

**Return of Organization Exempt From Income Tax**

**PRELIMINARY & TENTATIVE**  
For Discussion Purpose Only

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning** \_\_\_\_\_, **2005, and ending** \_\_\_\_\_

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

**C** Name of organization  
**LONG ISLAND CARES, INC.**

**D** Employer identification number  
**11-2524512**

**E** Telephone number  
**(631) 582-3663**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Please use IRS label or print or type. See specific instructions.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
**10 DAVIDS DRIVE**

City, town or country State ZIP code + 4  
**HAUPPAUGE NY 11788**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates

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

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

I Group Exemption Number ...

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

**G** Web site: **WWW.LICARES.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,486,195.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	5,454,315.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	1,164,812.	
	d	Total (add lines 1a through 1c) (cash \$ 2,392,726. noncash \$ 4,226,401.)	1d	6,619,127.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	627,632.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	2,060.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
REVENUE	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 408,869. of contributions reported on line 1a)	9a	227,555.	
	b	Less: direct expenses other than fundraising expenses	9b	237,831.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) See L-9 Stmt	9c	-10,276.	
REVENUE	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	9,821.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,248,364.		
EXPENSES	13	Program services (from line 44, column (B))	13	6,430,517.	
	14	Management and general (from line 44, column (C))	14	400,327.	
	15	Fundraising (from line 44, column (D))	15	299,868.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	7,130,712.	
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	117,652.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,903,447.	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,021,099.	

**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.

**PRELIMINARY & TENTATIVE**  
**For Discussion Purposes Only**

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 \$ <u>50,000.</u> non-cash \$ <u>0.</u> )  If this amount includes foreign grants, check here <input type="checkbox"/>	22 50,000.	50,000.		
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 93,689.	67,456.	26,233.	0.
26	Other salaries and wages .....	26 922,070.	538,849.	239,749.	143,472.
27	Pension plan contributions .....	27			
28	Other employee benefits .....	28 118,406.	95,109.	9,637.	13,660.
29	Payroll taxes .....	29 77,477.	46,396.	20,113.	10,968.
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31 13,500.	0.	13,500.	0.
32	Legal fees .....	32			
33	Supplies .....	33 20,213.	12,993.	3,867.	3,353.
34	Telephone .....	34 14,106.	8,887.	2,398.	2,821.
35	Postage and shipping .....	35 15,034.	8,998.	3,608.	2,428.
36	Occupancy .....	36			
37	Equipment rental and maintenance .....	37 25,116.	17,751.	5,119.	2,246.
38	Printing and publications .....	38 13,552.	6,346.	4,362.	2,844.
39	Travel .....	39 10,170.	8,146.	1,102.	922.
40	Conferences, conventions, and meetings .....	40 2,570.	365.	1,775.	430.
41	Interest .....	41 31,025.	0.	31,025.	0.
42	Depreciation, depletion, etc (attach schedule) .....	42 119,282.	102,103.	10,750.	6,429.
43	Other expenses not covered above (itemize):				
a	<u>ADVERTISING</u>	43a 44,662.	74.	0.	44,588.
b	<u>PERMITS &amp; LICENSES</u>	43b 312.	285.	17.	10.
c	<u>INSURANCE</u>	43c 21,500.	18,666.	1,633.	1,201.
d	<u>DUES AND MEMBERSHIP FEES</u>	43d 22,489.	13,698.	8,496.	295.
e	<u>BANK AND PAYROLL FEES</u>	43e 8,121.	0.	8,121.	0.
f	<u>CONSULTANTS</u>	43f 4,094.	2,494.	1,000.	600.
g	<u>See Other Expenses Stmt</u>	43g 5,503,324.	5,431,901.	7,822.	63,601.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) .....	44 7,130,712.	6,430,517.	400,327.	299,868.

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**

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.

What is the organization's primary exempt purpose? ▶ <u>NONPROFIT ANTI-HUNGER ORGANIZATION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<p>a <u>REGIONAL FOOD BANK - TO PROVIDE AGENCIES (EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS) SUPPLEMENTAL NUTRITIONAL FOOD FROM GOVERNMENTAL AND PRIVATELY DONATED RESOURCES.</u></p> <p>(Grants and allocations \$ 50,000. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	6,329,084.
<p>b <u>COMMUNITY OUTREACH - TARGETS AT RISK STUDENTS FOR MENTORING AND SINGLE/HEAD OF HOUSEHOLD WOMEN FOR SELF-DEVELOPMENT, PRE-EMPLOYMENT TRAINING AND HUNGER EDUCATION.</u></p> <p>(Grants and allocations \$ 0. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	101,433.
<p>c</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	6,430,517.

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**Part IV** Balance Sheets (See Instructions)

**PRELIMINARY & TENTATIVE**  
For Discussion Purposes Only

**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 .....	218,390.	45	283,696.
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....	490,704.		
	b Less: allowance for doubtful accounts .....	3,726.		
		528,712.	47c	486,978.
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....			
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach sch) .....			
	b Less: allowance for doubtful accounts .....			
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	25,021.	53	35,569.
	54 Investments — securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
55a Investments — land, buildings, & equipment: basis .....				
	b Less: accumulated depreciation (attach schedule) .....			
			55c	
56 Investments — other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....	3,065,381.			
b Less: accumulated depreciation (attach schedule) .....	589,269.			
	2,541,240.	57c	2,476,112.	
58 Other assets (describe <input type="checkbox"/> See Line 58 Stmt .....	598,399.	58	574,556.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	3,911,762.	59	3,856,911.	
LIABILITIES	60 Accounts payable and accrued expenses .....	355,815.	60	415,312.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....	652,500.	64b	420,500.
	65 Other liabilities (describe <input type="checkbox"/> .....		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	1,008,315.	66	835,812.	
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 .....	2,730,892.	67	2,917,525.
	68 Temporarily restricted .....	122,555.	68	53,574.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	2,903,447.	73	3,021,099.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	3,911,762.	74	3,856,911.

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

a Total revenue, gains, and other support per audited financial statements			7,486,195.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>FUNDRAISING</u>			
<u>EXPENSES</u>	b4	237,831.	
Add lines b1 through b4			237,831.
c Subtract line b from line a			7,248,364.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2	0.	
Add lines d1 and d2			0.
e Total revenue (Part I, line 12). Add lines c and d			7,248,364.

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

a Total expenses and losses per audited financial statements			7,368,543.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>FUNDRAISING</u>			
<u>EXPENSES</u>	b4	237,831.	
Add lines b1 through b4			237,831.
c Subtract line b from line a			7,130,712.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2			
e Total expenses (Part I, line 17). Add lines c and d			7,130,712.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JIM LENNON 125 NEWTOWN ROAD PLAINVIEW, NY 11803	PRESIDENT 2	0.	0.	0.
DON A. CORRAO 275 WOLF HILL ROAD S. HUNTINGTON, NY 11747	PAST PRESIDENT 2	0.	0.	0.
DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE, NY 11747	VICE PRESIDENT 2	0.	0.	0.
RUDY BECHT 84 FITCHBURG STREET BAY SHORE, NY 11706	SECRETARY 2	0.	0.	0.
DAVID E. PASELTINER 300 GARDEN CITY PLAZA, 5TH FL. GARDEN CITY, NY 11530	SECRETARY 2	0.	0.	0.
See List of Officers, Etc. Statement				

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) *For Discussion Purposes Only*

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . **23**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) . . . **75 b**

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . **75 c**

**Note.** Related organizations include section 509(a)(3) supporting organizations.

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy? . . . **75 d**

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

**Part VI Other Information** (See the 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 . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' has it filed a tax return on Form 990-T for this year? . . .	<input type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80 a 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? . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	<input type="checkbox"/>	<input type="checkbox"/>
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . <b>81 a</b>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year? . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

PRELIMINARY & TENTATIVE

For Discussion Purposes Only

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a  X

b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a  X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b  X

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a  X

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b

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.

c Dues, assessments, and similar amounts from members 85c

d Section 162(e) lobbying and political expenditures 85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a

b Gross receipts, included on line 12, for public use of club facilities 86b

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX 88  X

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

b 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 89b  X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.

90 a List the states with which a copy of this return is filed ▶ NEW YORK

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 31

91 a The books are in care of ▶ LONG ISLAND CARES, INC. Telephone number ▶ (631) 582-3663  
 Located at ▶ 10 DAVIDS DRIVE HAUPPAUGE, NY ZIP + 4 ▶ 11788

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b  Yes  No X

If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  X

If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here  92

and enter the amount of tax-exempt interest received or accrued during the tax year

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

**PRELIMINARY & TENTATIVE**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, <del>For Discussion</del> <i>For Discussion Purposes Only</i>		Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HANDLING FEES					627,632.
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	2,060.	
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	-10,276.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			01	9,821.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,605.	627,632.
105 Total (add line 104, columns (B), (D), and (E))					629,237.

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 the 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
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(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 the 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).

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

Please Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date 05/16/06

Check if self-employed

Preparer's SSN or PTIN (See General Instruction W) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 Callaghan Nawrocki, LLP  
28 MANOR RD  
SMITHTOWN NY 11787

EIN \_\_\_\_\_

Phone no. (631) 756-9500



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

Supplementary Information — (See separate instructions.)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>LONG ISLAND CARES, INC.</b>	Employer identification number <b>11-2524512</b>
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**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
<u>ROBIN AMATO</u> HAUPPAUGE, NY 11788	DIRECTOR OF DEVELOPMENT 40	77,868.	0.	0.
<u>BRUCE GAUGLER</u> HAUPPAUGE, NY 11788	CONTROLLER 40	62,488.	0.	0.
<u>RUTH GREENBERG</u> HAUPPAUGE, NY 11788	COMM. OUTREACH MANAGER 40	51,475.	0.	0.
-----				
-----				
Total number of other employees paid over \$50,000 ▶		NONE		

**Part II - A 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 II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

**Part III** Statements About Activities (See instructions.)

For Discussion Purposes Only

	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.) . . . . .		X
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.		
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
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	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		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). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 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. *For Disposition Purposes Only*

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	2,346,486.	2,751,824.	2,410,545.	2,284,585.	9,793,440.
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 .....	628,565.	491,896.	529,863.	548,546.	2,198,870.
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 .....	2,506.	4,172.	6,615.	8,790.	22,083.
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 See Lr-22 Stmt	2,865.	7,676.	1,352.	23,228.	35,121.
23 Total of lines 15 through 22 .....	2,980,422.	3,255,568.	2,948,375.	2,865,149.	12,049,514.
24 Line 23 minus line 17 .....	2,351,857.	2,763,672.	2,418,512.	2,316,603.	9,850,644.
25 Enter 1% of line 23 .....	29,804.	32,556.	29,484.	28,651.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....	26a	197,013.
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 2001 through 2004 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	9,850,644.
d Add: Amounts from column (e) for lines: 18 <u>22,083.</u> 19 _____	26d	57,204.
22 <u>35,121.</u> 26b _____	26e	9,793,440.
e Public support (line 26c minus line 26d total) .....	26f	99.42 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....		

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: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
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) .....	27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ....	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....	27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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? .....		
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? .....		
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.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	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? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	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.		
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. ....		

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

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 —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	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	
<b>Caution:</b> 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with columns: (i) Cash, (ii) Other assets, b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. Columns: 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), c, Yes, No.

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:

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

52 a 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:

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

PRELIMINARY & TENTATIVE  
For Discussion Purposes Only

2005

Name of organization <b>LONG ISLAND CARES, INC.</b>	Employer identification number <b>11-2524512</b>
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

LONG ISLAND CARES, INC.

For Discussion Purposes Only  
11-2524512**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BANK OF AMERICA 300 BROAD HOLLOW ROAD MELVILLE NY 11747	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STOP & SHOP SUPERMARKET CO. P.O. BOX 1942 BOSTON MA 02105	\$ 84,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	KING KULLEN 185 CENTRAL AVENUE BETHPAGE NY 11714	\$ 71,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DONATION PROCESSORS OF AMERICA 81-11 246TH STREET BELLEROSE NY 11426	\$ 70,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WAKEFERN FOOD CORPORATION P.O. BOX 7812, 33 NORTHFIELD AVENUE EDISON NJ 08818-7812	\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BERNSTEIN FINANCIAL GROUP, LLC 1010 NORTHERN BOULEVARD, SUITE 340 GREAT NECK NY 11021	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

LONG ISLAND CARES, INC.

Employer identification number

11-2524512

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ALTRIA EMPLOYEE FUND 120 PARK AVENUE NEW YORK NY 10017	\$ 21,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE JP MORGAN CHASE FOUNDATION 270 PARK AVENUE, 46TH FLOOR NEW YORK NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MR. & MRS. RICHARD METRICK 23 LLOYD LANE HUNTINGTON NY 11743	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SCHNURMACHER FOUNDATIONS 155 EAST 55TH STREET, SUITE 302A NEW YORK NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL ROAD HILLSIDE NJ 07205	\$ 17,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	NYS OFFICE OF CHILDREN & FAMILY SERVICE 52 WASHINGTON STREET RENSSELAER NY 12144-2796	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LONG ISLAND CARES, INC.

**PRELIMINARY & TENTATIVE**  
Employer identification number  
*For Discussion Purposes Only*  
11-2524512**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MR. & MRS. DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE NY 11747	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MR. & MRS. JIM LENNON 358 JUNE AVENUE RIVERHEAD NY 11901	\$ 13,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	WAKEFERN FOOD CORP./SHOPRITE P.O. BOX 7812, 33 NORTHFIELD AVENUE EDISON NJ 08818-7812	\$ 13,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK NY 10016	\$ 12,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ALBRECHT, VIGGIANO, ZURECK & CO., P.C. 25 SUFFOLK COURT HAUPPAUGE NY 11788-3715	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MS. ROBIN T. HADLEY 35 LLOYD LANE HUNTINGTON NY 11743	\$ 10,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LONG ISLAND CARES, INC.

**PRELIMINARY & TENTATIVE**  
Employer identification number  
**For Discussion Purposes Only**  
 11-2524512

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ROSLYN SAVINGS FOUNDATION ----- 1400 OLD NORTHERN BOULEVARD ----- ROSLYN NY 11576-2127 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MR. & MRS. ROBERT A. DIRCKS ----- 16 TUXEDO DRIVE ----- MELVILLE NY 11747 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MRS. AMY HAGEDORN ----- OLD HOUSE LANE ----- PORT WASHINGTON NY 11050 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	VYTRA HEALTHCARE ----- 395 NORTH SERVICE ROAD ----- MELVILLE NY 11747 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CARLSON FAMILY FOUNDATION ----- 240 WEST CRESCENT ----- ALLENDALE NJ 07401 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	JUDITH C. WHITE FOUNDATION, INC. ----- 225 WEST 34TH STREET, ROOM 809 ----- NEW YORK NY 10122 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

For Discussion Purposes Only

LONG ISLAND CARES, INC.

11-2524512

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	KAZICKAS FAMILY FOUNDATION ----- 120 EAST 38TH STREET ----- NEW YORK NY 10016 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
26	HEALTH INSURANCE PLAN OF NEW YORK ----- 7 WEST 34TH STREET ----- NEW YORK NY 10001 -----	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
27	THE PAMPERED CHEF ----- 350 SOUTH ROHWLING ROAD ----- ADDISON IL 60101-3079 -----	\$ 8,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
28	TESTING MACHINES, INC. ----- 2 FLEETWOOD COURT ----- RONKONKOMA NY 11779 -----	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
29	SHOPRITE LPGA CLASSIC ----- 1004 NEW ROAD ----- NORTHFIELD NJ 08225 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
30	RIDGEWOOD SAVINGS BANK ----- 71-02 FOREST AVENUE ----- RIDGEWOOD NY 11385 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

Name of organization

LONG ISLAND CARES, INC.

PRELIMINARY &amp; TENTATIVE

Employee identification number  
For Discussion Purposes Only  
11-2524512**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	J. STERN CONSTRUCTION GROUP 2090 POND ROAD RONKONKOMA NY 11779	\$ 6,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	EDITH PELLETIER CHARITABLE TRUST P.O. BOX 1543 PENNINGTON NJ 08534-1543	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	INTERNATIONAL HOUSE OF PANCAKES 1050 WALL STREET, SUITE 670 LYNDHURST NJ 07071	\$ 5,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	DI FAZIO ELECTRIC, INC. 711 GRAND BOULEVARD, P.O. BOX 768 DEER PARK NY 11729-0768	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	NORTH FORK BANK 275 BROAD HOLLOW ROAD MELVILLE NY 11747	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KISSINGER FAMILY FOUNDATION 200 BROAD HOLLOW ROAD MELVILLE NY 11747	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LONG ISLAND CARES, INC.

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	ALPERN FAMILY FOUNDATION, INC. 400 JERICHO TURNPIKE, SUITE 205 JERICHO NY 11753	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	KNIGHTS OF COLUMBUS, SUFFOLK CHAPTER 21 WINDHAM DRIVE RONKONKOMA NY 11779	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	H.W. WILSON FOUNDATION, INC. 950 UNIVERSITY AVENUE BRONX NY 10452	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MAZON: A JEWISH RESPONSE TO HUNGER 1990 SOUTH BUNDY DRIVE, SUITE 206 LOS ANGELES CA 90025-5232	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	TEMPLE BETH AM P.O. BOX 543 BRENTWOOD NY 11717	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	KRAFT FOODS GENERAL, INC. THREE LAKES DRIVE WINNETKA IL 60093	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LONG ISLAND CARES, INC.

Employer identification number  
**For Discussion Purposes Only**  
 11-2524512

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	THRILL HILL PRODUCTIONS, INC. ----- 1990 SOUTH BUNDY DRIVE, SUITE 200 ----- LOS ANGELES CA 90025 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form 990, Page 2, Part II, Line 43

## Other Expenses Stmt

**PRELIMINARY & TENTATIVE**  
For Discussion Purposes Only

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
HPNAP FOOD PURCHASE	580,144.	580,144.	0.	0.
SUFF CNTY FOOD PURCHASE	47,405.	47,405.	0.	0.
TRANSPORTATION	89,286.	89,286.	0.	0.
DAMAGE/SHORTAGE	517.	517.	0.	0.
SANITATION AND DUMP	29,332.	26,780.	1,584.	968.
HPNAP SANITATION	9,689.	9,689.	0.	0.
FREIGHT	8,250.	8,250.	0.	0.
WORKSHOPS & EDUCATION	8,631.	8,631.	0.	0.
IN-KIND EXPENSES	4,278,388.	4,216,212.	2,073.	60,103.
OTHER FOOD PURCHASES	185,255.	185,255.	0.	0.
EDUCATIONAL SUPPLIES	10,065.	10,065.	0.	0.
UTILITIES	76,171.	69,544.	4,113.	2,514.
PROPERTY TAXES	497.	454.	27.	16.
RECRUITING AND TRAINING	4,791.	4,766.	25.	0.
MISCELLANEOUS	174.	174.	0.	0.
OPERATIONS SUPPORT - HPNAP	93,937.	93,937.	0.	0.
CAPITAL EQUIPMENT - HPNAP	80,792.	80,792.	0.	0.
<b>Total</b>	<b>5,503,324.</b>	<b>5,431,901.</b>	<b>7,822.</b>	<b>63,601.</b>

Form 990, Page 5, Part V-A

## 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
KENNETH A. SHANAHAN 275 BROAD HOLLOW ROAD MELVILLE, NY 11747	TREASURER 2	0.	0.	0.
SANDY CHAPIN 196 E. MAIN STREET HUNTINGTON, NY 11743	MEMBER 2	0.	0.	0.
BILL AYRES 505 EIGHTH AVENUE NEW YORK, NY 10018	MEMBER 2	0.	0.	0.
JOSEPH W. BROWN 185 CENTRAL AVENUE BETHPAGE, NY 11714	MEMBER 2	0.	0.	0.
RICHARD J. CIRINCIONE 71-02 FOREST AVENUE EDGEWOOD, NY 11385	MEMBER 2	0.	0.	0.
JOHN GLOZEK, JR. 22 WEST NICHOLAI STREET HICKSVILLE, NY 11801	MEMBER 2	0.	0.	0.
BILL HARTNAGEL 291 WEST MAIN STREET SMITHTOWN, NY 11787	MEMBER 2	0.	0.	0.



Form 990, Page 5, Part V-A  
**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
MICHAEL MANNETTA 3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040	MEMBER 2	0.	0.	0.
SUSAN L. MILLER 29 BLAIR DRIVE HUNTINGTON, NY 11743	MEMBER 2	0.	0.	0.
ROBERT MURRAY 80 HIGHLAND AVENUE ROWAYTON, CT 06853	MEMBER 2	0.	0.	0.
THOMAS MURRAY 25 SUFFOLK COURT HAUPPAUGE, NY 11788	MEMBER 2	0.	0.	0.
ELENA PEREZ 300 BROAD HOLLOW ROAD MELVILLE, NY 11747	MEMBER 2	0.	0.	0.
ANTHONY L. SALUCCI 55 FIRST AVENUE KINGS PARK, NY 11754	MEMBER 2	0.	0.	0.
RICHARD SCHOLEM 7 BAYVIEW LANE HUNTINGTON, 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 2090 POND ROAD RONKONKOMA, NY 11779	MEMBER 2	0.	0.	0.
JOHN L. SULLIVAN 2 FLEETWOOD COURT RONKONKOMA, NY 11779	MEMBER 2	0.	0.	0.
HOWARD WEINER 125 BAYLIS ROAD MELVILLE, NY 11747	MEMBER 2	0.	0.	0.
LYNN NEEDELMAN 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	EXECUTIVE DIRECTOR 40	93,689.	0.	0.

Form 990, Page 8, 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).
	AGENCIES WOULD INCLUDE EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS FOR THE HOMELESS, DAY CARE CENTERS, SENIOR NUTRITION SITES AND OTHER MISCELLANEOUS ON-SITE PROGRAMS.

Form 990, Page 1, Part I, Line 9  
Special Events and Activities Statement**PRELIMINARY & TENTATIVE**  
For Discussion Purposes Only

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
DIRECT MAILING	198,322.	198,322.	0.	82,428.	-82,428.
GOLF OUTING	146,211.	37,426.	108,785.	76,164.	32,621.
AWARDS DINNER	145,370.	26,600.	118,770.	44,310.	74,460.
4 OTHERS	146,521.	146,521.	0.	34,929.	-34,929.
Total	<u>636,424.</u>	<u>408,869.</u>	<u>227,555.</u>	<u>237,831.</u>	<u>-10,276.</u>

Form 990, Page 4, 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.	123,679.	1,303,504.
BUILDING IMPROVEMENTS	77,030.	10,164.	66,866.
OFFICE EQUIPMENT	209,488.	142,866.	66,622.
VEHICLES	128,237.	82,698.	45,539.
WAREHOUSE EQUIPMENT	337,943.	229,862.	108,081.
Total	<u>3,065,381.</u>	<u>589,269.</u>	<u>2,476,112.</u>

Form 990, Page 4, Part IV, Line 58  
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DONATED PRODUCT	598,399.	574,556.
Total	<u>598,399.</u>	<u>574,556.</u>

## Explanation Statement

Form/Line: Form 990, Part V-A line 75b  
Explanation of: Relationship of Officers, Trustees, & Highly Compensated EmployeesTHOMAS & ROBERT MURRAY - BROTHERS

Schedule A, Part IV-A, Line 22

**PRELIMINARY & TENTATIVE**  
*For Discussion Purposes Only***Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<u>MISCELLANEOUS</u>	<u>2,865.</u>	<u>7,676.</u>	<u>1,352.</u>	<u>23,228.</u>	<u>35,121.</u>
Total	<u>2,865.</u>	<u>7,676.</u>	<u>1,352.</u>	<u>23,228.</u>	<u>35,121.</u>

**Supporting Statement of:**

Form 990 p 4/Line 64b, column (A)

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

**Open to Public Inspection**

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) _____ / <b>2005</b> and ending (mm/dd/yyyy) _____	
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization  <b>LONG ISLAND CARES, INC.</b>
	d. Fed. employer ID no. (EIN) (###-####-####) <b>11-2524512</b>
	e. NY State registration no. (###-###-###) <b>02-85-78</b>
	f. Telephone number <b>631-582-3663</b>
g. Email	
Number and street (or P.O. box if mail not delivered to street address) Room /suite <b>10 DAVIDS DRIVE</b>	
City or town, state or country and zip + 4 <b>HAUPPAUGE, NY 11788</b>	

**2. Certification - Two Signatures Required**

We certify under penalties for perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer/Trustee	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title	Date

**3. Annual Report Exemption Information**

a. **Article 7-A annual report exemption** (Article 7-A registrants and dual registrants)  
 Check  If total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL annual report exemption** (EPTL registrants and dual registrants)  
 Check  If total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted:** See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:		<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
a. Article 7-A filing fee . . . . .	\$ <u>25.</u>	
b. EPTL filing fee . . . . .	\$ <u>250.</u>	
c. Total fee . . . . .	\$ <u>275.</u>	

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

N/A

1. Type of fund raising professional (FRP):

Professional fund raiser . . . . .  
Fund raising counsel . . . . .  
Commercial co-venturer . . . . .

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

2. Name of FRP:

\_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address):

\_\_\_\_\_

City or town, state or country and zip + 4:

\_\_\_\_\_

3. FRP telephone number:

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract . . . . . (mm/dd/yyyy) through (mm/dd/yyyy)

7. Amount paid to FRP . . . . . \$ \_\_\_\_\_

**Schedule 4b: Government Contributions (Grants)**

**PRELIMINARY & TENTATIVE**

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution to (Distribution Purpose Only) of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
NEW YORK STATE DEPARTMENT OF HEALTH	\$ 1,054,787.
SUFFOLK COUNTY	\$ 105,525.
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$ 4,500.
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<b>Total Government Contributions (Grants)</b>	\$ 1,164,812.

## 5. Fee Instructions

## PRELIMINARY & TENTATIVE For Discussion Purposes Only

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

### Organization's Registration Type    Fee Instructions

- **Article 7-A**                      Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
- **EPTL**                                Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
- **Dual**                                Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

#### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

#### b) EPTL filing fee

Net Worth at End of Year	EPTL fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$ 50,000,000 or more	\$1500

## 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

### For All Filers

#### Filing Fee

Single check or money order payable to "NYS Department of Law"

#### Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990 <input checked="" type="checkbox"/> Schedule A to IRS Form 990 <input checked="" type="checkbox"/> Schedule B to IRS Form 990 <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-EZ <input type="checkbox"/> Schedule A to IRS Form 990-EZ <input type="checkbox"/> Schedule B to IRS Form 990-EZ <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-PF <input type="checkbox"/> Schedule B to IRS Form 990-PF <input type="checkbox"/> IRS Form 990-T
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### Additional Article 7-A Document Attachment Requirement

#### Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)  
 Review Report (total support & revenue \$100,001 to \$250,000)  
 No Accountant's Report Required (total support & revenue not more than \$100,000)