Form 990 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

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.

A For the 2006 calendar year, or tax year beginning , 2006, and ending ,

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

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

C Name of organization: LONG ISLAND CARES, INC.

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

D Employer Identification Number: 11-2524512

E Telephone number: (631) 582-3663

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

• 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 [X] 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 [X] No

G Web site: ► WWW.LICARES.ORG

J Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 8,205,514.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	0.		
	b	Direct public support (not included on line 1a)	1b	6,184,831.		
	c	Indirect public support (not included on line 1a)	1c	0.		
	d	Government contributions (grants) (not included on line 1a)	1d	1,082,579.		
	e	Total (add lines 1a through 1d) (cash $ 2,220,706. noncash $ 5,046,704.)			1e	7,267,410.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	779,864.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	3,242.
	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	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory		8a			
b	Less: cost or other basis and sales expenses		8b			
c	Gain or (loss) (attach schedule)		8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	

REVENUE	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► [ ]				
	a	Gross revenue (not including $ 386,564. of contributions reported on line 1b)	9a	152,110.		
	b	Less: direct expenses other than fundraising expenses	9b	176,571.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		See L-9 Stmt	9c	-24,461.
	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	2,888.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	8,028,943.
EXPENSES	13	Program services (from line 44, column (B))			13	7,154,061.
	14	Management and general (from line 44, column (C))			14	424,008.
	15	Fundraising (from line 44, column (D))			15	258,496.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	7,836,565.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	192,378.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,021,099.
	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	3,213,477.

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
22a Grants paid from donor advised funds (attach sch) (cash $ ___ non-cash $ ___) If this amount includes foreign grants, check here ► ☐	22a				
22b Other grants and allocations (att sch) (cash $ 50,000. non-cash $ ___) If this amount includes foreign grants, check here ► ☐	22b	50,000.	50,000.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) .See L-25a Stmt	25a	97,407.	70,133.	27,274.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	972,834.	583,054.	252,363.	137,417.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	123,265.	99,008.	11,282.	12,975.
29 Payroll taxes	29	81,744.	50,040.	21,193.	10,511.
30 Professional fundraising fees	30				
31 Accounting fees	31	15,000.	0.	15,000.	0.
32 Legal fees	32				
33 Supplies	33	20,954.	16,396.	2,597.	1,961.
34 Telephone	34	13,436.	8,465.	2,284.	2,687.
35 Postage and shipping	35	14,360.	9,425.	3,719.	1,216.
36 Occupancy	36				
37 Equipment rental and maintenance	37	31,509.	25,407.	4,290.	1,812.
38 Printing and publications	38	13,691.	8,163.	5,224.	304.
39 Travel	39	11,412.	9,633.	908.	871.
40 Conferences, conventions, and meetings	40	3,260.	800.	2,460.	0.
41 Interest	41	29,061.	0.	29,061.	0.
42 Depreciation, depletion, etc (attach schedule)	42	115,341.	98,638.	10,453.	6,250.
43 Other expenses not covered above (itemize):					
a ADVERTISING	43a	43,533.	0.	25.	43,508.
b PERMITS & LICENSES	43b	440.	401.	24.	15.
c INSURANCE	43c	21,651.	18,817.	1,635.	1,199.
d DUES AND MEMBERSHIP FEES	43d	20,890.	13,522.	7,073.	295.
e BANK AND PAYROLL FEES	43e	7,198.	0.	7,198.	0.
f CONSULTANTS	43f	12,350.	7,375.	3,175.	1,800.
g See Other Expenses Stmt	43g	6,137,229.	6,084,784.	16,770.	35,675.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	7,836,565.	7,154,061.	424,008.	258,496.

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? ► NONPROFIT ANTI-HUNGER ORGANIZATION 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.)
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 $ 0.) If this amount includes foreign grants, check here ► ☐	7,068,406.
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.) If this amount includes foreign grants, check here ► ☐	85,655.
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	7,154,061.

Part IV Balance Sheets *(See the 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			283,696.	45	421,263.
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	377,586.			
b Less: allowance for doubtful accounts	47b	0.	486,978.	47c	377,586.
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			35,569.	53	18,828.
54a Investments – publicly-traded securities ► ☐ Cost ☐ FMV				54a	
b Investments – other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
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	2,953,757.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b	554,232.	2,476,112.	57c	2,399,525.
58 Other assets, including program-related investments (describe ► See Line 58 Stmt)			574,556.	58	695,409.
59 **Total assets** (must equal line 74). Add lines 45 through 58			3,856,911.	59	3,912,611.
LIABILITIES 60 Accounts payable and accrued expenses			415,312.	60	372,434.
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)			420,500.	64b	326,700.
65 Other liabilities (describe ►)				65	
66 **Total liabilities.** Add lines 60 through 65			835,812.	66	699,134.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			2,917,525.	67	3,138,749.
68 Temporarily restricted			53,574.	68	24,728.
69 Permanently restricted			50,000.	69	50,000.
Organizations that do not follow SFAS 117, check here ► ☐ 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 and column (B) **must** equal line 21)			3,021,099.	73	3,213,477.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,856,911.	74	3,912,611.

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

a	Total revenue, gains, and other support per audited financial statements			a	8,205,514.
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): FUNDRAISING EXPENSES	b4	176,571.		
	Add lines b1 through b4			b	176,571.
c	Subtract line b from line a			c	8,028,943.
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			d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ►			e	8,028,943.

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

a	Total expenses and losses per audited financial statements			a	8,013,136.
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): FUNDRAISING EXPENSES	b4	176,571.		
	Add lines b1 through b4			b	176,571.
c	Subtract line b from line a			c	7,836,565.
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			d	
e	**Total expenses** (Part I, line 17). Add lines c and d ►			e	7,836,565.

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.
DAVID E. PASELTINER 300 GARDEN CITY PLAZA, 5TH FLOOR GARDEN CITY, NY 11530	VICE PRESIDENT	2	0.	0.	0.
DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE, NY 11747	VICE PRESIDENT	2	0.	0.	0.
BILL HARTNAGEL 291 WEST MAIN STREET SMITHTOWN, NY 11787	SECRETARY	2	0.	0.	0.
BRIAN L. SEIDMAN 300 BROAD HOLLOW ROAD MELVILLE, NY 11747	SECRETARY	2	0.	0.	0.
See List of Officers, Etc. Statement					

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. ► 22			
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)	75b	X	
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 the organization? See the instructions for the definition of 'related organization'	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

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 (if not paid, enter -0-)	(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 make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a		X
b If 'Yes,' enter the name of the organization ► ______ and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
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	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
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 N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
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	N/A	
86 *501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a 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		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		88b		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.			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	N/A	

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, 2006 (See instructions.) 90b 32

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

		Yes	No
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		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 Accounts.			

Part VI Other Information (continued)

		Yes	No
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 ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92

Part VII Analysis of Income-Producing Activities *(See the 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					779,864.
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	3,242.	
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	-24,461.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			01	2,888.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-18,331.	779,864.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 761,533.

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.)* 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 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).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

► [signature] Date: 4-25-2007

Signature of officer

► JIM LENNON / PRESIDENT

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► [signature] Michael E. Nawrocki	Date 4/19/07	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 ROAD SMITHTOWN NY 11787		EIN ► Phone no. ►	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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.**

OMB No. 1545-0047

2006

Name of the organization	Employer identification number
LONG ISLAND CARES, INC.	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	80,979.	0.	0.
KENNETH ZONE HAUPPAUGE, NY 11788	OPERATIONS MANAGER 40	74,069.	0.	0.
BRUCE GAUGLER HAUPPAUGE, NY 11788	CONTROLLER 40	64,966.	0.	0.
Total number of other employees paid over $50,000 ►	4			

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.)

			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.)	1		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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X

d Enter the total number of donor advised funds owned at the end of the tax year ►

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0.

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,392,726.	2,346,486.	2,751,824.	2,410,545.	9,901,581.
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	627,632.	628,565.	491,896.	529,863.	2,277,956.
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	2,060.	2,506.	4,172.	6,615.	15,353.
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 L-22 Stmt	9,821.	2,865.	7,676.	1,352.	21,714.
23 Total of lines 15 through 22	3,032,239.	2,980,422.	3,255,568.	2,948,375.	12,216,604.
24 Line 23 minus line 17	2,404,607.	2,351,857.	2,763,672.	2,418,512.	9,938,648.
25 Enter 1% of line 23	30,322.	29,804.	32,556.	29,484.	

26 **Organizations described on lines 10 or 11:**

a Enter 2% of amount in column (e), line 24 ►	26a	198,773.
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 2002 through 2005 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	9,938,648.
d Add: Amounts from column (e) for lines: 18 15,353. 19 ____ 22 21,714. 26b ____ ►	26d	37,067.
e Public support (line 26c minus line 26d total) ►	26e	9,901,581.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	99.63 %

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:

(2005) ____________ (2004) ____________ (2003) ____________ (2002) ____________

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:

(2005) ____________ (2004) ____________ (2003) ____________ (2002) ____________

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ►	27c	
d Add: Line 27a total ____ and line 27b total ____ ►	27d	
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 2002 through 2005, 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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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.	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 (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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**
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		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

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)

OMB No. 1545-0047

2006

Name of organization
LONG ISLAND CARES, INC.

Employer identification number
11-2524512

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **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 –

[X] 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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) 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).*

Name of organization	Employer identification number
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
1	BANK OF AMERICA 300 BROAD HOLLOW ROAD MELVILLE NY 11747	$ 105,860.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	STOP & SHOP SUPERMARKET CO. P.O. BOX 1942 BOSTON MA 02105	$ 75,031.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	WAKEFERN FOOD CORPORATION P.O. BOX 7812, 33 NORTHFIELD AVENUE EDISON NJ 08818-7812	$ 50,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL ROAD HILLSIDE NJ 07205	$ 43,113.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	KING KULLEN 185 CENTRAL AVENUE BETHPAGE NY 11714	$ 42,288.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	DONATION PROCESSORS OF AMERICA 81-11 246TH STREET BELLEROSE NY 11426	$ 41,786.	Person [X] Payroll [ ] Noncash [ ] (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	BERNSTEIN FINANCIAL GROUP, LLC 1010 NORTHERN BOULEVARD, SUITE 340 GREAT NECK NY 11021	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	ARROW ELECTRONICS, INC. 50 MARCUS DRIVE MELVILLE NY 11747	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	MR. & MRS. RICHARD METRICK, TTEE 23 LLOYD LANE HUNTINGTON NY 11743	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	SCHNURMACHER FOUNDATIONS 155 E. 55TH STREET-SUITE 302A NEW YORK NY 10022	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	A.L.S. CONSTRUCTION 55 1ST AVENUE KINGS PARK NY 11754	$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	AMERICA'S SECOND HARVEST 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO IL 60601-2200	$ 15,366.	Person [X] Payroll [ ] Noncash [ ] (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
13	THE JUDITH C. WHITE FOUNDATION, INC. 225 W. 34TH STREET, ROOM 809 NEW YORK NY 10122	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	ST. JOSEPH'S ROMAN CATHOLIC CHURCH 130 FIFTH STREET GARDEN CITY NY 11530	$ 13,822.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	THE PAMPERED CHEF 350 SOUTH ROHWLING ROAD ADDISON IL 60101-3079	$ 11,931.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	MS. ROBIN T. HADLEY 35 LLOYD LANE SYOSSET NY 11791-9029	$ 10,853.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	SYOSSET CENTRAL SCHOOL DISTRICT P.O. BOX 9029 SYOSSET NY 11791-9029	$ 10,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	MRS. AMY HAGEDORN OLD HOUSE LANE PORT WASHINGTON NY 11050	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (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
19	CARLSON FAMILY FOUNDATION 240 WEST CRESCENT ALLENDALE NJ 07401	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20	C & S WHOLESALE GROCERS, INC. 7 CORPORATE DRIVE KEENE NH 03431	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21	MR. & MRS. DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE NY 11747	$ 8,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22	BRENNER LENNON PHOTO PRODUCT 125 NEWTOWN ROAD PLAINVIEW NY 11803	$ 8,155.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23	UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK NY 10016	$ 8,023.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24	WAKEFERN FOOD CORP./SHOPRITE P.O. BOX 7812, 33 NORTHFIELD AVENUE EDISON NJ 08818-7812	$ 7,593.	Person [X] Payroll [ ] Noncash [ ] (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
25	SHOPRITE LPGA CLASSIC 1004 NEW ROAD NORTHFIELD NJ 08225	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26	JOHN R. & INGE P. STAFFORD FOUNDATION P.O. BOX 613 ESSEX FELLS NJ 07021	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27	RIDGEWOOD SAVINGS BANK 71-02 FOREST AVENUE RIDGEWOOD NY 11385	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28	DI FAZIO ELECTRIC, INC. 711 GRAND BOULEVARD, P.O. BOX 768 DEER PARK NY 11729-0768	$ 5,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29	MR & MRS. JIM LENNON 358 JUNE AVENUE RIVERHEAD NY 11901	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30	LONG ISLAND UNIVERSITY 933 PORT WASHINGTON BOULEVARD PORT WASHINGTON NY 11050	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (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
31	SOUTH SHORE MEDICAL CARE & DIAGNOSTICS 4250 VETERAN'S MEMORIAL HIGHWAY SUITE 1020 HOLBROOK NY 11741	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32	ROSLYN SAVINGS FOUNDATION P.O. BOX 9005, ONE JERICHO PLAZA JERICHO NY 11753-8905	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33	MARC J. YLAND, M.D., P.C. 2500 NESCONSET HIGHWAY SUITE 87 STONY BROOK NY 11790	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34	KISSINGER FAMILY FOUNDATION 200 BROAD HOLLOW ROAD MELVILLE NY 11747	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35	ALPERN FAMILY FOUNDATION, INC. 400 JERICHO TURNPIKE, SUITE 205 JERICHO NY 11753	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36	MR. & MRS. GERARD G. LEEDS 17 HILLTOP DRIVE EAST GREAT NECK NY 11021	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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
37	EDITH PELLETIER CHARITABLE TRUST P.O. BOX 1543 PENNINGTON NJ 08534-1543	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38	PRICEWATERHOUSECOOPERS LLP 300 MADISON AVENUE NEW YORK NY 10017	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39	MR. JOHN MILLER 41 APPLEGREEN DRIVE OLD WESTBURY NY 11568	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40	MR. ROGER TILLES 98 MYRTLE DRIVE GREAT NECK NY 11021	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form 990 **Compensation of Current Officers, Directors, Key Employees, Etc.** **2006**
Part II, Line 25a

Name as Shown on Return	Employer Identification No.
LONG ISLAND CARES, INC.	11-2524512

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LYNN NEEDELMAN	97,407.	70,133.	27,274.	0.
Total Compensation Received	97,407.	70,133.	27,274.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ►	97,407.	70,133.	27,274.	0.

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
HPNAP FOOD PURCHASE	494,995.	494,995.	0.	0.
SUFF CNTY FOOD PURCHASE	51,141.	51,141.	0.	0.
TRANSPORTATION	109,365.	109,365.	0.	0.
DAMAGE/SHORTAGE	236.	236.	0.	0.
SANITATION AND DUMP	33,508.	30,593.	1,809.	1,106.
HPNAP SANITATION	4,863.	4,863.	0.	0.
FREIGHT	39,966.	39,966.	0.	0.
WORKSHOPS & EDUCATION	6,542.	6,542.	0.	0.
IN-KIND EXPENSES	4,928,794.	4,888,686.	10,586.	29,522.
OTHER FOOD PURCHASES	196,727.	196,727.	0.	0.
EDUCATIONAL SUPPLIES	15,282.	15,282.	0.	0.
UTILITIES	80,538.	73,531.	4,349.	2,658.
PROPERTY TAXES	489.	447.	26.	16.
RECRUITING AND TRAINING	2,653.	280.	0.	2,373.
MISCELLANEOUS	84.	84.	0.	0.
OPERATIONS SUPPORT - HPNAP	104,996.	104,996.	0.	0.
CAPITAL EQUIPMENT - HPNAP	58,626.	58,626.	0.	0.
FOOD ACQUISITION HANDLING FEES	8,424.	8,424.	0.	0.
Total	6,137,229.	6,084,784.	16,770.	35,675.

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
CHRISTOPHER J. BROWN P.O. BOX 446 ROSLYN HEIGHTS, NY 11577	TREASURER 2	0.	0.	0.
SANDY CHAPIN 118 GLENDALE ROAD OSSINING, NY 11714	MEMBER 2	0.	0.	0.
RUDY BECHT 84 FITCHBURG STREET BAY SHORE, NY 11706	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.
MICHAEL MANNETTA 3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040	MEMBER 2	0.	0.	0.
CAROLYN MAZZENGA 10 MELVILLE PARK ROAD MELVILLE, NY 11747-3146	MEMBER 2	0.	0.	0.

Form 990, Page 5, Part V-A
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
SUSAN L. MILLER 43 STERLING COURT HUNTINGTON, NY 11743	MEMBER 2	0.	0.	0.
ROBERT MURRAY 40 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.
JEFFREY S. STERN 2090 POND ROAD RONKONKOMA, NY 11779	MEMBER 2	0.	0.	0.
JOHN L. SULLIVAN 12 WEST PERIWINKLE LANE NEWARK, DE 19711-6212	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	97,407.	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

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	241,141.	241,141.	0.	83,876.	-83,876.
GOLF OUTING	122,240.	27,650.	94,590.	46,801.	47,789.
CHECK OUT HUNGER	71,688.	71,688.	0.	6,069.	-6,069.
4 OTHERS	103,605.	46,085.	57,520.	39,825.	17,695.
Total	538,674.	386,564.	152,110.	176,571.	-24,461.

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.	159,359.	1,267,824.
BUILDING IMPROVEMENTS	88,006.	18,415.	69,591.
OFFICE EQUIPMENT	161,437.	124,183.	37,254.
VEHICLES	66,748.	29,280.	37,468.
WAREHOUSE EQUIPMENT	324,883.	222,995.	101,888.
Total	2,953,757.	554,232.	2,399,525.

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

Line 58 - Other Assets:	Beginning of Year	End of Year
DONATED PRODUCT	574,556.	695,409.
Total	574,556.	695,409.

Explanation Statement

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

BOARD MEMBERS ROBERT AND THOMAS MURRAY ARE BROTHERS.
BOARD MEMBERS CHRISTOPHER AND JOSEPH BROWN ARE BROTHERS.

Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
MISCELLANEOUS	9,821.	2,865.	7,676.	1,352.	21,714.
Total	9,821.	2,865.	7,676.	1,352.	21,714.

Supporting Statement of:

Form 990 p 2/Line 22b cash

Description	Amount
GRANTS TO MEMBER AGENCIES - FOOD PANTRIES/SOUP KITCHENS	50,000.
Total	50,000.

Supporting Statement of:

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

Description	Amount
LOAN PAYABLE TO BANK	420,500.
Total	420,500.

Supporting Statement of:

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

Description	Amount
LOAN PAYABLE TO BANK	326,700.
Total	326,700.