

**Return of Organization Exempt from Income Tax**

OMB No 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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**A For the 2001 calendar year, or tax year beginning , 2001, 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  
instruc-  
tions**C Name of organization**

LONG ISLAND CARES, INC

Number street (or P O box if mail is not delivered to street addr) Room/suite

P O BOX 1330

City, Town or Country

BRENTWOOD

State ZIP code + 4

NY 11717

**D Employer Identification Number**

11-2524512

**E Telephone number**

(631) 435-1936

**F Accounting method**☐ Cash ☒ 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 ☒ 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 Enter 4-digit group GEN ▶

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)**G Web site. ▶****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  
received a Form 990 Package in the mail, it should file a return without financial data  
**Some states require a complete return****L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,953,057****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)**1 Contributions, gifts, grants, and similar amounts received****a Direct public support**

1a 1,131,528

**b Indirect public support**

1b

**c Government contributions (grants)**

1c 1,153,057

**d Total (add lines 1a through 1c) (cash \$ 2,284,585 noncash \$ )**

1d 2,284,585

**2 Program service revenue including government fees and contracts (from Part VII, line 93)**

2 433,453

**3 Membership dues and assessments**

3

**4 Interest on savings and temporary cash investments**

4 8,790

**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

**8a Gross amount from sales of assets other  
than inventory**

(A) Securities

(B) Other

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

**9 Special events and activities (attach schedule)****a Gross revenue (not including \$ 7,966 of contributions  
reported on line 1a)**

9a 203,001

**b Less direct expenses other than fundraising expenses**

9b 87,908

**c Net income or (loss) from special events (subtract line 9b from line 9a)**

See L-9 Stmt

9c 115,093

**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 23,228

**12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**

12 2,865,149

**13 Program services (from line 44, column (B))**

13 1,823,054

**14 Management and general (from line 44, column (C))**

14 334,658

**15 Fundraising (from line 44, column (D))**

15 203,939

**16 Payments to affiliates (attach schedule)**

16

**17 Total expenses (add lines 16 and 44, column (A))**

17 2,361,651

**18 Excess or (deficit) for the year (subtract line 17 from line 12)**

18 503,498

**19 Net assets or fund balances at beginning of year (from line 73, column (A))**

19 1,396,946

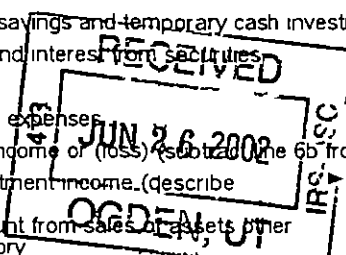
**20 Other changes in net assets or fund balances (attach explanation)**

20 -70,055

**21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)**

21 1,830,389

SCANNED JUL 08 2002



G13 8

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 213,022 non cash \$ )	22 213,022	213,022		
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 79,808	57,462	22,346	0
26	Other salaries and wages	26 846,382	494,115	227,169	125,098
27	Pension plan contributions	27			
28	Other employee benefits	28 58,320	47,477	9,736	1,107
29	Payroll taxes	29 118,015	84,336	22,531	11,148
30	Professional fundraising fees	30			
31	Accounting fees	31 10,500	8,400	2,100	0
32	Legal fees	32			
33	Supplies	33 24,123	16,617	6,187	1,319
34	Telephone	34 16,560	10,032	5,065	1,463
35	Postage and shipping	35 17,197	12,618	2,186	2,393
36	Occupancy	36			
37	Equipment rental and maintenance	37 18,072	12,666	5,021	385
38	Printing and publications	38 13,038	11,922	438	678
39	Travel	39 12,850	10,632	1,454	764
40	Conferences, conventions, and meetings	40 8,742	1,041	5,941	1,760
41	Interest	41 1,020	6	1,014	0
42	Depreciation, depletion, etc (attach schedule)	42 52,550	47,435	5,115	0
43	Other expenses not covered above (itemize)				
a	EMPLOYMENT ADVERTISING	43a 1,786	161	1,625	0
b	SECURITY	43b 240	240	0	0
c	INSURANCE	43c 16,976	14,940	1,883	153
d	DUES AND MEMBERSHIP FEES	43d 16,429	13,701	2,728	0
e	See Other Expenses Stmt	43e 836,021	766,231	12,119	57,671
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,361,651	1,823,054	334,658	203,939

Joint Costs Check ☒ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to program services \$ , (iii) the amount allocated to management and general \$ , and (iv) the amount allocated to fundraising \$

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **NONPROFIT ANTI-HUNGER ORG**

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) &amp; (4) organizations &amp; section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; 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 \$ )	1,712,586
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 \$ )	110,468
c	 (Grants and allocations \$ )	
d	 (Grants and allocations \$ )	
e	Other program services (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	1,823,054

**Part IV Balance Sheets** (See instructions)**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non interest bearing	437,561	45	932,128
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	449,123		
	b Less allowance for doubtful accounts	3,841	368,153	445,282
	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	37,417	53	38,969
	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)			
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	620,105			
b Less accumulated depreciation (attach schedule) L-57 Stmt	410,006	209,164	57c	210,099
58 Other assets (describe <input type="checkbox"/> DONATED PRODUCT)	594,381	58	524,325	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,646,676	59	2,150,803	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	249,730	60	320,414
	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)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	249,730	66	320,414
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,223,429	67	1,322,658
	68 Temporarily restricted	123,517	68	457,731
	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 and column (B) must equal line 21)	1,396,946	73	1,830,389
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,646,676	74	2,150,803

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

BAA

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	6,859,347
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990	<b>b</b>	
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		\$ 3,906,290
(3)	Recoveries of prior year grants		
(4)	Other (specify) FND RSG		
	EXPENSES		\$ 87,908
	Add amounts on lines (1) through (4)	<b>b</b>	3,994,198
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,865,149
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,865,149

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	6,425,904
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990	<b>b</b>	
(1)	Donated services and use of facilities		\$ 3,976,345
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify) FND RSG		
	EXPENSES		\$ 87,908
	Add amounts on lines (1) through (4)	<b>b</b>	4,064,253
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,361,651
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,361,651

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
THOMAS MURRAY HAUPPAUGE, NY 11788	PAST PRESIDENT 2	0	0	0
RUDY BECHT BETHPAGE, NY 11714	SECRETARY 2	0	0	0
DAVID SCHNEIDMAN BRENTWOOD, NY 11717	VICE PRESIDENT 2	0	0	0
DON CORRAO HUNTINGTON, NY 11747	PRESIDENT 2	0	0	0
LYNNE CROCKETT FUNK DEER PARK, NY 11729	SECRETARY 5	0	0	0
SANDY CHAPIN HUNTINGTON, NY 11743	CHAIRPERSON 2	0	0	0
SUSAN MILLER COLD SPRING HARBOR, NY 11724	MEMBER 2	0	0	0
LYNN NEEDLEMAN W BRENTWOOD, NY 11717	EXEC DIR 40	79,808	0	0
BILL AYRES NEW YORK, NY 10018	MEMBER 2	0	0	0
See List of Officers, Etc Statement		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule - see instructions

☐ Yes

☒ No

**Part VI Other Information** (See specific instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>b</b> If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</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.) <b>82b</b> 3,906,290		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b>		
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices <b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		
<b>h</b> 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?		
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders <b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 <u>0</u>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
<b>90a</b> List the states with which a copy of this return is filed <u>NEW YORK</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (see instructions) <b>90b</b> 26		
<b>91</b> The books are in care of <u>LONG ISLAND CARES, INC</u> Telephone number <u>(631) 435-1936</u> Located at <u>P O BOX 1330, BRENTWOOD</u> NY ZIP + 4 <u>11717</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a HANDLING FEES					433,453
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	8,790	
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	115,093	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			01	23,228	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				147,111	433,453
105 Total (add line 104, columns (B), (D), and (E))					580,564

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	HANDLING FEES REPRESENT A 14 CENT A POUND CHARGE FOR THE FOOD AND NONFOOD ITEMS DISTRIBUTED BY THE FOOD BANK TO PROVIDE FOOD BANK MEMBER AGENCIES WITH DONATED PRODUCTS THESE AGENCIES WOULD INCLUDE EMERGENCY FOOD PANTRIES, SOUP KITCHENS.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If 'Yes' to (b), file Form 8870 and Form 1720 (see instructions)

Under penalties of perjury, 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.

Date

PD PRESIDENT

**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 Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

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

**2001**

Name of the Organization

LONG ISLAND CARES, INC

Employer Identification Number

11-2524512

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EDWARD LALLY BRENTWOOD, NY 11717	DIR OF DEVELOPMENT 40	71,154	0	0
Total number of other employees paid over \$50,000 ►		NONE		

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

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

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

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities

- 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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Pt V, Fm 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**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)
- 11 a ☒ 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)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,725,990	963,373	972,370	730,098	4,391,831
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	624,562	520,289	487,215	638,198	2,270,264
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	9,396	12,352	6,921	2,556	31,225
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.	100	80	115		295
23 Total of lines 15 through 22	2,360,048	1,496,094	1,466,621	1,370,852	6,693,615
24 Line 23 minus line 17	1,735,486	975,805	979,406	732,654	4,423,351
25 Enter 1% of line 23	23,600	14,961	14,666	13,709	66,936

**26 Organizations described on lines 10 or 11****a** Enter 2% of amount in column (e), line 24

26a 88,467

**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 1997 through 2000 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 4,423,351

**d** Add Amounts from column (e) for lines

18 31,225

19

22 295

26b

26d 31,520

**e** Public support (line 26c minus line 26d total)

26e 4,391,831

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 99.29 %

**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.

(2000) (1999) (1998) (1997)

**b** For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2000) (1999) (1998) (1997)

**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

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))

27h %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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)

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 –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

BAA

Schedule A (Form 990 or 990-EZ) 2001



**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

**2001**

Name of Organization

LONG ISLAND CARES, INC

Employer Identification Number

11-2524512

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 box(es) 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 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 **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

LONG ISLAND CARES, INC

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>2</u>		\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>3</u>		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>4</u>		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>5</u>		\$ 55,451	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>6</u>		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

Name of Organization

Employer Identification Number

LONG ISLAND CARES, INC

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>8</u>		\$ <u>22,102</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>9</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>10</u>		\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>11</u>		\$ <u>29,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
<u>12</u>		\$ <u>17,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

Name of Organization

Employer Identification Number

LONG ISLAND CARES, INC

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>		\$ <u>48,681</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>14</u>		\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>15</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>16</u>		\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>17</u>		\$ <u>17,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>18</u>		\$ <u>16,326</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )



Name of Organization

LONG ISLAND CARES, INC

Employer Identification Number

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 6,203	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
20		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
21		\$ 1,197,452	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
22		\$ 15,797	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
23		\$ 152,188	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
24		\$ 11,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

LONG ISLAND CARES, INC

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>25</u>		\$ <u>118,421</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>26</u>		\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>27</u>		\$ <u>7,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>28</u>		\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>29</u>		\$ <u>5,390</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>30</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

Name of Organization

Employer Identification Number

LONG ISLAND CARES, INC

11-2524512

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
32		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
33		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
34		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
35		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

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)
AWARDS DINNER	73,201	6,791	66,410	31,906	34,504
CHECK OUT HUNGER	64,910	0	64,910	9,955	54,955
GOLF OUTING	66,660	1,175	65,485	25,554	39,931
3 OTHERS	6,196	0	6,196	20,493	-14,297
Total	210,967	7,966	203,001	87,908	115,093

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK AND PAYROLL FEES	6,929	0	6,929	0
CONSULTANTS	59,565	5,280	3,719	50,566
HPNAP FOOD PURCHASE	550,205	550,205	0	0
SUFF CNTY FOOD PURCHASE	44,958	44,958	0	0
TRANSPORTATION	59,490	59,490	0	0
DAMAGE/SHORTAGE	104	104	0	0
SANITATION AND DUMP	17,054	14,954	1,428	672
HPNAP SANITATION	20,026	20,026	0	0
FREIGHT	24,718	24,718	0	0
WORKSHOPS & EDUCATION	2,223	2,173	0	50
MISCELLANEOUS	426	20	43	363
TEMPORARY PERSONNEL	12,991	9,311	0	3,680
BAD DEBT EXPENSE	1,184	1,184	0	0
OTHER FOOD PURCHASES	11,456	11,456	0	0
EDUCATIONAL SUPPLIES	22,352	22,352	0	0
RECRUITMENT	2,340	0	0	2,340
Total	836,021	766,231	12,119	57,671

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

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
BUILDING IMPROVEMENTS	64,945	27,227	37,718
OFFICE EQUIPMENT	85,932	77,980	7,952
OFFICE EQUIPMENT - IN KIND	15,155	7,851	7,304
VEHICLE	78,279	50,609	27,670
WHSE EQUIPMENT	239,834	147,804	92,030
COMPUTER SYSTEM/EQUIPMENT	135,960	98,535	37,425
Total	620,105	410,006	210,099

Form 990, Page 4, Part V

## List of Officers, Etc Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
ANNE MEAD BAYSHORE, NY 11706	MEMBER 2	0	0	0
ELENA PEREZ MELVILLE, NY 11747	MEMBER 2	0	0	0
RICHARD SCHOLEM W BRENTWOOD, NY 11717	MEMBER 2	0	0	0
MICHELLE DIBENEDETTO FREEPORT, NY 11557	MEMBER 2	0	0	0
HOWARD WEINER MELVILLE, NY 11747	MEMBER 2	0	0	0
RICHARD METRICK NEW YORK, NY 10167	MEMBER 2	0	0	0
MICHAEL MANNETTA NORTH HILLS, NY 11040	MEMBER 2	0	0	0
FRANK CRIVELLO MELVILLE, NY 11747	MEMBER 2	0	0	0
DAVID DIRCKS ST JAMES, NY 11780	MEMBER 2	0	0	0
JOHN GLOZEK, JR HICKSVILLE, NY 11801	VICE PRESIDENT 2	0	0	0
LINDA MACHADO MELVILLE, NY 11747	MEMBER 2	0	0	0
ROBERT MURRAY NEW YORK, NY 10048	MEMBER 2	0	0	0
KENNETH SHANAHAN MELVILLE, NY 11747	TREASURER 2	0	0	0

Total

0

0

0

Form 990, Page 6, Part VIII

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

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SHELTERS FOR THE HOMELESS, DAY CARE CENTERS SENIOR NUTRITION SITES AND OTHER ONSITE MISCELLANEOUS PROGRAMS

**Supporting Statement of**

Form 990 p 1/Line 20

Description	Amount
NET INCOME OF IN-KIND REVENUES UNDER IN-KIND EXPENSES	-70,055
Total	<u>-70,055</u>

**Supporting Statement of**

Form 990 p 2/Line 22 column (B)

Description	Amount
GRANTS TO HPNAP AGENCIES FOR OPERATING COSTS ALLOWING AGENCIES TO PROVIDE INCREASED SERVICES	213,022
Total	<u>213,022</u>

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension** complete only **Part II** (on page 2 of this form)
- Note** *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note** *Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only* ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041*Type or  
print  
File by the  
due date for  
filing your  
return. See  
instructions

Name of Exempt Organization

LONG ISLAND CARES, INC

Employer Identification Number

11-2524512

Number, Street, and Room or Suite Number. If a P.O. Box, see instructions

P O BOX 1330.

City, Town or Post Office. For a foreign address, see instructions

BRENTWOOD

State ZIP Code

NY 11717

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until Aug 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 01 or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶

*Michael E Nawrocki*

Title ▶

*CPA*

Date ▶

*5/10/02*

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)