### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2006

**Open to Public** Inspection

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

	***************************************	o organization may have to dee o	<del></del>	ery etate reperting	equilibrius.	<del></del>
Α	For the 2006 calendar year		, 2006, a	nd ending		
В	Check if applicable Please	C Name of organization			D Employer Identi	fication Number
	Address change IRS lat	of LONG ISLAND CARES,	INC.		11-2524	512
	Name change or prid	e. Number and street (or P O. box if	mail is not delivered to street addr	) Room/suite	E Telephone num	ber
	Initial return Specif	ic   10 DAVIDS DRIVE			(631) 5	82-3663
	Final return tions		State	ZIP code + 4	F Accounting	Cash X Accrual
	Amended return	HAUPPAUGE	NY	11788	Other (spec	<u> </u>
	<b>—</b>	ction 501(c)(3) organizations and		<del></del>	licable to section 527 or	<del></del>
	ch	aritable trusts must attach a com		1	oup return for affiliates?	· — —
	(Fo	orm 990 or 990-EZ).	•	1	er number of affiliates	
G	Web site: ► WWW.LICA	RES.ORG		H (C) Are all affil		Yes No
	Organization type			"1 " "	ach a list. See instruction	ns)
,	(check only one) .	► X 501(c) 3 < (insert n	o) 4947(a)(1) or 5	27 H (d) Is this a sei	parate return filed by an	l
ĸ		anization is not a 509(a)(3) suppo			covered by a group ru	
		y not more than \$25,000 A retur			cemption Number	<b>&gt;</b>
	organization chooses to fil	e a return, be sure to file a comp	lete return.		If the organization	on is not required
ī	Gross receipts. Add lines (	5b, 8b, 9b, and 10b to line 12 ►	8.205.514		chedule B (Form 990, 9	
P		enses, and Changes in Ne		lances (See th	e instructions	)
40.00		grants, and similar amounts recei		indirecto (ece an	W 33	/
	a Contributions to done	• ,		1 a	0.	
			· · ·			
	· ·	(not included on line 1a)	-		,831.	
<b>=</b>	, ,,	ort (not included on line 1a)		1c	0.	
<b>3</b>		itions (grants) (not included on lir			,579.	
*	1a thròugh 1d) (cash 🦫 _			•	<del></del>	7,267,410.
-	-	enue including government fees a	and contracts (from Part V	II, line 93)	2	779,864.
2	3 Membership dues an		•		3	
	1	and temporary cash investments			4	3,242.
	5 Dividends and intere				5	
	6a Gross rents			6a		
2	b Less: rental expense			6b		
2	ľ	(loss). Subtract line 6b from line	6a		6c	
<u>Ç</u> R	<ol><li>Other investment inc</li></ol>	ome (describe	<del></del>		) 7	
	8a Gross amount from s	sales of assets other	(A) Securities	<b>(B)</b> Oth	er	
N	than inventory		ļ <u> </u>	8a		
E	<b>b</b> Less: cost or other b	asis and sales expenses		8b		
	c Gain or (loss) (attach sche	edule) .		8c		
	d Net gain or (loss). Co	ombine line 8c, columns (A) and	(B)		8d	
	9 Special events and a	activities (attach schedule) If any		check here►[		
	a Gross revenue (not i	ncluding \$386,5	64. of contributions			
	reported on line 1b)		· <u> </u>		,110.	
	<b>b</b> Less direct expense	s other than fundraising expenses	S		,571.	
	· · ·	from special events. Subtract line	ı	. ¡See .L-9 S	Stmt   9c	-24,461.
	10a Gross sales of invent	tory, less returns and allowances		10a		
	<b>b</b> Less. cost of goods s	sold		10Ь		
		sales of inventory (attach schedule). Sub	tract line 10b from line 10a		10c	
	CIFE Verenue (from		•		. [11]	2,888.
_	12 Total revenue. A le	nes 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11		12	8,028,943.
2/-		pm line 44, column (B))			13	7,154,061.
31 <u>8</u>	14 Management and 68	eral (from line 44, column (C))			14	424,008.
S EXPEN	15 Eundraising (from lin	44, column (D))			15	258,496.
S	OGPalments to affiliate				16	
_5_		lines 16 and 44, column (A)	·	<u> </u>	17	7,836,565.
		r the year. Subtract line 17 from	line 12		18	192,378.
Š	d.	alances at beginning of year (fron			19	3,021,099.
ĘĒ		assets or fund balances (attach			. 20	
V	ar ar car	alances at end of year. Combine		· · · · · · · · · · · · · · · · · · ·	21	3,213,477.
BA		erwork Reduction Act Notice, se			TEEA0101 01/18/07	Form <b>990</b> (2006)

Form 990 (2006) LONG ISLAND CARES, INC.

11-2524512

Partill

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.

Po not include amounts reported on line

(A) Total

(B) Program

(C) Management

(D) 5 - 4

	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 paid from donor advised					
	funds (attach sch)					
	(cash \$					
	non-cash \$) If this amount includes					
	foreign grants, check here	22 a				
221	Other grants and allocations (att sch)					
	(cash \$ 50,000.					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 ь	50,000.	50,000.		
22			30,000.			
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24		_		
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25.2	97,407.	70,133.	27,274.	•
	Compensation of former officers,	ZJa	37,407.	70,133.	21,214.	0.
	directors, key employees, etc listed in					
_	Part V-B (attach sch)	25 b				
C	Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule)	25 c			-	
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	972,834.	583,054.	252,363.	137,417.
27	Pension plan contributions not					
	included on lines 25a, b, and c	27				
28	Employee benefits not included on	l	i			
	lines 25a - 27	28	123,265.	99,008.	11,282.	12,975.
	Payroll taxes	29	81,744.	50,040.	21,193.	10,511.
	Professional fundraising fees	30				
	Accounting fees	31	15,000.	0.	15,000.	0.
	Legal fees .	32	20.054	16 206	2 507	1 061
	Supplies	34	20,954.	16,396.	2,597.	1,961.
	Postage and shipping .	35	13,436. 14,360.	8,465. 9,425.	2,284. 3,719.	2,687. 1,216.
	Occupancy	36	14,300.	3,423.	3,719.	1,210.
	Equipment rental and maintenance .	37	31,509.	25,407.	4,290.	1,812.
	Printing and publications	38	13,691.	8,163.	5,224.	304.
39	Travel	39	11,412.	9,633.	908.	871.
40	Conferences, conventions, and meetings	40	3,260.	800.	2,460.	0.
41	Interest	41	29,061.	0.	29,061.	0.
	Depreciation, depletion, etc (attach schedule)	42	115,341.	98,638.	10,453.	6,250.
	Other expenses not covered above (itemize):					
	ADVERTISING	43a	43,533.	0.	25.	43,508.
	PERMITS & LICENSES	43b	440.	401.	24.	15.
	INSURANCE	43c	21,651.	18,817.	1,635.	1,199.
	DUES AND MEMBERSHIP FEES BANK AND PAYROLL FEES	43d	20,890.	13,522.	7,073.	295.
	CONSULTANTS	43e	7,198.	7 275	7,198.	0.
	See Other Expenses Stmt	43f 43g	12,350. 6,137,229.	7,375. 6,084,784.	3,175. 16,770.	1,800. 35,675.
		709	0,131,263.	0,003,704.	10,770.	35,675.
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	- 1				
		44	7,836,565.	7,154,061.	424,008.	258,496.
	Costs. Check ► if you are following S			حصر و و الروا	D	
	ny joint costs from a combined educationa					
\$	s,' enter (i) the aggregate amount of these : (iii) the amount allo		osts \$ to Management and gen		mount allocated to Progr and (iv) the	am services amount allocated
_	ndraising \$	~uicu	to management and yen		, and (IV) the	amount anocated
	<del></del>		-			

Form <b>990</b> (2	006)	T.ONG	TCT.AND	CADEC	TNC
1 UIIII <b>33U</b> (2	. (000)	LUNG	TOTMIND	CARBS,	TMC.

11-2524512

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Randlik Statement of Program Service Accomplishments

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

What is the organization's prim Il organizations must describe lients served, publications iss rations and 4947(a)(1) nonexe	ary exempt purpose? NONPROFIT ANTI-HUNGER ORGANIZATION their exempt purpose achievements in a clear and concise manner. State the number of ued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a REGIONAL FOOD B	ANK - TO PROVIDE AGENCIES (EMERGENCY FOOD KITCHENS, SHELTERS) SUPPLEMENTAL NUTRITIONAL NMENTAL AND PRIVATELY DONATED RESOURCES.	
(Grants and allocations	\$ 0.) If this amount includes foreign grants, check here ▶	7,068,406.
AND SINGLE/HEAD	ACH - TARGETS AT RISK STUDENTS FOR MENTORING OF HOUSEHOLD WOMEN FOR SELF-DEVELOPMENT, TRAINING AND HUNGER EDUCATION.	
(Grants and allocations	\$ 0.) If this amount includes foreign grants, check here	85,655.
(Grants and allocations	\$ ) If this amount includes foreign grants, check here	
(Grants and allocations	\$ ) If this amount includes foreign grants, check here ▶	
e Other program services		
(Grants and allocations	\$ ) If this amount includes foreign grants, check here        Expenses (should equal line 44, column (B), Program services)	7,154,061.

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Form 990 (2006)

	e: 1	Where required, attached schedules and amounts within	the de	scription		(A)	Ī	_ (B)
		column should be for end-of-year amounts only				Beginning of year	ļ	End of year
		Cash – non-interest-bearing			}	283,696.	45	421,263.
	46	Savings and temporary cash investments			}		46	
	47.	Accounts recoverble	الحما	2.5				•
		Accounts receivable Less, allowance for doubtful accounts	47 a	37	7,586.	406 070		277 506
	•	Less, anowarice for doubtful accounts .	47b	rada de cen		486,978.	47 c	377,586.
	AR a	Pledges receivable	48a					
		Less: allowance for doubtful accounts	48b				48c	
		Grants receivable	400				49	
		•			<u> </u>		3	
	50 8	Receivables from current and former officers, directors employees (attach schedule)	s, truste	ees, and key			50 a	
	ь	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact	d unde	r section 49: Jule)	58(f)(1))		50 ь	
ASSETS	51 a	Other notes and loans receivable						
Ĕ	0.4	(attach schedule)	51 a					
5	b	Less: allowance for doubtful accounts	51 b				51 c	
	52	Inventories for sale or use			. [		52	
	53	Prepaid expenses and deferred charges .			]	35,569.	53	18,828.
	54 a	Investments publicly-traded securities .	>	Cost	∏FMV		54 a	
		Investments - other securities (attach sch)	, <b>•</b>	Cost	∐FMV		54 b	
	55 a	Investments - land, buildings, & equipment: basis	55 a					
	b	Less: accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments - other (attach schedule)					56	
	57 a	Land, buildings, and equipment: basis	57 a	2,95	3,757.			
	b	Less: accumulated depreciation (attach schedule) L-57 .Stmt	57 b		4,232.	2,476,112.	57 c	2,399,525.
	58	Other assets, including program-related investments	2,0		<del>1</del> ,232.	2/4/0/112.	1	2,333,323.
		(describe ► See Line 58 Stmt			,	574,556.	58	695,409.
	59	Total assets (must equal line 74). Add lines 45 through	– – – – h 58   .	<del></del>	′ <b>}</b>	3,856,911.	59	3,912,611.
	60	Accounts payable and accrued expenses				415,312.	60	372,434.
- 1	61	Grants payable			Ī		61	
Ļ	62	Deferred revenue			. [		62	
Å	63	Loans from officers, directors, trustees, and key			[			
Ĭ		employees (attach schedule)			L		63	
Ĭ	64 a	Tax-exempt bond liabilities (attach schedule)			Į.		64 a	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
ES		Mortgages and other notes payable (attach schedule)			ļ	420,500.	64 b	326,700.
Š		Other liabilities (describe			)		65	
-4	66	Total liabilities. Add lines 60 through 65	<u> </u>		·	835,812.	66	699,134.
N	Orga		nd com	iplete lines 6	7			
N E		through 69 and lines 73 and 74.				<b>-</b>		
ŝ	67	Unrestricted		•	}	2,917,525.	67	3,138,749.
S-INCOMP	68	Temporarily restricted			}	53,574.	68	24,728.
	69 2	Permanently restricted	$\Box$		· · · · · · · · · · · · · · · · · · ·	50,000.	69	50,000.
Ř	orga	nizations that do not follow SFAS 117, check here > 70 through 74.	L) é	and complete	: imes			
Ę	70	Capital stock, trust principal, or current funds					70	
Ŋ	71	Paid-in or capital surplus, or land, building, and equipr	ment fi	ind	}		71	
В	72	Retained earnings, endowment, accumulated income,			·		72	
Ä		•			<b>i</b>			
FUND BALANCES	73	Total net assets or fund balances. Add lines 67 throug 72. (Column (A) must equal line 19 and column (B) m	ın 69 <b>o</b> <b>ust</b> eai	r lines 70 th ual line 21)	rough	3,021,099.		3,213,477.
5	74	Total liabilities and net assets/fund balances. Add line		•	[	3,856,911.	74	3,912,611.

,	,					
Fo	om <b>990</b> (2006) LONG ISLAND CARI	ss. inc.		11-	-2524512 1	Page 5
	Reconciliation of Revenues instructions.)		l Statements w			- uge s
_			·			
а	Total revenue, gains, and other support	per audited financial statemer	nts		a 8,205,	514.
b	Amounts included on line a but not on P	art I, line 12:				
	1 Net unrealized gains on investments		. b1			
	2Donated services and use of facilities		b2			
	3Recoveries of prior year grants		b3	3		
	4Other (specify) FUNDRAISING			T		
	PYDPMCPC		b4	176,571.		
	Add lines b1 through b4 .		·		b 176,	571.
c	Subtract line <b>b</b> from line <b>a</b> .				c 8,028,	
d	Amounts included on Part I, line 12, but	not on line a:				
	1 Investment expenses not included on Pa		d1	ľ		
	0011		··   <del></del>			
			d2	0.		
	Add lines d1 and d2			1	- d	n
٥	Total revenue (Part I, line 12). Add lines	c and d	•••	· · · · · · · · · · · · · · · · · · ·	e 8,028,	943
Ē	artiV-B Reconciliation of Expens		al Statements v	vith Fynenses ner		<del>/4//-</del>
X.	the same of the sa	ies per Audited I marier	ai Statements v	VIIII Expenses per	T	
а	Total expenses and losses per audited fi	nancial statements			a 8,013,	136
b	Amounts included on line a but not on P				0,013,.	130.
•	1 Donated services and use of facilities	art i, into 17.	Ь1	1		
	2Prior year adjustments reported on Part		b2	<del></del>		
	3Losses reported on Part I, line 20		b2	<del> </del>		
	4Other (specify): FUNDRAISING			<del> </del>		
	EXPENSES			176 571		
			<u>_</u> <u></u> <u></u>	176,571.	7 1	1
_					b 176,5	
<u>د</u>					c 7,836,5	363.
a	Amounts included on Part I, line 17, but		۱	1		
	1 Investment expenses not included on Pa	irt I, line 60 .	. <u>d1</u>			
	2Other (specify):					
			<u>  d2</u>	<u> </u>		
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Add line		· <u>- · · · · · · · · · · · · · · · · · ·</u>	<u>.                                  </u>	e 7,836,5	
R	Current Officers, Director or key employee at any time dur	rs, Trustees, and Key E ring the year even if they were	mployees (List of not compensated.)	each person who was an (See the instructions.)	n officer, director, trus	tee,
_	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation pla	fit account and of ed allowances	ther
	FM T 73737037	1	i	1	5	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JIM LENNON				
125 NEWTOWN ROAD				
PLAINVIEW, NY 11803	PRESIDENT 2	0.	0.	0.
DAVID E. PASELTINER				
300 GARDEN CITY PLAZA, 5TH FLOOR				
GARDEN CITY, NY 11530	VICE PRESIDENT 2	0.	0.	0.
DAVID SCHNEIDMAN			·	
276 ROUND SWAMP ROAD			] !	
MELVILLE, NY 11747	VICE PRESIDENT 2	0.	0.	0.
BILL HARTNAGEL				
291 WEST MAIN STREET				
SMITHTOWN, NY 11787	SECRETARY 2	0.	0.	0.
BRIAN L. SEIDMAN				
300 BROAD HOLLOW ROAD				
MELVILLE, NY 11747	SECRETARY 2	0.	0.	0.
See List of Officers, Etc. Statement				
	TEEA0105 (	1/19/07	L	F 000 (2006)

Form 990 (2006) LONG ISLAND CARES, IN			11-2524	512	P	age 6			
Part VA Current Officers, Directors, Tru					Yes	No			
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizat	ion business as board meeting	s <b>-</b> 22						
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation	sated professional and the family or business re	other independent contr	actors listed in Schedule	75 b	X				
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'									
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.							
d Does the organization have a written conflict of			·	75 d		L			
Bartive B. Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emple	ovee received compensa	ation or other benefits (de	escribed be	low)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa					
NONE									
	<del></del>								
		Ì							
<del></del>			<del></del>						
				<u>-</u>					
		<u> </u>							
Partivil Other Information (See the insti	ructions.)	L	LL		Yes	No			
		dustras actuation?							
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in its active in the organization make a change in the organiz		oucting activities?		. 76		Х			
77 Were any changes made in the organizing or go	overning documents bu	t not reported to the IRS		. 77		X			
If 'Yes,' attach a conformed copy of the change									
78a Did the organization have unrelated business g	• •	or more during the year	covered by this return?	78a		X			
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b					
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	ction during the		79		X			
•	wation with a statewide	er noticewide ergenizet	ion) through common						
80 a Is the organization related (other than by associatements), governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt organization	anization?	. 80 a		х			
b If 'Yes,' enter the name of the organization ▶									
		neck whether it is e	—	ıpt.					
81 a Enter direct and indirect political expenditures.		15 )	81 a	91 h		Y			

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Form **990** (2006)

TOTAL STATE OF THE	11-25245.	LZ		age .
Rartivia Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82 a	x	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 ь			
83 a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions? .	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	84 b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N/	A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization received a			
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85 d N/A	1.62.76.74		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .	85e N/A		900	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	123 600 4		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85 h	N/	
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on		<b>1</b>		
line 12	86a N/A			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b N/A	1938331		
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a N/A	1.332.31		
<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.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable coor an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	88 b		
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year und	der:		182	
section 4911 ► 0. ; section 4912 ► 0. ; section 4				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'n explaining each transaction	s benefit transaction /es,' attach a statement	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	<b>.</b>			
e All organizations At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e		Х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable ins	surance contract?	89 f		X 號隔鏡
g For supporting organizations and sponsoring organizations maintaining donor advised funds to organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	Old the supporting gs at any time during	89 a	N/A	
90 a List the states with which a copy of this return is filed NEW YORK	•	Can Al	/-	
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		   m.l	<b>-</b>	
•		90b		32
91 a The books are in care of LONG ISLAND CARES, INC. Telephone number Located at 10 DAVIDS DRIVE HAUPPAUGE, NY	ZIP + 4 > 1178			
b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial account.)	other authority over a	[31]	Yes	No
If 'You' optor the name of the foreign country.		91 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Formancial Accounts.	<del>-</del> -			
BAA		Form	990 (2	2006)

	(2006) LONG ISLAND CARES				11-252	4512 Page 8
<b>Part VI</b>	Other Information (continu	ed)				Yes No
c At ar	ny time during the calendar year, did	the organizat	ion maintain an d	office outside of the U	nited States?	91 c X
lf 'Y∈	es,' enter the name of the foreign co	untry 🟲				
92 Sect	tion 4947(a)(1) nonexempt charitable	trusts filing F	orm 990 ın lıeu o	f Form 1041 - Check	here .	▶ 🗍
	enter the amount of tax-exempt inte				▶ 92	
§Partivii	Analysis of Income-Produ	cing Activit	i <mark>es</mark> (See the i	instructions.)		
		Unrelate	d business incom	e Excluded by s	ection 512, 513, or 514	
Note: Ente otherwise	er gross amounts unless indicated	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	(E) Related or exempt function income
93 Pro	ogram service revenue:					
a HA	ANDLING FEES					779,864.
ь						
е —						
	dicare/Medicaid payments .					
	s & contracts from government agencies					
_	mbership dues and assessments .				<del> </del>	<del></del>
	rest on savings & temporary cash invents .			14	3,242.	
	idends & interest from securities				3/2=2.	
	rental income or (loss) from real estate:					
	ot-financed property	Ser December 1	to to the phone and the first	COLUMN CONTRACTOR SOCIETATION	Substitution (Constitution a standard and substitution)	AND IN COLUMN ASSOCIATION OF THE PARTY OF TH
	debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income					
						-
oth	in or (loss) from sales of assets er than inventory .					
<b>101</b> Net	income or (loss) from special events .			01	-24,461.	
	ss profit or (loss) from sales of inventory		construit on the second	P - 2 PO NEK Z PRINCE IN A SPECIAL ROLL FOR THE ANY AND		
<b>103</b> Oth	ner revenue: a	<b>作成</b> 5.2%				
Ь <u>МІ</u>	SCELLANEOUS		·	01	2,888.	
c						
d						
e						<u></u>
					-18,331.	779,864.
	al (add line 104, columns (B), (D), a					761,533.
	105 plus line 1d, Part I, should equa					
PartiVIII	Relationship of Activities to	<u>o the Acco</u>	<u>nplishment o</u>	f Exempt Purpos	es (See the instruc	ctions.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	n income is reposes (other tha	oorted in column n by providing fu	(E) of Part VII contrib nds for such purposes	outed importantly to the s).	accomplishment
93a	HANDLING FEES REPRESE	NT A 16 (	CENT PER PO	OUND CHARGE FO	OR THE FOOD	
	AND NON-FOOD ITEMS DI	STRIBUTE	BY THE FO	OOD BANK TO P	ROVIDE	
	FOOD BANK MEMBER AGEN	CIES WITH	H DONATED I	PRODUCTS. TH	ESE	
	See Relationship of Activities to the	Accomplishm	nent of Exempt P	urposes Statement		
<b>RaitiX</b>	Information Regarding Tax	able Subsid	diaries and D	isregarded Entiti	es (See the instruc	tions.) N/A
	(A)	(B)		(C)	(D)	(E)
Name.	address, and EIN of corporation.	Percentage	of Nati	ure of activities	Total	End-of-year
	tnership, or disregarded entity	ownership int		are or activities	income	assets
			8			
			8			
			8			
			8			
<b>Part</b> X	Information Regarding Tra	nsfers Asso	ciated with F	Personal Benefit	Contracts (See the	instructions.)
	organization, during the year, receive any fu					Yes X No
	ne organization, during the year, pay	-				. Yes X No
Note: //	f 'Yes' to (b), file Form 8870 and For	m 4720 (see ı	nstructions).			

		ISLAND CARES, INC.			11-2524		F	age <b>9</b>
RantX	Information	on Regarding Transfers To a	nd From Controlled E	ntities. Comp	plete only if the		4-	
	organizatio	on is a controlling organization	n as defined in section	n 512(b)(13)	•		N/A	г <del></del> -
							Yes	No
106 Di 'Y	d the reporting o es.' complete the	organization make any transfers to a e schedule below for each controlled	controlled entity as defined entity	I in section 512(	b)(13) of the Code	e? If		Ì
				1	(C)			
ĺ	Nan	(A) ne, address, of each	(B) Employer Identification	Desci	(C) iption of	(I Amount o	) (tran	clar
		controlled entity	Number	tra	nsfer 	Amount		<del></del>
a								
-								
b								
L			•					
c				•		1		
	<del></del>		THE REPORT OF THE PARTY OF THE PARTY.		SERVICE THE COMPA			
		Totals						
			To come a construction of a second in the first of the control of	RESERVE AND THE SERVE AND THE	The same tracks ( - strength that the same seeds		Yes	No
<b>107</b> De	d the reporting o	organization receive any transfers fro	em a controlled entity as def	fined in section	512(b)(13) of the	Code? If		
	es,' complete the	e schedule below for each controlled	entity					
}	Nan	(A) ne, address, of each	(B) Employer Identification	Descr	(C) iption of	α	<b>)</b> )	
	ivan	controlled entity	Number	tra	nsfer	Amount o	ftran	sfer
				·				
a [ _ ]				ļ				
b			10	ļ		1		
				<u> </u>				
c								
		Totals						
				ALCOHOLD TO			V	N <sub>2</sub>
						.	Yes	No
<b>108</b> Did an	d the organization	on have a binding written contract in d in question 107 above?	effect on August 17, 2006, o	covering the inte	erest, rents, royalt	ies, and		
	7	perjury, I declare that I have examined this retropmilete. Declaration of preparer (other than of	irn, including accompanying schedule	es and statements, a	and to the best of my kn	owledge and be	lief, it is	
	true/ correct land	complete Declaration of preparer (other than of	icer) is based on all information of w	which preparer has a	ny knowledge.	1007		
Please	7		<u> </u>	<del>_</del>	9. 125-	100 1		
Sign Here	Signature of o	JIM LENNON /	PRESIDENT		Date			
110.5	Type or print	name and title.	733 30		<del></del>			
Daid	Preparer's	11:, 11-11	Date	1.1	Check if	reparer's SSN o	r PTIN	(See
Paid Pre-	signature >	Mukail C. Naw	colke !	4/19/07	self- employed ►			
parer's	Firm's name (or yours if self-	CALLAGHAN NAWROCKI, L	LP					
Use Only	employed),  address, and	28 MANOR ROAD			EIN ►			
	ZIP + 4	SMITHTOWN	NY 11787		Phone no		000	(2005)
BAA						rorm	33U (	(2006)

#### SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number LONG ISLAND CARES, INC. 11-2524512 Ramilian Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one, If there are none, enter 'None,') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation ROBIN AMATO NY 11788 HAUPPAUGE, DIRECTOR OF DEVELOPMENT 40 80,979 0 0. KENNETH ZONE HAUPPAUGE, NY 11788 OPERATIONS MANAGER 40 74,069 0 0. BRUCE GAUGLER HAUPPAUGE, NY 11788 CONTROLLER 64,966 0 0. Total number of other employees paid over \$50,000 Partil A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Randla By Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services None

<u> </u>	TI-2524	312		aye z
<u>R</u> a	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities			
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		x
	c Furnishing of goods, services, or facilities?	2c		х
	See Part V, Form 990			
1	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	
1	e Transfer of any part of its income or assets?	. 2e		<u>x</u>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
ı	b Did the organization have a section 403(b) annuity plan for its employees?	Зь	x	
,	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	Зс		x
,	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		х
4:	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	. 4a		<u>x</u>
ı	b Did the organization make any taxable distributions under section 4966?	4ь		X
•	c Did the organization make a distribution to a donor, donor advisor, or related person?	. 4c		X
(	d Enter the total number of donor advised funds owned at the end of the tax year			<del></del>
(	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
1	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
•	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year .			0.

Julieuu	le A (Form 990 or	990-EZ) 2006 I	ONG ISLAND CARES	, INC.		11-2524	512 Page
Partil	W Reason 1	or Non-Private	Foundation Status (	See instructions.)			
I certify	that the organizat	ion is not a private	foundation because it is (I	Please check only <b>ONE</b> app	licable box.	)	
5 [	A church, conve	ention of churches,	or association of churches	Section 170(b)(1)(A)(i).			
6	A school. Section	ın 170(b)(1)(A)(ıı).	(Also complete Part V)				
7	A hospital or a c	cooperative hospita	I service organization. Sect	ion 170(b)(1)(A)(iii).			
8 [	A federal, state,	or local governme	nt or governmental unit Se	ection 170(b)(1)(A)(v).			
9 [	A medical resea	rch organization op	perated in conjunction with	a hospital. Section 170(b)(1	l)(A)(III). <b>En</b>	ter the hospita	l's name, city,
10	An organization (Also complete t	operated for the be he <b>Support Sched</b>	enefit of a college or universule in Part IV-A.)	sity owned or operated by a	ı governmer	ital unit. Sectio	n 170(b)(1)(A)(ıv).
11 a 🗓	An organization Section 170(b)(1	that normally recei )(A)(vi). (Also com	ves a substantial part of its oplete the <b>Support Schedul</b>	support from a governmen e in Part IV-A.)	ital unit or fi	om the genera	public
11 ь [	A community tru	st. Section 170(b)(	1)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Par	t IV-A.)		
12	from activities re from gross inves	lated to its charital Itment income and	ble, etc, functions – subjec unrelated business taxable	of its support from contribut to certain exceptions, and income (less section 511 to complete the <b>Support Sch</b>	( <b>2) no mor</b> ax) from bu	e than 33-1/3% sinesses acquir	of its support
13 [	An organization requirements of	that is not controlle section 509(a)(3)	ed by any disqualified perso Check the box that describe	ons (other than foundation nest the type of supporting or	nanagers) a ganızatıon:	nd otherwise m	eets the
	Туре І	Type II	Type III-Functio		Type III		
	(a)		e following information ab	out the supported organization (c)	T	instructions )	(e)
	Name(s) of su organizatio	pported on(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the suj organi gove	upported on listed in oporting zation's erning nents?	Amount of support
				<del></del>	Yes	No	
							<del></del>
<del></del>							<del> </del>
					<u></u>		
Fotal .						. •	<del>-</del>

Note	You may use the worksheet in th	e instructions for conv	erting from the accru	al to the cash method	of accounting	
	ndar year (or fiscal year nning in)	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(ძ)</b> 2002	<b>(e)</b> Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,392,726.	2,346,486.	2,751,824.	2,410,545	9,901,581
16	Membership fees received					
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	627,632.	628,565.	491,896.	529,863	. 2,277,956
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(aX5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,060.	2,506.	4,172.	6,615	. 15,353
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See L-22 Stmt	9,821.	2,865.	7,676.	1,352	21,714
23	Total of lines 15 through 22	3,032,239.	2,980,422.	3,255,568.	2,948,375	
24	Line 23 minus line 17	2,404,607.	2,351,857.	2,763,672.	2,418,512	
	Enter 1% of line 23	30,322.	29,804.	32,556.	29,484.	
	Organizations described on lines		r 2% of amount in co		<b>&gt; 26</b> a	198,773
b	Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess a	or 2002 through 2005 exceed	outed by each person (other ed the amount shown in h	er than a governmental unit ne 26a. <b>Do not</b> file this list 	or publicly with your	
	Total support for section 509(a)(1	•			▶ 26 0	9,938,648
d	Add: Amounts from column (e) fo		15,353.	19		
	Dubling and the OC and all	22	21,714.	26 b	<u> </u>	<del></del>
	Public support (line 26c minus line	•	d b line 26e (desem	-:4	► 26 e	
	Public support percentage (line 2 Organizations described on line		d by line 200 (denon	a(01))	1 201	1 33.03 0
	For amounts included in lines 15, name of, and total amounts received such amounts for each year:	16, and 17 that were r	eceived from a 'disqi each 'disqualified pe	ualified person, prepa rson. Do not file this	are a list for your rec list with your return	ords to show the . Enter the sum of
	(2005)	(2004)	(2003)		_ (2002)	
	For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference bedifferences (the excess amounts)	treceived for each yea zations described in lin tween the amount rece for each year:	r, that was more than les 5 through 11b, as leved and the larger a	n the <b>larger</b> of <b>(1)</b> the well as individuals.) I imount described in <b>(</b> 1	amount on line 25 to Do not file this list w I) or (2), enter the su	or the year or (2)
	(2005)	(2004)	(2003)		_ (2002)	
С	Add: Amounts from column (e) fo	r lines: 15		16		
	(2005) Add: Amounts from column (e) fo 17 Add: Line 27a total	20		21	▶ 27 €	<u> </u>
d	Add: Line 27a total .	and	d line 27b total	·	270	
е	Public support (line 27c total mini	us line 27d total)			►  27 e	
	Total support for section 509(a)(2					8
-	Public support percentage (line 2 Investment income percentage (l				.  / }	
	Unusual Grants: For an organization				<del></del>	<u>'                                      </u>
20	list for your records to show, for enature of the grant. Do not file thi	each vear, the name of	the contributor, the o	date and amount of th	e grant, and a brief	description of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29	The plants	g dense
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	2	
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following	- 133		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	5	ADE J. 23.
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32c		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		S - 60
	<b>b</b> Admissions policies?	. 33ь		
	c Employment of faculty or administrative staff?	33 с		
	d Scholarships or other financial assistance?	. 33d		
	e Educational policies?	. 33e		
	f Use of facilities?	. 33f		
	g Athletic programs?	33 g		<b></b> -
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			i,
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	
	b Has the organization's right to such aid ever been revoked or suspended?	34 b	GIVIS AND	EV SEAR
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
33	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 LONG ISLAND CARES, 11-2524512 Page 6 INC Ran VIA Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A Check ► if the organization belongs to an affiliated group. Check ► b If you checked 'a' and 'limited control' provisions apply (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed for all electing totals (The term 'expenditures' means amounts paid or incurred ) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 37 **37** 38 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 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 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 -Year Averaging Period Calendar year (d) (a) (b) (e) (c) (or fiscal year 2006 2005 2004 2003 Total beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Rankles 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 Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: X X **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**) X c Media advertisements .... X d Mailings to members, legislators, or the public X e Publications, or published or broadcast statements

X f Grants to other organizations for lobbying purposes X g Direct contact with legislators, their staffs, government officials, or a legislative body X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

51 Did th	e reporting organization ( Code (other than section	directly or in	idirectly engage in any of the following organizations) or in section 527, relation	g with any other organization described in	n section	501(0	:)
	•		o a noncharitable exempt organization	<b>3</b> ,	1	Yes	No
(n)C		gau		Γ	51 a (i)	,,,,	x
•••	ther assets .				a (ii)		x
• •	transactions.		•	· · · · · ·			_ <del>``</del>
<b>ന</b> Sa	ales or exchanges of ass	ets with a no	oncharitable exempt organization .		b (i)		x
	urchases of assets from a			<b>†</b>	b (ii)		X
	ental of facilities, equipm		_	··	b (iii)		$\frac{\lambda}{x}$
• •	eimbursement arrangeme	•		·	b (iv)		$\frac{x}{x}$
• •	oans or loan guarantees			· · · · · · · · · · · · · · · · · · ·	b (v)		X
-		memhersh	p or fundraising solicitations	· · · · · · · · · · · · · · · · · · ·	b (vi)		X
			ts, other assets, or paid employees	· · · · · · · · · · · · · · · · · · ·	C C		$\frac{\lambda}{x}$
d If the the go any tra	answer to any of the abordods, other assets, or sen ansaction or sharing arra	ve is 'Yes,' o vices given l ngement, sh	complete the following schedule. Coluby the reporting organization. If the orow in column (d) the value of the goo	mn (b) should always show the fair mark ganization received less than fair marke ods, other assets, or services received.		of 1	
(a) Line no.	(b) Amount involved	l	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and si			ts
descrit	organization directly or in bed in section 501(c) of t ,' complete the following	he Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	►  Ye	s X	No
	(a)	Jenedale.	(b)	(c)			
	Name of organization		Type of organization	(c) Description of relations	ship ————		
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Form 990 Part II, Line 25a

## Compensation of Current Officers, Directors, Key Employees, Etc.

2006

Name as Shown on Return

LONG ISLAND CARES, INC.

Employer Identification No. 11-2524512

#### Compensation

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

#### Contributions to Employee Benefit Plans & Deferred Compensation Plans

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

#### **Expense Account and Other Allowances**

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

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

	(A)	(B)	(C)	(D)
Other expenses not	Total	Program	Management	Fundraising
covered above (itemize):		services	and general	
HPNAP FOOD PURCHASE	494,995.	494,995.	0.	0.
SUFF CNTY FOOD PURCHASE	51,141.	51,141.	0.	0.
TRANSPORTATION	109,365.	109,365.	0.	0.
DAMAGE/SHORTAGE	236.	236.	0.	0.
SANITATION AND DUMP	33,508.	30,593.	1,809.	1,106.
HPNAP SANITATION	4,863.	4,863.	0.	0.
FREIGHT	39,966.	39,966.	0.	0.
WORKSHOPS & EDUCATION	6,542.	6,542.	0.	0.
IN-KIND EXPENSES	4,928,794.	4,888,686.	10,586.	29,522.
OTHER FOOD PURCHASES	196,727.	196,727.	0.	0.
EDUCATIONAL SUPPLIES	15,282.	15,282.	0.	0.
UTILITIES	80,538.	73,531.	4,349.	2,658.
PROPERTY TAXES	489.	447.	26.	16.
RECRUITING AND TRAINING	2,653.	280.	0.	2,373.
MISCELLANEOUS	84.	84.	0.	0.
OPERATIONS SUPPORT - HPNAP	104,996.	104,996.	0.	0.
CAPITAL EQUIPMENT - HPNAP	58,626.	58,626.	0.	0.
FOOD ACQUISITION HANDLING FRES	8,424.	8,424.	0.	0.
Total	6,137,229.	6,084,784.	16,770.	35,675.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
CHRISTOPHER J. BROWN P.O. BOX 446 ROSLYN HEIGHTS, NY 11577	TREASURER 2	0.	0.	0
SANDY CHAPIN 118 GLENDALE ROAD	MEMBER			0.
OSSINING, NY 11714 RUDY BECHT 84 FITCHBURG STREET	2 MEMBER	0.	0.	0.
BAY SHORE, NY 11706 JOSEPH W. BROWN	2	0.	0.	0.
185 CENTRAL AVENUE BETHPAGE, NY 11714 RICHARD J. CIRINCIONE	MEMBER 2	0.	0.	0.
71-02 FOREST AVENUE BDGEWOOD, NY 11385 MICHAEL MANNETTA	MEMBER 2	0.	0.	0.
3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040 CAROLYN MAZZENGA	MEMBER 2	0.	0.	0.
10 MELVILLE PARK ROAD MELVILLE, NY 11747-3146	MEMBER 2	0.	0.	0.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement Continued

(A)	(B)	(c)	(D)	(E)
Name and address	Title and	Compensation	Contributions	Expense
	average hours per	(if not paid,	to employee	account
	week devoted	enter -0-)	benefit plans	and other
	to position		and deferred	allowances
	·		compensation	
SUSAN L. MILLER				
43 STERLING COURT	MEMBER			
HUNTINGTON, NY 11743	2	0.	0.	_
ROBERT MURRAY				<u>0.</u>
40 HIGHLAND AVENUE	MEMBER			
ROWAYTON, CT 06853	2	0.	0.	_
THOMAS MURRAY				0.
25 SUFFOLK COURT	MEMBER		:	
HAUPPAUGE, NY 11788	2	0.	0.	٥.
ELENA PEREZ			<u></u>	<del></del>
300 BROAD HOLLOW ROAD	MEMBER			
MELVILLE, NY 11747	2	0.	0.	
ANTHONY L. SALUCCI			·	<del></del>
55 FIRST AVENUE	MEMBER			
KINGS PARK, NY 11754	2	0.	0.	0.
RICHARD SCHOLEM				
7 BAYVIEW LANE	MEMBER			
HUNTINGTON, NY 11743	2	0.	0.	0.
JEFFREY S. STERN				
2090 POND ROAD	MEMBER			
RONKONKOMA, NY 11779	2	0.	0.	0.
JOHN L. SULLIVAN				
12 WEST PERIWINKLE LANE	MEMBER			
NEWARK, DE 19711-6212	2	0.	0.	0.
HOWARD WEINER				
125 BAYLIS ROAD	MEMBER			
MELVILLE, NY 11747	2	0.	0.	ο.
LYNN NEEDELMAN				
10 DAVIDS DRIVE	EXECUTIVE DIRECTOR			
HAUPPAUGE, NY 11788	40	97,407.	0.	0.

Form 990, Page 8, Part VIII

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

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

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement** 

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
DIRECT MAILING	241,141.	241,141.	0.	83,876.	-83,876.
GOLF OUTING	122,240.	27,650.	94,590.	46,801.	47,789.
CHECK OUT HUNGER	71,688.	71,688.	0.	6,069.	-6,069.
4 OTHERS	103,605.	46,085.	57,520.	39,825.	17,695.

Total 538,674. 386,564. 152,110. 176,571. -24,461.

Form 990, Page 4, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	<b>(b)</b> Accumulated Depreciation	<b>(c)</b> Book Value	
LAND	885,500.	0.	885,500.	
BUILDING	1,427,183.	159,359.	1,267,824.	
BUILDING IMPROVEMENTS	88,006.	18,415.	69,591.	
OFFICE EQUIPMENT	161,437.	124,183.	37,254.	
VEHICLES	66,748.	29,280.	37,468.	
WAREHOUSE EQUIPMENT	324,883.	222,995.	101,888.	
Total	2.953.757.	554.232.	2.399.525	

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement** 

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

**Explanation Statement** 

Form/Line:

Form 990, Part V-A

line 75b

Explanation of:

Relationship of Officers, Trustees, & Highly Compensated Employees

BOARD MEMBERS ROBERT AND THOMAS MURRAY ARE BROTHERS.

BOARD MEMBERS CHRISTOPHER AND JOSEPH BROWN ARE BROTHERS.

Schedule A, Part IV-A, Line 22

Other Income

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

Suppo	rtina	Statement	of:

Form	990	-	2	/T.ina	22h	asah
FOLIII	330	U	4	илпе	220	casn

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

#### **Supporting Statement of:**

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

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

#### **Supporting Statement of:**

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

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

## Form **8868**

(Rev. December 2006)

Department of the Treasury Internal Revenue Service'

### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

nternal Revenue Service									
If you are filing	or an Automat	ic 3-Month E	xtension, comp	olete only F	Part I	and check this	box .		▶ 🛭
If you are filing	or an Addition	al (not autom	18tic) 3-Month i	Extension,	com	plete only Part	II (on pa	ge 2 of th	is form).
Do not complete I	'art II unless yo	ou have already	y been granted a	n automatic	3-mc	onth extension o	n a previo	ously filed I	Form 8868.
Part I Auto	matic 3-Mont	th Extension	n of Time. Onl	y submit c	origin	nal (no copies	needed)	•	
Section 501(c)(3) o and complete Part	corporations red	quired to file F	Form 990-T and	requesting	an a	automatic 6-mor	nth exten	sion—che	ck this box
VI other corporati ime to file income	ons (including : tax returns.								
lectronic Filing (	e∹file). General	ly you can eld	ectronically file F	orm 8868 ii	fvou	want a 3-month	automa	tio autonoi	ion of time to file
ne of the returns	noted below (6	months for s	ection 501(c)(3)	comoration	is rea	guired to file For	m 990-T	However	r vou cannot file
orm 8868 electroi	nically if (1) you	want the addit	tional (not autom	ratic) 3-mor	ith ex	ctension or (2) vo	ou file For	ms 990-B	I 6069 or 8870.
roup retums, or a Form 8868. For	composite or c	consolidated F	orm 990-T. Inste	ead, vou mu	ist su	ibmit the fully co	omoleted	and signe	d nage 2 (Part II)
ype or Nam	e of Exempt Orga	anization				<del>-</del>	Emp	lover ident	tification number
	g Island Cares	i, Inc.					1	• .	2524512
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Form 990			rm 990-T (corpo						m 4720
Form 990-BL		∐ For	rm 990-T (sec. 4	01(a) or 40	8(a) t	trust)			m 5227
Form 990-EZ	-	_	rm 990-T (trust o	other than a	above	e)			m 6069
Form 990-PF		☐ For	m 1041-A					☐ For	m 8870
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Note. Only of	filing for an Additional (not automatic) 3-Month Extension, con omplete Part II if you have already been granted an automatic 3-mon	th exte	nsion on a pre	nd check th viously filed	is box , , ▶ □ Form 8868.
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Under penalties	of perjury, I declare that I have examined this form, including accompanying schedu, and complete, and that I am authorized to prepare this form.	ules and			
Signature	Bruce Saugler Title Con	tro	ller	Date ▶	3/7/07
	Notice to Applicant. (To Be Complet				- <del> </del>
☐ We have	approved this application. Please attach this form to the organization's	retum.			
☐ We have	e not approved this application. However, we have granted a 10-day grace the organization's return (including any prior extensions). This grace period the required to be made on a timely return. Please attach this form to the or	e period	sidered to be a	of the date sh valid extension	nown below or the due on of time for elections
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