

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

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)Open to Public
Inspection

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

A For the 2002 calendar year, or tax year beginning , 2002, and ending

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

C Name of organization
 LONG ISLAND CARES, INC
 Number 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 ☒ Accrual
☐ Other (specify) _____

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 **2,994,682**

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

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	1,239,275	
b Indirect public support	1b		
c Government contributions (grants)	1c	1,171,270	
d Total (add lines 1a through 1c) (cash \$ 2,410,545 noncash \$ 0)	1d		2,410,545
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		415,511
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		6,615
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	8a	
b Less cost or other basis and sales expenses	(B) Other	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 \$ 4,304 of contributions reported on line 1a)	9a	160,659	
b Less direct expenses other than fundraising expenses	9b	46,307	
c Net income or (loss) from special events (subtract line 9b from line 9a)		See L-9 Stmt	9c 114,352
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		1,352
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,948,375
13 Program services (from line 44, column (B))	13		1,956,955
14 Management and general (from line 44, column (C))	14		355,216
15 Fundraising (from line 44, column (D))	15		220,385
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		2,532,556
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		415,819
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,830,389
20 Other changes in net assets or fund balances (attach explanation)	20		594,398
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,840,606

SCANNED JUN 19 2003

REVENUE

EXPENSES

ASSETS

RECEIVED

MAY 23 2003

OCCDEN UT

IRS-OSC

G13

JL

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 15 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 250,497 non-cash \$)	22 250,497	250,497		
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 85,096	61,269	23,827	0
26 Other salaries and wages	26 864,349	508,863	228,014	127,472
27 Pension plan contributions	27			
28 Other employee benefits	28 52,241	40,748	10,344	1,149
29 Payroll taxes	29 119,980	84,452	20,524	15,004
30 Professional fundraising fees	30			
31 Accounting fees	31 10,500	0	10,500	0
32 Legal fees	32			
33 Supplies	33 26,372	17,492	5,716	3,164
34 Telephone	34 19,438	11,487	5,663	2,288
35 Postage and shipping	35 18,998	7,805	1,214	9,979
36 Occupancy	36			
37 Equipment rental and maintenance	37 15,644	10,294	4,343	1,007
38 Printing and publications	38 46,280	15,022	977	30,281
39 Travel	39 11,775	10,369	1,276	130
40 Conferences, conventions, and meetings	40 2,786	1,306	990	490
41 Interest	41 26,302	23,809	1,641	852
42 Depreciation, depletion, etc (attach schedule)	42 119,409	103,979	9,649	5,781
43 Other expenses not covered above (itemize)				
a EMPLOYMENT ADVERTISING	43a 2,254	0	807	1,447
b SECURITY	43b 3,808	3,490	200	118
c INSURANCE	43c 20,737	18,199	2,346	192
d DUES AND MEMBERSHIP FEES	43d 15,297	12,784	2,263	250
e See Other Expenses Stmt	43e 820,793	775,090	24,922	20,781
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,532,556	1,956,955	355,216	220,385

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 AccomplishmentsWhat 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & 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 \$ 250,497)	1,869,434
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)	87,521
c	
d	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,956,955

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest-bearing	932,128	45	538,182
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	307,316		
	b Less allowance for doubtful accounts	4,939	47 c	302,377
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	38,969	53	53,418
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment basis	2,930,680			
b Less accumulated depreciation (attach schedule) L-57 Stmt	442,520	57 c	2,488,160.	
58 Other assets (describe ► DONATED PRODUCT)	524,325	58	1,035,933	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,150,803	59	4,418,070	
LIABILITIES	60 Accounts payable and accrued expenses	320,414	60	327,464
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	250,000
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	0	64 b	1,000,000
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	320,414	66	1,577,464	
UNRESTRICTED FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,322,658	67	2,691,089
	68 Temporarily restricted	457,731	68	99,517
	69 Permanently restricted	50,000	69	50,000
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,830,389	73	2,840,606
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,150,803	74	4,418,070

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.)

a	Total revenue, gains, and other support per audited financial statements	a	7,888,318
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 4,893,636		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) FUNDRAISING EXPENSES \$ 46,307		
	Add amounts on lines (1) through (4)	b	4,939,943
c	Line a minus line b	c	2,948,375
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,948,375

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

a	Total expenses and losses per audited financial statements	a	6,878,101
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 4,299,238		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) FUNDRAISING EXPENSES \$ 46,307		
	Add amounts on lines (1) through (4)	b	4,345,545
c	Line a minus line b	c	2,532,556
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,532,556

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 25 SUFFOLK COURT HAUPPAUGE, NY 11788	PAST PRESIDENT 2	0	0	0
RUDY BECHT 185 CENTRAL AVENUE BETHPAGE, NY 11714	SECRETARY 2	0	0	0
DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE, NY 11747	VICE PRESIDENT 2	0	0	0
DON CORRAO 275 WOLF HILL ROAD HUNTINGTON, NY 11747	PRESIDENT 2	0	0	0
DAVID PASELTINER 300 GARDEN CITY PLAZA GARDEN CITY, NY 11530	SECRETARY 5	0	0	0
See List of Officers, Etc. Statement		85,096	0	0

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

Yes

No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	4,893,636
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations 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 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
90a List the states with which a copy of this return is filed <u>NEW YORK</u>		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	26
91 The books are in care of <u>LONG ISLAND CARES, INC</u> Telephone number <u>(631) 582-3663</u> Located at <u>10 DAVIDS DRIVE, HAUPPAUGE, NY</u> ZIP + 4 <u>11788</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

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

Note: Enter gross amounts unless otherwise indicated

- 93 Program service revenue
- a HANDLING FEES
- 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
- 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
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue a
- b MISCELLANEOUS
- c
- d
- e
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

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	
				415,511
		14	6,615	
		01	114,352	
		01	1,352	
			122,319	415,511
				537,830

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

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

N/A

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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.

Date

IDENT

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.)

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

OMB No 1545-0047

2002

Name of the organization

LONG ISLAND CARES, INC

Employer identification number

11-2524512

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BRUCE GAUGLER HAUPPAUGE, NY 11788	CONTROLLER 40	56,080	0	0
EDWARD LALLY HAUPPAUGE, NY 11788	DIR OF DEVELOPMENT 40	53,289	0	0
MARGARET BECK HAUPPAUGE, NY 11788	OPERATIONS MANAGER 40	51,917	0	0
Total number of other employees paid over \$50,000 ▶		NONE		

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

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

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

Part III Statements About Activities (See instructions)

Yes No

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

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

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

- 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 Part V, Form 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,284,585	1,725,990	963,373	972,370	5,946,318
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	548,546	624,562	520,289	487,215	2,180,612
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	8,790	9,396	12,352	6,921	37,459
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	23,228	100	80	115	23,523
23 Total of lines 15 through 22	2,865,149	2,360,048	1,496,094	1,466,621	8,187,912
24 Line 23 minus line 17	2,316,603	1,735,486	975,805	979,406	6,007,300
25 Enter 1% of line 23	28,651	23,600	14,961	14,666	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	120,146
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 1998 through 2001 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	6,007,300
d Add Amounts from column (e) for lines	18 37,459 19	26d	60,982
	22 23,523 26b	26e	5,946,318
e Public support (line 26c minus line 26d total)		26f	98.98 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year	(2001) (2000) (1999) (1998)		
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	(2001) (2000) (1999) (1998)		
c Add Amounts from column (e) for lines	15 16	27c	
	17 20 21	27d	
d Add Line 27a total and line 27b total		27e	
e Public support (line 27c total minus line 27d total)		27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	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))			

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 –														
	<table border="0"> <tr> <td>If the amount on line 40 is –</td> <td>The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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

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	4,304.	4,304	0	0	0
CHECK OUT HUNGER	95,218	0	95,218	14,791	80,427
GOLF OUTING	56,960	0	56,960	21,104	35,856
3 OTHERS	8,481	0	8,481	10,412	-1,931
Total	<u>164,963</u>	<u>4,304</u>	<u>160,659</u>	<u>46,307</u>	<u>114,352</u>

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	15,862	0	15,862	0.
CONSULTANTS	32,370	9,903	4,438.	18,029
HPNAP FOOD PURCHASE	523,923	523,923	0	0
SUFF CNTY FOOD PURCHASE	38,366	38,366	0.	0
TRANSPORTATION	69,895	69,895	0	0
DAMAGE/SHORTAGE	735	735	0	0
SANITATION AND DUMP	15,115	13,016	1,400	699
HPNAP SANITATION	5,000	5,000	0	0
FREIGHT	13,608	13,608.	0	0
WORKSHOPS & EDUCATION	4,483	4,483	0	0
MISCELLANEOUS	5,292	4,855	274	163
PROPERTY TAXES	27,575	25,162	1,517	896
BAD DEBT EXPENSE	1,000	1,000	0	0
OTHER FOOD PURCHASES	23,403	23,403	0	0
EDUCATIONAL SUPPLIES	18,148	18,000	0	148
UTILITIES	26,018	23,741	1,431	846
Total	<u>820,793</u>	<u>775,090</u>	<u>24,922</u>	<u>20,781</u>

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	885,500	0	885,500
BUILDING	1,331,227	16,640	1,314,587
OFFICE EQUIPMENT	324,989	197,351	127,638
VEHICLE	78,279	56,758	21,521
WAREHOUSE EQUIPMENT	310,685	171,771.	138,914
Total	<u>2,930,680</u>	<u>442,520</u>	<u>2,488,160</u>

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SANDY CHAPIN 196 EAST MAIN STREET HUNTINGTON, NY 11743	CHAIRPERSON 2	0	0	0
SUSAN MILLER 90 WOODCHUCK HOLLOW RD COLD SPRING HARBOR, NY 11724	MEMBER 2	0	0	0
LYNN NEEDLEMAN 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	EXEC DIR 40	85,096	0	0
BILL AYRES 505 8TH AVENUE NEW YORK, NY 10018	MEMBER 2	0	0	0
ANNE MEAD 144 4TH AVENUE BAYSHORE, NY 11706	MEMBER 2	0	0	0
ELENA PEREZ 300 BROAD HOLLOW ROAD MELVILLE, NY 11747	MEMBER 2	0	0	0
RICHARD SCHOLEM 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	MEMBER 2	0	0	0
MICHELLE DI BENEDETTO 180 WEST MERRICK ROAD FREEPORT, NY 11557	MEMBER 2	0	0	0
HOWARD WEINER 125 BAYLIS ROAD MELVILLE, NY 11747	MEMBER 2	0	0	0
RICHARD METRICK 245 PARK AVENUE NEW YORK, NY 10167	MEMBER 2	0	0	0
MICHAEL MANNETTA 3111 NEW HYDE PARK RD NORTH HILLS, NY 11040	MEMBER 2	0	0	0
FRANK CRIVELLO 135 MAXESS ROAD MELVILLE, NY 11747	MEMBER 2	0	0	0
DAVID DIRCKS 550 NORTH COUNTRY RD ST JAMES, NY 11780	MEMBER 2	0	0	0
JOHN GLOZEK, JR 22 WEST NICHOLAI ST HICKSVILLE, NY 11801	VICE PRESIDENT 2	0	0	0
LINDA MACHADO 225 BROAD HOLLOW ROAD MELVILLE, NY 11747	MEMBER 2	0	0	0
ROBERT MURRAY 825 3RD AVENUE NEW YORK, NY 10022	MEMBER 2	0	0	0

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

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
KENNETH SHANAHAN 275 BROAD HOLLOW ROAD MELVILLE, NY 11747	TREASURER 2	0	0	0

Total

85,09600

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)
	SOUP KITCHENS, 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 OVER IN-KIND EXPENSES	594,398
Total	594,398

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
GRANTS TO HPNAP AGENCIES FOR OPERATING COSTS ALLOWING AGENCIES TO PROVIDE INCREASED SERVICES	250,497
Total	250,497

Supporting Statement of:

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

Description	Amount
LOAN PAYABLE TO RELATED PARTY	250,000
Total	250,000

Supporting Statement of:

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

Description	Amount
LOAN PAYABLE TO BANK	1,000,000
Total	1,000,000