island Inc		D Employe	r identificatio	on number
	Address c	hange	Doing business as		·		_	
$\neg$	Name cha		Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	11-231742		
ᆜ	Name Cha	ange	128 Pine Aire Dr			E Telephon	e number	
	Initial retu	rn	City or town	State	ZIP code	(631) 231-8	3290	
_	The attention of		Bay Shore	NY NY	11706	(001) 201 (	<del>)200</del>	
	Final return/	rterminated	Foreign country name Foreign p	rovince/state/county	Foreign postal of		. \\\	
	Amended	return				G Gross red	eipts \$	3,374,553
		.,	F Name and address of principal officer:				<b>.</b>	? Yes X No
	Application	n pending				H(a) Is this a group return		
			VIVIAN HART 128 PINE AIRE DR, BA	Y SHORE, NY 11706		H(b) Are all subordinat	4	Yes No
ı	Tax-exem	npt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach a li	st. See instru	ctions
	Website:	····	w.prontolongisland.org	,		H(c) Group exemption	number	
<u> </u>						N. II		
K	Form of c	organization	n: X Corporation Trust Associati	on Other	L Year	of formation 1973	M State	of legal domicile: NY
F	art I	Su	mmary					
	1	Briefly d	describe the organization's mission or m	ost significant activitie	s: To se	rve the poor of the	e communi	ty by
9		providin	ng emergency food, clothing, furniture, a	dvocacy with governm	ent agencies	, <b>E</b> nglish		
ш			cond language, referral					
Activities & Governance	2	Check t		antinuad ita anaratiana	or disposed	t more than 25%	of its not s	ecoto
ó	2					JI IIIOI E WAN 2576	1 1	
ď	3		r of voting members of the governing bo				3	11
S	4		r of independent voting members of the				4	11
ij	5		ımber of individuals employed in calend	A STATE OF THE STA	ine 2a)		5	17
€	6	Total nu	umber of volunteers (estimate if necessa	ary) 🎤 . 🚕 🎨	<u>,</u>		6	25
ĕ	7a	Total un	related business revenue from Part VII	I, column (C), line 12.			7a	0
	b	Net unre	elated business taxable income from Fo	orm 990-T, Part I, line 1	11 <i>.</i> .		7b	
						Prior Year		Current Year
a.	8	Contribu	utions and grants (Part VIII, line 1h)..		[	2.42	1,680	3,199,431
ž	9		m service revenue (Part VIII, line 2g) .				0	0
Revenue	10		nent income (Part VIII, column (A), lines		0	0		
R.	10							445 407
	11		evenue (Part VIII, column (A), lines 5, 6				6,572	115,487
	12		/enue—add lines 8 through 11 (must equa			2,50	8,252	3,314,918
	13		and similar amounts paid (Part IX, colu				0	0
	14		s paid to or for members (Part 🖎 colun				0	0
ģ	15	Salaries	, other compensation, employee benefits (	Part IX, column (A), line:	s 5–10) .    .   [	29	9,590	475,777
Sc	16a	Profess	sional fundraising fees (Part X, column	(A), line 11e)			0	0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D	), line 25)	0			
Щ	17	Other e	expenses (Part IX, column (A), lines 11a	–11d. 11f–24e)		1.94	1,273	2,542,208
	18		openses. Add lines 13–17 (must equal F				10,863	3,017,985
	19		ue less expenses. Subtract line 18 from		, <u> </u>		37.389	296,933
<u> </u>		revenu	ie iess experises, egoquet, inc. To from			Beginning of Currer		End of Year
Net Assets or	20	Total as	ssets (Part X, line 16)		•		5,242	1,750,948
Asse	20		abilities (Part X, line 26)				31,243	520,016
# T	21						33,999	1,230,932
			sets or fund balances. Subtract line 21 f	rom line 20	<u>· · · · · </u>	3.	10,000	1,230,932
P	art II	Sig	gnature Block					
			ry, I declare that have examined this return, included the complete. Declaration of preparer (other the complete)					
ant	i bellet, it i	13 11 46, COIT	ed, and complete. Declaration of preparer (other to	iair omoor) to based on an inv	orritation or trivial			
Si	gn							
	ere	1 *	ture of officer			Date	<b>.</b> .	
		VIVIA	AN HART		EXE	CUTIVE DIRECTO	JR	4
			Type or print name and title					1
		Prir	nt/Type preparer's name	Preparer's signature		Date	Check	if PTIN
Pa	aid		uso Eshrizia			11/15/2023	self-employed	
Pi	reparei	r   Bru	uce Fabrizio					
	se Only		m's name BRUCE FABRIZIO CERTI	FIED PUBLIC ACCOU	NTING PC	Firm's EIN	26-2567	U46
	- •	- 1	m's address 44 LAUREL DR, BRENTV	/OOD, NY 11717		Phone no.	(631) 27	3-0526
NA	av tha IE	OS discui	es this return with the preparer shown a	shove? See instruction	e			X Yes No

2.868.531

(Expenses \$

Total program service expenses

Part	IV 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,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>├</u>		
·	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		$\vdash$	<del>  ^``</del>
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
-		-	<b></b>	<del>  ^-</del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues	۱.		v
	assessments, or similar amounts as defined in Rev. Proc. 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?			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	7/2008/04/00	201020100000	100000000000000000000000000000000000000
-	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114	<del>  ^</del>	+
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1110	<b></b>	+^
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110	<del> </del>	+^-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.4	ĺ	"
_		11d	├──	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	┼	<del>  ^</del>
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	<del> </del>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		١.,
	Schedule D, Parts XI and XII	12a	<del> </del>	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	l		١
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a		14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	<b>.</b>	1	,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	—	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<del> </del>
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	<u> </u>	<b>_</b>
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		X
20a		20a		<u> </u>
b	, , ,	20b	1	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	Х

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
<b>22</b> D	old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
<b>23</b> D	oid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	rganization's current and former officers, directors, trustees, key employees, and highest compensated			
	mployees? If "Yes," complete Schedule J	23		_X_
<b>24a</b> D	oid the organization have a tax-exempt bond issue with an outstanding principal amount of more than		l	
	100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		Y
	4b through 24d and complete Schedule K. If "No," go to line 25a	24a		X X
	old the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	old the organization maintain an escrow account other than a refunding escrow at any time during the year	240		v
	o defease any tax-exempt bonds?	24c 24d		<u>X</u>
d D	bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25a S	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	ransaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part P.</i>	25a		_^_
D 18	rior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	190-EZ? If "Yes," complete Schedule L, Part I	25b		Х
<b>26</b> D	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20 0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		İ	
0	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Χ
<b>27</b> [	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
e	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
n	nember, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		_X_
<b>28</b> V	Nas the organization a party to a business transaction with one of the following parties (see the Schedule L,			
F	Part IV, instructions for applicable filing thresholds, conditions (and exceptions):			
a A	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
n	'Yes," complete Schedule L, Part IV	28a		_X_
b A	A family member of any individual described in line 28a? # complete Schedule L, Part IV	28b		X
c A	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
11	'Yes," complete Schedule L, Part IV	28c		<u>X</u>
<b>29</b> [	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
C	conservation contributions? If "Yes," complete-Schedule M	30		X
31 [	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		<del>  ^-</del>
	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes,"	32		\ <sub>V</sub>
(	complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		<u> </u>
	III, or IV, and Part V, line 1.	34		Х
35a I	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b l	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	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		X
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
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	ļ
Part	V Statements Regarding Other IRS Filings and Tax Compliance			<del></del> 1
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1	\$2.00 x 6.00	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0.00		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	ol .		
b	Little the humber of Forms W 20 morados of miss fat 2 most appropriate	-		55 6567309300ccross
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	∍O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a	de organismo an	_X_
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
C	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	ne v	60		v
h	organization solicit any contributions that were not tax deductible as charitable contributions? .  If "Yes," did the organization include with every solicitation an express statement that such contributions.	ne or	6a		X
b	gifts were not tax deductible?	ans or	6b		l
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	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	2000/08/88/82/22	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	required to file Form 8282?		7c		X
d	<u> </u>	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		<b>_</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				
0	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		X
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor donor advisor, or related person?		9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:		0.5		
а		10a			
b	· · · · · · · · · · · · · · · · · · ·	0b			
11	Section 501(c)(12) organizations, Enter:				
а	Gross income from members or shareholders	l1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	- J	1b	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l l	12a		Assess Area
b		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a		Х
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		134		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
-		13b			
С		13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O	. 14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration or			
	excess parachute payment(s) during the year?		. 15	6 2500 2200	X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17	S Department	X
	If "Yes," complete Form 6069.				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . . . . . . . . Section A. Governing Body and Management 1a 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . . . 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Х 13 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement Χ 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Another's website Upon request Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 Pronto of Long Island Inc 128 Pine Aire Dr, Bay Shore, NY 11706

Pronto of I	.ona Is	land	Inc
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### Form 990 (2022) Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

								***************************************		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	s pe	ition more rson irecto	than o is both ritrusted employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KATHLEEN BENNET	1.00		>							
TRUSTEE	0.00	X	<b>—</b>							
(2) LISA CAFORA	1.00	13000								
TRUSTEE	0.00	X								
(3) CINDY REIDE COMBS	1.00								1	
TRUSTEE	0:00	X	<u> </u>							
(4) LAMIAA ELKOULILY	1.00									
TRUSTEE	0.00	X								
(5) DOUGLAS MORALES	1.00				ļ					
TRUSTEE	0.00	X			_					
(6) NINA FENTON	10.00									
TRUSTEE	0.00	X								
(7) ANGELO ZUFFANTE	1.00									
TRUSTEE	0.00	-								
(8) VIVIAN HART	35.00	I.			:					
EXECUTIVE DIRECTOR	0.00	<u> </u>	1_	X						
(9) MICHAEL GRANT	10.00						İ	1		
VICE PRESIDENT	0.00	-		X	┡					
(10) DARA GARY	5.00									
SECRETARY	0.00		_	X				<u> </u>		
(11) MICHAEL MC ELROY	30.00	• 1								
TREASURER	0.00	-		X	<u> </u>	ļ	_			
(12) CARLOS CRUZ	15.00	. 1								
PRESIDENT	0.00	<u> </u>	$\perp$	X	_		<u> </u>			
(13)										
(14)										
								<u> </u>		<u> </u>

	(A) Name and title	(B) Average hours per week	(do r box, office	not ch unles	Pos eck s pe d a d	ition more rson irecte	than o	one i an ee)	(D) Reportable compensation from the	(E) Reportabl compensati	e ion	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations 1099-MIS( 1099-NEC	(W-2/ C/	from the organization and related organizations
(15)												
(16)										<b>&gt;</b>		
(17)												
(18)												
(19)							d					
(20)						P						
(21)				4			<b>*</b>					
(22)						<b>\rightarrow</b>						
(23)						P		-				
(24)				<b>&gt;</b>								
(25)												
	Subtotal	ootion A					, .	.*			0	0
c d	Total (add lines 1b and 1c)	The Marie of the second					· · .	•	C		0	
2	Total number of individuals (including but not lireportable compensation from the organization	mited to those lis	sted a	abov	/e) \ 	who	rece	ive	d more than \$100	0,000 of		0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete School											Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual.	of reportable cor ater than \$150,0	00? /	If "Y	es, '	coi	mplet	e S	chedule J for suc	n ch 		4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y											5 X
Sect	ion B. Independent Contractors											
1	Complete this table for your five highest components compensation from the organization. Report compensation.	ensated indeper ompensation for	ident the c	cor ale	itrac nda	ctors r ye	s that <u>ar en</u>	rec ding	eived more than g with or within th	s \$100,000 d ne organizat	ot tion's	tax year.
	(A) Name and business add	iress							(B) Description of se	ervices		(C) Compensation
								-				(
						·····		+				(
												(
2	Total number of independent contractors (inclu	iding but not lim	ited t	o th	ose	liste	ed ab	ove	e) who received			(

## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or	note to any line in	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
के क	1a	Federated campaigns	1a	0				3000019312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
D, E	C	Fundraising events	1c	0				
iffs	d	Related organizations	1d	0	100			
nie Bis	е	Government grants (contributions)	1e	0				a de la companya de
Sir	f	J						
outi her		similar amounts not included above	1f	3,199,431				
Ş Ş	g	Noncash contributions included in						
S E		lines 1a–1f	1g			100	<b>1</b>	
- 10	h	Total. Add lines 1a-1f	<u> </u>	·····	3,199,431			
ø.	_			Business Code				
Program Service Revenue	2a				0			
šen	b				<u> </u>			
E O	C C				0		*****	
Re	d				<u> </u>			
õ	f	All other program service revenue				3/0h.		
Φ.	g				0	7_3)		
	3	Total. Add lines 2a–2f	orosi	· · · · · ·				
		other similar amounts)	eresi					
	4	Income from investment of tax-exempt bon						
	5	Royalties	•		0			
		(i) Rea		(ii) Personal	(2) 4			
	6a	Gross rents 6a				100		
	b	Less: rental expenses . 6b		***				Cont.
	С	Rental income or (loss) 6c	0	0			100	
	d	Net rental income or (loss)	100	A O.	0			
	7a	Gross amount from (i) Securit	ies 🧳	(ii) Other				
		sales of assets						10.00
		other than inventory	0	0				
Revenue	b	Less: cost or other basis						
/en		and sales expenses 7b	<b>⊘</b> Ø	0			100	
Ş	С	Gain or (loss)	<i>))</i> 0	0				
<u>.</u>	d	Net gain or (loss)			0			
ğ.	8a	Gross income from fundraising					200	
		events (not including \$ 0			150			
		of contributions reported on line 16). See Part IV, line 18.		100.077		and the second		
	b	Less: direct expenses	8a 8b	129,277				
	C	Net income or (loss) from fundraising event		59,635	69,642			
	9a	Gross income from gaming activities.	<u>s.</u>	<u> </u>	09,042			
	- Ou	See Part IV line 19	9a	0		and the second of		
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less			U			
			10a	ol				
	b	<b>⊢</b>	10b	0				
	С	Net income or (loss) from sales of inventory			0			
ဋ				Business Code				
Miscellaneous Revenue	11a	OTHER INCOME		900099	45,845			
scellaneo Revenue	b				0			
<u>€</u> 5	С				0			
ا ا	d	All other revenue	.		0			
	<u>e</u>	Total. Add lines 11a–11d			45,845			
	12	Total revenue. See instructions			3,314,918	ol	ol	0

Page 10

# Pronto of Long Island Inc Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all of	columns All others	ragnizations must a	complete column (A)	
36011					
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		[]
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				100
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				11/10/1
	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				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0		<i>y</i>	
7	Other salaries and wages	435,088	361,123	73,965	
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0			
10	Payroll taxes	40,68	33,772	6,917	
11	Fees for services (nonemployees):	40,60	200,112	0,917	
a	Management	0			
b	Legal	<b>♦</b> • • • • • • • • • • • • • • • • • • •	<b>N</b>		
C	Accounting	6,000	*	6,000	
d	Lobbying	<b>1 1 1 1 1 1 1 1 1 1</b>		0,000	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other, (If line 11g amount exceeds 10% of line 25, column				
•	(A), amount, list line 11g expenses on Schedule O.)	「 <b>♠</b> 0		0	
12	Advertising and promotion	4,705	4,705		
13	Office expenses	45,217	36,925	8,292	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	31,094	25,808	5,286	
17	Travel	0			
18	Payments of travel of entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	12,925		2,197	
21 22	Payments to affiliates	33,600	27,888	5,712	
23	Insurance	24,949	20,708	0 4,241	0
24	Other expenses. Itemize expenses not covered	24,343	20,708	4,241	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg
а	TRUCK EXPENSE	7,828	7,828		
b	PROGRAM - FOOD DISTRIBUTION	2,166,489			
С	SANITATION	10,065		10,065	
d	REPAIRS	15,593		2,651	, , , ,
е	All other expenses	183,743	··· · · · · · · · · · · · · · · · · ·	24,128	
25	Total functional expenses. Add lines 1 through 24e	3,017,985	2,868,531	149,454	0
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

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,079,966	1	915,922
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	31,538	4	71,034
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	\$
	6	Loans and other receivables from other disqualified persons (as defined	4, 4		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	7/0	6	
ts	7	Notes and loans receivable, net	0	₩ <sub>7</sub> *	0
Assets	8	Inventories for sale or use	60,038	8	74,742
Ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0	A contract of		
	b	Less: accumulated depreciation 10b 0	713,130	10c	679,730
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related, See Part IV, line 11	0	13	0
	14		0	14	0
	15	Other assets. See Part IV. line 11	10,570	15	9,520
	16	Intangible assets	1,895,242	16	1,750,948
	17	Accounts payable and accrued expenses	9,096	17	20,016
	18	Grants payable	0	18	
	19	Deferred revenue	452,147	19	500,000
	20	Tax-exempt bond liabilities	0	20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	# Make Contraction or Contracting that the second and the second a
Ĭ	23	Secured mortgages and notes payable to unrelated third parties .	500,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0
	26	Total liabilities. Add lines 17 through 25	961,243	26	520,016
ģ		Organizations that follow FASB ASC 958, check here X			
၁၁		and complete lines 27, 28, 32, and 33.	ent de la companya de la companya de la companya de la companya de la companya de la companya de la companya d		
lai	27	Net assets without donor restrictions	933,999	27	1,230,932
ñ	28	Net assets with donor restrictions	. 0	1	
<u>n</u>		Organizations that do not follow FASB ASC 958, check here			
正		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	A STATE OF THE STA
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
<b>\</b> 38	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et 7	32	Total net assets or fund balances	933,999	32	1,230,932
Ž	33	Total liabilities and net assets/fund balances	1,895,242	33	1,750,948

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		.	
1	Total revenue (must equal Part VIII, column (A), line 12)		3,314	,918
2	Total expenses (must equal Part IX, column (A), line 25)		3,017	7,985
3	Revenue less expenses. Subtract line 2 from line 1		296	3,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		933	3,999
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Prior period adjustments			
	Column (B))	)	1,230	) <u>,932</u>
Part	XII Financial Statements and Reporting			<del></del>
	Check if Schedule O contains a response or note to any line in this Part XII.			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	Light part with the
	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:			
	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			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1. 10000000000	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	2000000000	AND ASSESSMENT OF THE PARTY OF	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
			ΔΩΛ	

Form **990** (2022)

### **SCHEDULE A** (Form 990)

## **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. 990 or Form 990-EZ.

OMB No. 1545-0047

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

		he organization					Employer identification	number
		f Long Island Inc	14 04 4 (11)					17426
Par		Reason for Public Char						
111e	Orga	anization is not a private foundat A church, convention of church						
2		A school described in section 1					(· ·/(·/·	
3	Ħ	A hospital or a cooperative hos		•		b)(1)(A)(iii	i).	
4		A medical research organization hospital's name, city, and state:	n operated in conjur		•		An Allegan WA	ter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a college	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	•	tal unit described in <b>se</b>	ction 170	(b)(1)(A)(	V).	
7	Х	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	(Complete Part	II.) 🚕			
9		An agricultural research organiz or university or a non-land-gran university:						
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns, subject to certain e ed business taxable in	xceptions come (les	; and (2) r s section t	no more than 33 1/3° 511 tax) from busine	% of its
11		An organization organized and	operated exclusively	y to test for public safe	ty. See <b>s</b> e	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organize the supported organization organization. You must con	ation operated, supos) the power to regu	ervised, or controlled blarly appoint or elect a	y its supp	orted orga	anization(s), typically	by giving
b		Type II. A supporting organize control or management of the organization(s). You must c	ie supporting organi	zation vested in the sa				
С		Type III functionally integration its supported organization(s)	ated. A supporting o	rganization operated is	n connect	ion with, a	and functionally integ	rated with,
d		Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A support	ting organization opera ion generally must sati	ited in cor sfy a distr	nection with	rith its supported org quirement and an att	anization(s) tentiveness
е		Check this box if the organize functionally integrated, or the control of the con					Type I, Type II, Type	e III
f		Enter the number of supported	organizations					0
g	/11	Provide the following information	nabout the supporte		(1,4) (2,4)-2	organization	( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(al) A == = = = = = = = = = = = = = = = = =
	(1)	Name of supported organization	y (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)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tata								

### Pronto of Long Island Inc Page 2 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.) Section A. Public Support (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 10,150,387 1,867,839 2,421,690 3,199,431 1,119,392 1,542,035 include any "unusual grants.") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities furnished by a governmental unit to the

	organization without charge						Ü
4	Total. Add lines 1 through 3	1,119,392	1,542,035	1,867,839	2,421,690	3,199,431	10,150,387
5	The portion of total contributions by			and the second			
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			lk.			10.150.00
6	Public support. Subtract line 5 from line 4	100		<u> </u>			10,150,387
	tion B. Total Support	Γ	r		( ) )		(e) T ( 1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,119,392	1,542,035	1,867,839	2,421,690	3,199,431	10,150,387
8	Gross income from interest, dividends,		<b>⋒</b> `≪				
	payments received on securities loans,						
	rents, royalties, and income from						074
	similar sources	26	1 48		462	435	971
9	Net income from unrelated business						
	activities, whether or not the business is						0
	regularly carried on	~					U.
10	Other income. Do not include gain or						
	loss from the sale of capital assets	39.324	EE 070	31,678	42,030	45.410	213,718
	(Explain in Part VI.)	39,324	55,276	31,070	42,030	43,410	10,365,076
11	Total support. Add lines 7 through 10					12	10,000,070
12	Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the org	see instructions)		or fifth toy year as			
13	organization, check this box and stop here	anization s tirst, se	cona, mira, ioumi,	or milit lax year as	a section 301(c)(3)	'	
		ACCOUNT ACCOUNT					
	ction C. Computation of Public Su			(6)		14	97.93%
14	Public support percentage for 2022 (line 6,	column (f), divided	by line 11, column	(1))		15	97.60%
15	Public support percentage from 2021 Schee						07.0070
16a	33 1/3% support test—2022. If the organic and stop here. The organization qualifies a						X
							<u>L</u>
t	33 1/3% support test—2021. If the organize box and stop here. The organization qualif	zation did not chec	k a box on line 13	or iba, and line ib on	18 33 1/376 01 111011	s, Check this	
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization meets	2. If the organization	on did not check a	box on line 13, 168	n, or 166, and line on here. Explain i	1 <del>4</del> 1	
	Part VI how the organization meets the fact	re acts-and-circ	es test. The organi	zation qualifies as	a publicly supporte	d	
	organization						
ł	10%-facts-and-circumstances test—202	.1. If the organizati	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line	
•	15 is 10% or more, and if the organization r	neets the facts-and	d-circumstances te	st, check this box a	and <b>stop here</b> . Exp	olain	
	in Part VI how the organization meets the fa	acts-and-circumsta	nces test. The orga	anization qualifies a	as a publicly suppo	rted	<b></b>

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

Sec	tion A. Public Support	amy under the	tests listed bei	ow, please con	ipiete Fait II.)		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>	<b></b>	3-7	\ - / ·		
	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				4		0
4	Tax revenues levied for the						
	organization's benefit and either paid to					<b>1</b>	
	or expended on its behalf					<b>&gt;</b>	0
5	The value of services or facilities				10-00		
	furnished by a governmental unit to the						
	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			<b>^</b>			
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				93)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000		۸.				
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	<u>,</u> ~ 0,	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support	(-) 0040	(1) 0040	( ) 0000	(1) 0004	( ) 0000	(5 T ) 1
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 🗬	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
Tua	Gross income from interest, dividends,	<b>*</b>					
	payments received on securities loans, rents,						0
L.	royalties, and income from similar sources		***				<u>U</u>
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975		<b>&gt;</b>				0
^	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		0				
••	activities not included on 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						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0			0	0
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						<u> L</u>
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2022 (line 8, o	• • •	•			15	0.00%
<u>16</u>	Public support percentage from 2021 Sched			<u> </u>		16	0.00%
Sec	ction D. Computation of Investmen					I	
17	Investment income percentage for 2022 (line		=			17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
19a	33 1/3% support tests—2022. If the organ						Γ
ь	not more than 33 1/3%, check this box and s 33 1/3% support tests—2021. If the organ						
b	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						F
	at a real real real real real real real re	orioon a bon or		,			· · · · · · · · · · · · · · · · · · ·

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part 1 of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
<u>5a</u>		
5b	ļ	ļ
<u>5c</u>	1	
7		
8	1	
9a		
9b		
90	1	ł
10a		l
10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	<sub>1</sub>	V	N.
4			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	244/8/6/3000	198008488654
Section	on C. Type II Supporting Organizations			
			Yes	No
1	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 organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same parsons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Pittle Committee of the City o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$142,5088694×1	Reaconforteness
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 governmental entity (see	e instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	PARTICIO PARTICIO	Englishmen -
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
l_	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Ves" describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Pronto of Long Island Inc		11-2	317426	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explain</i> )	in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current \ (optional)	
1 Net short-term capital gain	1		X - F	
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	0		0
5 Depreciation and depletion	5	<u> </u>		
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)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0		0
Section B - Minimum Asset Amount		(A) Rrior Year	(B) Current ` (optional	
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			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c	<i>J</i> ```		
d Total (add lines 1a, 1b, and 1c)	1d	0		0
e Discount claimed for blockage or other factors				
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3	0		0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		_		_
see instructions).	4	0		0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		0
6 Multiply line 5 by 0.035.	6	0		0
7 Recoveries of prior-year distributions	7	0		0
8 Minimum Asset Amount (add line 7 to line 6)	8	0		0
Section C - Distributable Amount			Current Ye	ar
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Section 1		0
2 Enter 0.85 of line 1.	2			0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			0
4 Enter greater of line 2 or line 3.	4			0
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).	6	to I Torre III come a disco		0
7 Check here if the current year is the organization's first as a non-functional	ıy ınt	egrated Type III supporting	organization (s	ее
instructions).				

Schedule	A (Form 990) 2022 Pronto of Long Island Inc			11-2317426 Page <b>7</b>
Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1 1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza		
4	Amounts paid to acquire exempt-use assets	<u> </u>	4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part Vi	5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , , ,	.6	
7	Total annual distributions. Add lines 1 through 6.		7.	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive 🛕 🤝	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		1000	0
2	Underdistributions, if any, for years prior to 2022	<b>A</b>		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022		A second second	The state of the s
<u>a</u>	From 2017			
b	From 2018	***	The second second	
C	From 2019			Section Control of the Control of th
d	From 2020			
e	From 2021	-		
f	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years	**	(	0
<u>h</u>	Applied to 2022 distributable amount	Δ		0
<u> </u>	Carryover from 2017 not applied (see instructions)	7		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years			0
<u> </u>	Applied to 2022 distributable amount			U
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2022. Subtract lines 3h			0
6	and 4b from line 1. For result greater than zero, explain	The second secon		
	in Part VI. See instructions	100		·
7	Excess distributions carryover to 2023. Add lines 3		i i i i i i i i i i i i i i i i i i i	0
′	and 4c.	0		
8	Breakdown of line A.	0		
a	Excess from 2018 0			
<u>a</u> b	Excess from 2019			
	Excess from 2020 0			
d	Excess from 2021 0			
<u>u</u>	Excess from 2022			

Schedule A (F	orm 990) 2022	Pronto of Long Island Inc		11-2317426	Page <b>8</b>
Part VI	III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	/, Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section C, line 1; Part IV, 9 /, line 1; Part V, Section B, line 1e	ons required by Part II, line 10; Part II, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 Section D, lines 2 and 3; Part IV, Sect ; Part V, Section D, lines 5, 6, and 8; a ditional information. (See instructions.	line 17a or 17b; Part 1c; Part IV, Section ion E, lines 1c, 2a, 2b, and Part V, Section E,	
				)	
		·			
			· · · · · · · · · · · · · · · · · · ·		
			<b></b>		
		0			
		<i>A</i>			
		<b>"</b> 			

## Schedule B (Form 990)

## **Schedule of Contributors**

OMB No. 1545-0047

2022

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

Name of the organization
Pronto of Long Island Inc
Pronto of Long Island Inc

Employer identification number
11-2317426

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	vered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organization filin or more (in money or procontributor's total contributor's	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 16b and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the value literary, or educational "N/A" in column (b) inst	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the contributions totaled medium the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the total this organization because it received nonexclusively religious, charitable, etc., contributions adduring the year
<b>3</b> . ,	

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization Employer identification number

Pronto of L	ong Island Inc		11-2317426
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROTHCO 3015 VETERANS HIGHWAY RONKONKOMA NY 11779-0512 Foreign State or Province: Foreign Country:	\$ 79,718	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	JOSEPH P WARD  1050 HERITAGE LAKE DR  MONTGOMERY OH 45242  Foreign State or Province:  Foreign Country:	\$ 10,000	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
3	LESLIE L ALEXANDER FOUNDATION  110 E ATLANTIC AVE STE 320  DELRAY BEACH FL 33444  Foreign State or Province: Foreign Country:	\$ 90,000	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
4	MARC SOMBER MEMORIAL FOUNDATION  33 LINSHAW AAVE PITTSBURG PA 15205 Foreign State or Province: Foreign Country:	\$5,000	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
5	HOWAARD J SOMBERG)  28 ALLENBY DR.  NORTHPORT NY 11768  Foreign State or Province:  Foreign Country:	\$10,000	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 Oncash (Complete Part II for noncash contributions.)

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

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

Name of org				Employer identification number
Pronto of L	ong Island Inc	4		11-2317426
Parliii	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year.	ear from any o ompleting Part (Enter this info	ne contributor. Complet III, enter the total of excluormation once. See instru	e columns (a) through (e) and usively religious, charitable, etc.,
	Use duplicate copies of Part III if additional	space is need	ed.	
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		ransfer of gift Relationsh	ip of transferor to transferee
				<u> </u>
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
			Q	
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	(IP + 4	Relationsh	ip of transferor to transferee
	For Death Country			
(a) No.	For. Prov. Country			
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I		<b>*</b>		
		)		
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	IP + 4	Relationsh	ip of transferor to transferee
	For Prov. Country			
(a) No.				
from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	nip 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

Open to Public Inspection

Employer identification number Name of the organization 11-2317426 Pronto of Long Island Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (during year) . . . . 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control?. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements . . . . **b** Total acreage restricted by conservation easements . . . c Number of conservation easements on a certified historic structure included in (a) . . . d Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement, eported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 balance sheet, and include if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X.

0-6-4	de D (Ferre 000) 0000						
Part	ule D (Form 990) 2022 Pronto of Long Island Inc	tions of Aut Ilioton	:! T		2317426		age 2
3	Organizations Maintaining Collectusing the organization's acquisition, accession						
•	collection items (check all that apply):	in, and other records, c	brieck arry of the follow	wing that make signin	Cant use or	ıs	
а	Public exhibition	d 🗌	Loan or exchange p	program			
b	Scholarly research	е 🗔					
С	Preservation for future generations						
4	Provide a description of the organization's co XIII.	llections and explain ho	ow they further the or	ganization's exempt p	ourpose in P	art	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				. 🔲 Y	es 🗌	No
Part	Escrow and Custodial Arrangeme Complete if the organization answe 990, Part X, line 21.		90, Part IV, line 9,	or reported an amo	ount on Fo	rm	
1a b	Is the organization an agent, trustee, custodia included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII		·	other assets not	Y	es 🗌	No
		•			Amount		
С	Beginning balance			. 1c			0
d	Additions during the year			1d			
e f	Distributions during the year		VOA 200	1e   1f			
			A STATE OF THE PARTY OF THE PAR	<i>N</i>		es X	—— <u>∪</u> No
2a	Did the organization include an amount on Fo						NO
b Part	If "Yes," explain the arrangement in Part XIII.  V Endowment Funds.	Check here if the expla	anation has been pro	vided off Fait Alli	• • • •		
rait	Complete if the organization answe	red "Yes" on Form 9	90 Part IV line 10	r			
		Current year (b) Price	ryear (c) Two yea		back (e) F	our years	back
1a	Beginning of year balance	0	0	0	0		
b	Contributions		<b>&gt;</b>				
С	Net investment earnings, gains,						
_1	and losses						
d e	Grants or scholarships						
-	and programs						
f	Administrative expenses						
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the curr	ent y <b>e</b> ar end balance (l	ine 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment Term endowment	<u>&gt;</u> 7⁄0					
С	Term endowment %  The percentages on lines 2a, 2b, and 2c sho	uld equal 100%					
3a	Are there endowment funds not in the posses		n that are held and a	dministered for the			
	organization by:	J			,	Yes	No
	( )				3a(i)		
						-	
b	If "Yes" on line 3a(ii), are the related organiza				. <u>3b</u>	<u></u>	
4 Port	Describe in Part XIII the intended uses of the	organization's endowr	nent iunas.				
Part	VI Land, Buildings, and Equipment. Complete if the organization answe	red "Yes" on Form 0	990 Part IV line 11	a See Form 990 I	Part X line	10	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		Book valu	e
1a	Land	72,580		0		7	2,580
b	Buildings	1,084,617		0 477,4	67		7,150

#### 0 0 c Leasehold improvements . 0 0 0 272,478 63,821 d Equipment . . . . 0 272,478 63,821 Other . . . . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 679,730

	Investments—Other Securities.	ID / II E 0000	D. CDV B. 445 O. F. 000 D. CV B. 42
			Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	al derivatives	0	
	held equity interests	0	
			Δ.
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.).	0	
Part VIII	Investments—Program Related.	"Vos" on Form 000	Part IV, line 11c. See Form 990, Part X, line 13.
			(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		<b>*</b>	
(5)			
(6)			
(7)			
(8)		+ <del>\</del>	
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) .	0	
Part IX	Other Assets.		
raitin	Complete if the organization answered	"Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Desc		(b) Book value
(1)		(A) (A)	
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
\-/		<b>\</b>	
(4)		<b>\</b>	
(4)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)		line 15.)	
(4) (5) (6) (7) (8) (9) Total. (Co.	lumn (b) must equal Form 990, Part X, col. (B)	line 15.)	
(4) (5) (6) (7) (8) (9)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered		Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co.	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co. Part X	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description		
(4) (5) (6) (7) (8) (9) Total. (Co. Part X	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X 1. (1) Feder (2) PAYF (3)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X 1. (1) Feder (2) PAYF (3) (4)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X 1. (1) Feder (2) PAYF (3) (4) (5) (6) (7)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X 1. (1) Feder (2) PAYF (3) (4) (5) (6) (7) (8)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	l "Yes" on Form 990,	
(4) (5) (6) (7) (8) (9) Total. (Co. Part X 1. (1) Feder (2) PAYF (3) (4) (5) (6) (7) (8) (9)	Jumn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.  (a) Description	I "Yes" on Form 990,	(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Re	turn.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
۲ C	Recoveries of prior year grants	
d	Add lines 2a through 2d	<b>2e</b> 0
е 3	Subtract line 2e from line 1	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 0
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Prior year adjustments	<b>2e</b> 0
3	Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a	3 0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	investment expenses not included on Form 990, Part VIII, line 70,	
b		
c		<b>4c</b> 0 <b>5</b> 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	0
	t XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; and	t V line 4: Part Y line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	
۷, ۱ د	art XII, lines 2d and 4b, and 1 art XII, lines 2d and 4b. Albo complete time part to provide any additional informa-	
	······	

Schedule D (Fo	rm 990) 2022	Pronto of Long Island Inc	11-2317426	Page <b>5</b>
Part XIII	Supplem	Pronto of Long Island Inc ental Information (continued)		
				<del></del>
			<u> </u>	
			A.	
			<u> </u>	
			<b>~</b>	
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		*		
	A	<u> </u>		
	<del></del>	£		
	*			

#### **SCHEDULE G** (Form 990)

Name of the organization

## 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.

OMB No. 1545-0047

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.

Employer identification number

Pronto	of Long Island Inc					11-231	
Part					ered "Yes" on For	m 990, Part IV, lir	ne 17.
1	Indicate whether the organization rai				ng activities. Check a	all that apply.	
a	Mail solicitations	004 141140 111104			of non-government g		
b	Internet and email solicitations				of government grants		
	Phone solicitations				raising events		
С			g X S	Jeciai iuliu	liaising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 990	, Part VII) or ent	ity in conn	ection with	n professional fundra	ising services?	Yes No
b	If "Yes," list the 10 highest paid individue compensated at least \$5,000 by the			ers) pursua	ant to agreements u	nder which the fund	raiser is to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(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
1			Yes	No			
				<b>₩</b>	0	0	0
2				♦ / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	0	0	0
3				17	0	0	0
4					0	0.	0
5		A.	6		0	0	0
6					0	0	0
7			<b>*</b>		0	0	0
8	and the state of t				0	0	0
9					0	0	0
10					0	0	0
Total		7			0	0	0
3	List all states in which the organizative registration or licensing.	ion is registered	or license	d to solicit	contributions or has	been notified it is e	exempt from

	more than \$15,000 of fu	undraising event contr	ibutions and gross inco	ome on Form 990-F7	Barrier A. annual Ob. 1250
				o o o.o. <u>L.L.</u> ,	lines 1 and 6b. List
	events with gross recei		0.		
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				/total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
1	Gross receipts	73,700	19,533	36,044	129,277
2	Less: Contributions			, 0	0
3	Gross income (line 1 minus line 2)	73,700	19,533	36,044	129,277
4	Cash prizes			0	0
5	Noncash prizes			0	0
6	Rent/facility costs			0	0
7	Food and beverages	24,300	2,974	23,697	50,971
8	Entertainment	***************************************	C	0	0
9	Other direct expenses	8,664		0	8,664
10 11	Direct expense summary. Add Net income summary. Subtract	lines 4 through 9 in colu	mn (d)		( 59,635) 69,642
t III	Gaming. Complete if th	e organization answe	red "Yes" on Form 990	, Part IV, line 19, or re	ported more than
	\$15,000 on Form 990-E	Z, line 6a.			
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue	• (	\$		0
2	Cash prizes				0
3	Noncash prizes				0
4	Rent/facility costs				0
5	Other direct expenses				0
6	Volunteer labor	<b>Yes</b> % No	☐ Yes% ☐ No	☐ Yes % ☐ No	
7	Direct expense summary Add	lines 2 through 5 in colu	mn (d)		( 0)
8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0
F	nter the state(s) in which the ord	nanization conducts dami	ing activities:		
ı İs	the organization licensed to co	nduct gaming activities in	each of these states?.		. Yes No
	Vere any of the organization's ga	aming licenses revoked, s	suspended, or terminated	during the tax year?	. Yes No
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 Est of the state of	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add 11 Net income summary. Subtract 11 Gaming. Complete if th \$15,000 on Form 990-E  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add 8 Net gaming income summary. Enter the state(s) in which the organist is the organization licensed to cool if "No," explain:  a Were any of the organization's gap o	GALA (event type)  1 Gross receipts	GALA (event type)  1 Gross receipts	GALA (evert type) (evert type) (covert type)

scnea	ule G (Form 990) 2022 Pronto of Long Island Inc 11-231/426 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
40	
13	Indicate the percentage of gaming activity conducted in:  The organization's facility
a b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
•	records:
	Name
	Address
150	Does the organization have a contract with a third party from whom the organization receives gaming
ıJa	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the
	amount of gaming revenue retained by the third party \$0
С	If "Yes," enter name and address of the third party:
	Name
	Address
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$0
	Description of services provided
	Director/officer Employee Independent contractor
	Director/officer Employee maependent 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?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
D	spent in the organization's own exempt activities during the tax year \$ 0  IV Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions.
	(2)

### SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

11-2317426 Pronto of Long Island Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1)(2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 3 Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Óriginal principal amount (g) In default? (c) Purpose of (h) Approved (i) Written (d) Loan to or (f) Balance due (a) Name of interested person (b) Relationship agreement? by board or from the with organization loan committee? organization? No Yes No Yes No Yes (1)(2)(3)(4)(5) (6)(7)(8)(9) (10)\$ 0 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance (a) Name of interested person (c) Amount of assistance person and the organization (1) (2)(3)(4)(5)(6)(7)(8)(9)

(10)

Part IV	Business Transactions Involving Complete if the organization ans	ng Interested Persons. wered "Yes" on Form 990, F	Part IV, line 28a, 28b,	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2) (3)						
(4)				<u> </u>		<b></b>
(5)						
(6)						
(7)						
<u>(8)</u> <u>(9)</u>					-	
(10)						
(10) Part V	Supplemental Information. Provide additional information fo	r responses to questions on	Schedule L (see ins	ructions)	1	·
			4.4	<i>y</i>		
			<b>\</b>			
	·					
		)				
	~ (7)	<u> </u>				

# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pronto of Long Island Inc

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

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

Employer identification number 11-2317426

Pan	Iypes of Property	<del>,</del>			
		(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			7 01111 000,1 411 7111, 1110 19	
2	Art—Historical treasures				
3	Art—Fractional interests			***	
4	Books and publications				***
5	Clothing and household				<del></del>
J	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property			<u> </u>	
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
''	or trust interests				
12	Securities—Miscellaneous		***		
13	Qualified conservation				
10	contribution—Historic				
	structures			<b>*</b>	
14	Qualified conservation				
1 "1	contribution—Other				
15	Real estate—Residential		***		
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X		1 880 134	INDUSTRY VALUE
20	Drugs and medical supplies	<del></del>		1,000,134	INDUSTRI VALUE
21	Taxidermy				
22	Historical artifacts	<del>                                     </del>			
23	Scientific specimens	- C V	<i>J</i>		
24	Archaeological artifacts	10 No.	900		
25	Other (	**************************************			
26	Other (				
27	Other (	<del>)</del>			
28	Other (	Name of Stat			
29	Number of Forms 8283 received by	v the organ	nization during the tax year f	or contributions for	
	which the organization completed				29
			, ,		Yes No
30a	During the year, did the organizati	on receive	by contribution any property	reported in Part I, lines 1 th	rough
	28, that it must hold for at least 3 y				
	to be used for exempt purposes for				
b	If "Yes," describe the arrangement		5 1		
31	Does the organization have a gift		policy that requires the revi	ew of any nonstandard	
- *	contributions?	•			31   X
32a	Does the organization hire or use		s or related organizations to	solicit, process, or sell	
	noncash contributions?	•		·	32a   X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in	column (c) for a type of prop	erty for which column (a) is	
	checked, describe in Part II.		(-)		100 L

Schedule M (F	orm 990) 2022 Pronto of	Long Island Inc		11-2317426 Page <b>2</b>
Part II	Supplemental Info the organization is	<b>prmation.</b> Provide the info reporting in Part I, column	rmation required by Part I, lines (b), the number of contributions part for any additional informatio	30b, 32b, and 33, and whether s, the number of items received.
<del></del>			arrior any additional information	
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### **SCHEDULE O** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## 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 Form 990-EZ.

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

11-2317426

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Pronto of Long Island Inc Form 990, Part II, Section ix, Line 24e: bank charges-1305, computer-26,792,filing fees-125, financial aid-48798, outside services-106723

nedule O (Form 990) 2022	Page
ne of the organization	Employer identification number
nto of Long Island Inc	11-2317426
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