

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2004 calendar year, or tax year beginning, 2004, and ending; B Check if applicable; C Name of organization; D Employer Identification Number; E Telephone number; F Accounting method; G Web site; H Organization type; I Check here; J Gross receipts; K Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, and other revenue. Total revenue is 7,413,606 and total expenses is 7,855,443.

SCANNED AUG 01 '05

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 50,500. non-cash \$ 0.)	22 50,500.	50,500.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 90,980.	65,506.	25,474.	0.
26 Other salaries and wages	26 871,692.	500,575.	239,985.	131,132.
27 Pension plan contributions	27			
28 Other employee benefits	28 115,402.	91,285.	12,301.	11,816.
29 Payroll taxes	29 73,416.	43,322.	20,117.	9,977.
30 Professional fundraising fees	30			
31 Accounting fees	31 12,000.	0.	12,000.	0.
32 Legal fees	32			
33 Supplies	33 20,290.	14,101.	4,153.	2,036.
34 Telephone	34 13,897.	8,755.	2,363.	2,779.
35 Postage and shipping	35 13,187.	8,553.	3,508.	1,126.
36 Occupancy	36			
37 Equipment rental and maintenance	37 23,310.	18,240.	2,845.	2,225.
38 Printing and publications	38 10,138.	6,068.	3,879.	191.
39 Travel	39 14,760.	10,712.	3,299.	749.
40 Conferences, conventions, and meetings	40 4,460.	1,135.	1,605.	1,720.
41 Interest	41 29,202.	0.	29,202.	0.
42 Depreciation, depletion, etc (attach schedule)	42 113,721.	95,899.	11,150.	6,672.
43 Other expenses not covered above (itemize):				
a ADVERTISING	43a 47,742.	0.	167.	47,575.
b PERMITS & LICENSES	43b 165.	151.	9.	5.
c INSURANCE	43c 23,523.	20,512.	1,744.	1,267.
d DUES AND MEMBERSHIP FEES	43d 21,741.	14,142.	7,309.	290.
e See Other Expenses Stmt	43e 6,305,317.	6,229,635.	41,166.	34,516.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 7,855,443.	7,179,091.	422,276.	254,076.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> NONPROFIT ANTI-HUNGER ORGANIZATION	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a REGIONAL FOOD BANK - TO PROVIDE AGENCIES (EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS) SUPPLEMENTAL NUTRITIONAL FOOD FROM GOVERNMENTAL AND PRIVATELY DONATED RESOURCES. (Grants and allocations \$ 229,097.)	7,086,892.
b COMMUNITY OUTREACH - TARGETS AT RISK STUDENTS FOR MENTORING AND SINGLE/HEAD OF HOUSEHOLD WOMEN FOR SELF-DEVELOPMENT, PRE-EMPLOYMENT TRAINING AND HUNGER EDUCATION. (Grants and allocations \$ 0.)	92,199.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,179,091.

Part IV Balance Sheets (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	553,658.	45	218,390.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 532,903.		
	b Less: allowance for doubtful accounts	47b 4,191.	443,342.	47c 528,712.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		71,981.	53 25,021.
	54 Investments – securities (attach schedule)			54
	55a Investments – land, buildings, & equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 3,022,027.			
b Less: accumulated depreciation (attach schedule) L-57. Stmt.	57b 480,787.	2,522,814.	57c 2,541,240.	
58 Other assets (describe ► <u>DONATED PRODUCT</u>)		1,196,920.	58 598,399.	
59 Total assets (add lines 45 through 58) (must equal line 74)		4,788,715.	59 3,911,762.	
LIABILITIES	60 Accounts payable and accrued expenses		60 368,431.	355,815.
	61 Grants payable		61	
	62 Deferred revenue		7,500.	62 0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		250,000.	63 0.
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		817,500.	64b 652,500.
	65 Other liabilities (describe ► _____)			65
66 Total liabilities (add lines 60 through 65)		1,443,431.	66 1,008,315.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		2,993,506.	67 2,730,892.
	68 Temporarily restricted		301,778.	68 122,555.
	69 Permanently restricted		50,000.	69 50,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,345,284.	73 2,903,447.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		4,788,715.	74 3,911,762.	

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	7,719,203.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments ... \$		
(2)	Donated services and use of facilities ... \$		
(3)	Recoveries of prior year grants ... \$		
(4)	Other (specify): FUNDRAISING EXPENSES \$ 305,597.		
	Add amounts on lines (1) through (4)	b	305,597.
c	Line a minus line b	c	7,413,606.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,413,606.

a	Total expenses and losses per audited financial statements	a	8,161,040.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify): FUNDRAISING EXPENSES \$ 305,597.		
	Add amounts on lines (1) through (4)	b	305,597.
c	Line a minus line b	c	7,855,443.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,855,443.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DON A. CORRAO 275 WOLF HILL ROAD SOUTH HUNTINGTON, NY 11747	PRESIDENT 2	0.	0.	0.
THOMAS MURRAY 25 SUFFOLK COURT HAUPPAUGE, NY 11788	PAST PRESIDENT 2	0.	0.	0.
JIM LENNON 125 NEWTOWN ROAD PLAINVIEW, NY 11803	VICE PRESIDENT 2	0.	0.	0.
DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE, NY 11747	VICE PRESIDENT 2	0.	0.	0.
DAVID E. PASELTINER 300 GARDEN CITY PLAZA, 5TH FLOOR GARDEN CITY, NY 11530	SECRETARY 2	0.	0.	0.
See List of Officers, Etc. Statement		90,980.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule -- see instructions.

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.		
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c Dues, assessments, and similar amounts from members		
85d Section 162(e) lobbying and political expenditures		
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b Gross receipts, included on line 12, for public use of club facilities		
87a 501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0. ; section 4912 <input type="checkbox"/> 0. ; section 4955 <input type="checkbox"/> 0.		
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90a List the states with which a copy of this return is filed <input type="checkbox"/> NEW YORK		
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		29
91 The books are in care of <input type="checkbox"/> LONG ISLAND CARES, INC. Telephone number <input type="checkbox"/> (631) 582-3663 Located at <input type="checkbox"/> 10 DAVIDS DRIVE HAUPPAUGE, NY ZIP + 4 <input type="checkbox"/> 11788		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HANDLING FEES					628,565.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,506.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	45,178.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			01	2,865.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				50,549.	628,565.
105 Total (add line 104, columns (B), (D), and (E))					679,114.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	HANDLING FEES REPRESENT A 16 CENT PER POUND CHARGE FOR THE FOOD AND NON-FOOD ITEMS DISTRIBUTED BY THE FOOD BANK TO PROVIDE FOOD BANK MEMBER AGENCIES WITH DONATED PRODUCTS. THESE AGENCIES
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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

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

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

Signature of officer: Kenneth A. Shanahan Date: 6/14/05

Treasurer

Preparer's SSN or PTIN (See General Instruction W) ki Date 5/31/05 Check if self-employed

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

LONG ISLAND CARES, INC.

Employer identification number

11-2524512

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ROBIN AMATO ----- HAUPPAUGE, NY 11788	DIRECTOR OF DEVELOPMENT 40	74,917.	0.	0.
BRUCE GAUGLER ----- HAUPPAUGE, NY 11788	CONTROLLER 40	60,683.	0.	0.
MARGARET BECK ----- HAUPPAUGE, NY 11788	OPERATIONS MANAGER 40	57,460.	0.	0.
----- -----				
----- -----				
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
See Part V, Form 990		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ...	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,751,824.	2,410,545.	2,284,585.	1,725,990.	9,172,944.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	491,896.	529,863.	548,546.	624,562.	2,194,867.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,172.	6,615.	8,790.	9,396.	28,973.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	7,676.	1,352.	23,228.	100.	32,356.
23 Total of lines 15 through 22	3,255,568.	2,948,375.	2,865,149.	2,360,048.	11,429,140.
24 Line 23 minus line 17	2,763,672.	2,418,512.	2,316,603.	1,735,486.	9,234,273.
25 Enter 1% of line 23	32,556.	29,484.	28,651.	23,600.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	184,685.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	9,234,273.
d Add: Amounts from column (e) for lines:	18 28,973. 19	26d	61,329.
	22 32,356. 26b	26e	9,172,944.
e Public support (line 26c minus line 26d total)		26e	9,172,944.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.34 %

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2003) _____ (2002) _____ (2001) _____ (2000) _____
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003) _____ (2002) _____ (2001) _____ (2000) _____	
c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c _____
	17 _____ 20 _____ 21 _____	27d _____
d Add: Line 27a total and line 27b total		27e _____
e Public support (line 27c total minus line 27d total)		27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		

32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			

33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33 a		
b Admissions policies?	33 b		
c Employment of faculty or administrative staff?	33 c		
d Scholarships or other financial assistance?	33 d		
e Educational policies?	33 e		
f Use of facilities?	33 f		
g Athletic programs?	33 g		
h Other extracurricular activities?	33 h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34 b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash			X
(ii) Other assets			X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization			X
(ii) Purchases of assets from a noncharitable exempt organization			X
(iii) Rental of facilities, equipment, or other assets			X
(iv) Reimbursement arrangements			X
(v) Loans or loan guarantees			X
(vi) Performance of services or membership or fundraising solicitations			X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GOLF OUTING	240,380.	24,270.	216,110.	183,528.	32,582.
DIRECT MAILING	173,983.	173,983.	0.	61,302.	-61,302.
AWARDS DINNER	170,816.	36,151.	134,665.	51,998.	82,667.
3 OTHERS	116,180.	116,180.	0.	8,769.	-8,769.
Total	701,359.	350,584.	350,775.	305,597.	45,178.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK AND PAYROLL FEES	6,854.	0.	6,854.	0.
CONSULTANTS	9,992.	6,382.	2,268.	1,342.
HPNAP FOOD PURCHASE	610,242.	610,242.	0.	0.
SUFF CNTY FOOD PURCHASE	42,815.	42,815.	0.	0.
TRANSPORTATION	77,008.	77,008.	0.	0.
DAMAGE/SHORTAGE	967.	967.	0.	0.
SANITATION AND DUMP	41,484.	37,873.	2,240.	1,371.
HPNAP SANITATION	4,742.	4,742.	0.	0.
FREIGHT	23,025.	23,025.	0.	0.
WORKSHOPS & EDUCATION	2,274.	2,274.	0.	0.
DONATED FOOD	5,000,311.	4,946,081.	25,750.	28,480.
TEMPORARY PERSONNEL	2,040.	2,040.	0.	0.
OTHER FOOD PURCHASES	229,633.	229,633.	0.	0.
EDUCATIONAL SUPPLIES	4,322.	4,322.	0.	0.
UTILITIES	65,183.	59,513.	3,520.	2,150.
PROPERTY TAXES	646.	590.	35.	21.
RECRUITING AND TRAINING	3,656.	2,005.	499.	1,152.
MISCELLANEOUS	1,526.	1,526.	0.	0.
OPERATIONS SUPPORT - HPNAP	99,313.	99,313.	0.	0.
CAPITAL EQUIPMENT - HPNAP	79,284.	79,284.	0.	0.
Total	6,305,317.	6,229,635.	41,166.	34,516.

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	885,500.	0.	885,500.
BUILDING	1,427,183.	87,999.	1,339,184.
BUILDING IMPROVEMENTS	52,030.	3,710.	48,320.
OFFICE EQUIPMENT	203,130.	119,934.	83,196.
VEHICLES	128,237.	71,554.	56,683.
WAREHOUSE EQUIPMENT	325,947.	197,590.	128,357.

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

Continued

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Total	<u>3,022,027.</u>	<u>480,787.</u>	<u>2,541,240.</u>

Form 990, Page 4, Part V
List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>RUDY BECHT</u> <u>84 FITCHBURG STREET</u> <u>BAY SHORE, NY 11706</u>	<u>SECRETARY</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>KENNETH A. SHANAHAN</u> <u>275 BROAD HOLLOW ROAD</u> <u>MELVILLE, NY 11747</u>	<u>TREASURER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>SANDY CHAPIN</u> <u>196 EAST MAIN STREET</u> <u>HUNTINGTON, NY 11743</u>	<u>CHAIRPERSON</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>LYNN NEEDELMAN</u> <u>10 DAVIDS DRIVE</u> <u>HAUPPAUGE, NY 11788</u>	<u>EXECUTIVE DIRECTOR</u> <u>40</u>	<u>90,980.</u>	<u>0.</u>	<u>0.</u>
<u>BILL AYRES</u> <u>505 EIGHTH AVENUE</u> <u>NEW YORK, NY 10018</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>JORDAN DREW</u> <u>1660 WALT WHITMAN ROAD, SUITE 100</u> <u>MELVILLE, NY 11747</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>JOHN GLOZEK, JR.</u> <u>22 WEST NICHOLAI STREET</u> <u>HICKSVILLE, NY 11801</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>BILL HARTNAGEL</u> <u>291 WEST MAIN STREET</u> <u>SMITHTOWN, NY 11787</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>MICHAEL MANNETTA</u> <u>3111 NEW HYDE PARK ROAD</u> <u>NORTH HILLS, NY 11040</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>SUSAN L. MILLER</u> <u>16 WINCOMA DRIVE</u> <u>HUNTINGTON BAY, NY 11743</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>ROBERT MURRAY</u> <u>80 HIGHLAND AVENUE</u> <u>ROWAYTON, CT 06853</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>ELENA PEREZ</u> <u>300 BROAD HOLLOW ROAD</u> <u>MELVILLE, NY 11747</u>	<u>MEMBER</u> <u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 4, Part V
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
RICHARD SCHOLEM 7 BAYVIEW LANE HUNTINGTON BAY, NY 11743	MEMBER 2	0.	0.	0.
BRIAN L. SEIDMAN 300 BROAD HOLLOW ROAD MELVILLE, NY 11747	MEMBER 2	0.	0.	0.
JEFFREY S. STERN 28 WEST MAIN STREET BAY SHORE, NY 11706	MEMBER 2	0.	0.	0.
JOHN L. SULLIVAN 2910 EXPRESSWAY DRIVE SOUTH ISLANDIA, NY 11722	MEMBER 2	0.	0.	0.
HOWARD WEINER 125 BAYLIS ROAD MELVILLE, NY 11747	MEMBER 2	0.	0.	0.

Total

90,980. 0. 0.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<p>WOULD INCLUDE EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS FOR THE HOMELESS, DAY CARE CENTERS, SENIOR NUTRITION SITES AND OTHER MISCELLANEOUS ON-SITE PROGRAMS.</p>

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
SHOPRITE PARTNERS IN CARING AGENCY GRANT PROGRAM	50,000.
ADELPHI DONATION OF SUPERMARKET GIFT CARDS	500.
Total	<u>50,500.</u>

Supporting Statement of:

Form 990 p 3/Line 63, column (A)

Description	Amount
LOAN PAYABLE TO RELATED PARTY	250,000.
Total	<u>250,000.</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

Description	Amount
LOAN PAYABLE TO BANK	817,500.
Total	<u>817,500.</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
LOAN PAYABLE TO BANK	652,500.
Total	<u>652,500.</u>