

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. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ <u>64,050.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	64,050.	64,050.	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	101,304.	72,939.	28,365.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.
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)	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,017,145.	594,483.	268,960.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	126,977.	99,592.	12,069.
29 Payroll taxes	29	85,378.	51,110.	22,510.
30 Professional fundraising fees	30			
31 Accounting fees	31	15,000.		15,000.
32 Legal fees	32			
33 Supplies	33	16,693.	11,539.	2,976.
34 Telephone	34	13,429.	8,343.	2,437.
35 Postage and shipping	35	19,163.	12,135.	5,213.
36 Occupancy	36			
37 Equipment rental and maintenance	37	25,345.	18,792.	4,278.
38 Printing and publications	38	13,466.	7,853.	5,153.
39 Travel	39	14,571.	11,800.	923.
40 Conferences, conventions, and meetings	40	4,240.	280.	3,225.
41 Interest	41	23,434.		23,434.
42 Depreciation, depletion, etc (attach schedule)	42	97,272.	84,026.	8,293.
43 Other expenses not covered above (itemize): a SEE STATEMENT 2	43a	7,128,690.	6,952,324.	109,298.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	8,766,157.	7,989,266.	512,134.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated

to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? NONPROFIT ANTI-HUNGER ORGANIZATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>REGIONAL FOOD BANK - TO PROVIDE AGENCIES (EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS) SUPPLEMENTAL NUTRITIONAL FOOD FROM GOVERNMENTAL AND PRIVATELY DONATED RESOURCES.</u> (Grants and allocations \$ <u>64,050.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	7,903,718.
b <u>COMMUNITY OUTREACH - TARGETS AT-RISK STUDENTS FOR MENTORING AND SINGLE/HEAD OF HOUSEHOLD WOMEN FOR SELF-DEVELOPMENT, PRE-EMPLOYMENT TRAINING AND HUNGER EDUCATION.</u> (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	85,548.
c _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,989,266.

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	421,263.	45	793,795.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	293,695.		
	b Less: allowance for doubtful accounts	2,000.	377,586.	47 c 291,695.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			48 c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	18,828.	53	41,125.
	54 a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
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	2,872,377.			
b Less: accumulated depreciation (attach schedule) STATEMENT 3	520,953.	2,399,525.	57 c 2,351,424.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 4)	695,409.	58	1,011,648.	
59 Total assets (must equal line 74) Add lines 45 through 58	3,912,611.	59	4,489,687.	
LIABILITIES	60 Accounts payable and accrued expenses	372,434.	60	426,029.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	326,700.	64 b	261,700.
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities. Add lines 60 through 65	699,134.	66	687,729.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,138,749.	67	3,694,464.
	68 Temporarily restricted	24,728.	68	57,494.
	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 and column (B) must equal line 21)	3,213,477.	73	3,801,958.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,912,611.	74	4,489,687.

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Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	28
91 a	The books are in care of ▶ BRUCE GAUGLER Telephone number ▶ (631) 582-3663 Located at ▶ 10 DAVIDS DRIVE HAUPPAUGE NY ZIP + 4 ▶ 11788		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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

106. Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

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

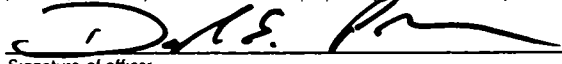

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		4/30/08 Date	
Paid Preparer's Use Only	DAVID E. PASELTNER, BOARD PRESIDENT Type or print name and title			
	Preparer's signature:  Firm's name (or yours if self-employed), address, and ZIP + 4: NAWROCKI SMITH LLP 290 BROADHOLLOW RD STE 115E MELVILLE, NY 11747-4801		Date: 4/30/08 Check if self-employed: <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction X): N/A EIN: N/A Phone no: (631) 756-9500	

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Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**2007**Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

LONG ISLAND CARES, INC.

Employer identification number

11-2524512

Part III 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
SEE STATEMENT 10		279,516.	0.	0.
Total number of other employees paid over \$50,000	0			

Part IV 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	0	

Part V 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	0	

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 <u>\$ N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a 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)		X
b Did the organization have a section 403(b) annuity plan for its employees?	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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

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Schedule A (Form 990 or 990-EZ) 2007

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,220,706.	2,392,726.	2,346,486.	2,751,824.	9,711,742.
16 Membership fees received					0.
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	779,864.	627,632.	628,565.	491,896.	2,527,957.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	3,242.	2,060.	2,506.	4,172.	11,980.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	2,888.	9,821.	2,865.	7,676.	23,250.
23 Total of lines 15 through 22	3,006,700.	3,032,239.	2,980,422.	3,255,568.	12,274,929.
24 Line 23 minus line 17	2,226,836.	2,404,607.	2,351,857.	2,763,672.	9,746,972.
25 Enter 1% of line 23	30,067.	30,322.	29,804.	32,556.	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines: 18 11,980. 19 22 23,250.</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				
				26a	194,939.
				26b	
				26c	9,746,972.
				26d	35,230.
				26e	9,711,742.
				26f	99.64 %
27 Organizations described on line 12: N/A	<p>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:</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p>c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f _____</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				
				27c	
				27d	
				27e	
				27f	
				27g	%
				27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- 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.)

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

Yes	No	Amount

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LONG ISLAND CARES, INC.

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STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
DIRECT MAILING	336,524.	336,524.	0.	118,251.	-118,251.
AWARDS DINNER	162,555.	65,875.	96,680.	46,074.	50,606.
4 OTHERS	150,446.	56,991.	93,455.	59,326.	34,129.
CHECK OUT HUNGER	146,901.	146,901.	0.	6,561.	-6,561.
TOTAL	\$ 796,426.	\$ 606,291.	\$ 190,135.	\$ 230,212.	\$ -40,077.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	42,916.			42,916.
BANK AND PAYROLL FEES	8,885.		8,885.	
CONSULTANTS	4,176.	2,488.	1,088.	600.
DAMAGE/SHORTAGE	1,951.	1,951.		
DUES AND MEMBERSHIP FEES	27,293.	24,712.	2,286.	295.
EDUCATIONAL SUPPLIES	15,000.	15,000.		
FOOD ACQUISITION HANDLING FEES	1,731.	1,731.		
FREIGHT	48,512.	48,512.		
HPNAP FOOD PURCHASE	338,199.	338,199.		
HPNAP SANITATION	4,993.	4,993.		
IN-KIND EXPENSES	5,980,692.	5,919,692.	43,400.	17,600.
INSURANCE	23,607.	20,602.	1,742.	1,263.
OPERATIONS SUPPORT - HPNAP	132,951.	132,951.		
OTHER FOOD PURCHASES	153,131.	153,131.		
PERMITS & LICENSES	315.	288.	16.	11.
PERSONNEL TRAINING	475.			475.
PROPERTY TAXES	508.	463.	28.	17.
RECRUITING	45,537.	51.	45,486.	
SANITATION & DUMPING	32,935.	30,070.	1,778.	1,087.
SUFF CNTY FOOD PURCHASE	56,459.	56,459.		
TRANSPORTATION	116,102.	116,102.		
UTILITIES	84,979.	77,586.	4,589.	2,804.
WORKSHOPS & EDUCATION	7,343.	7,343.		
TOTAL	\$ 7,128,690.	\$ 6,952,324.	\$ 109,298.	\$ 67,068.

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 1,427,183.	\$ 195,038.	\$ 1,232,145.
IMPROVEMENTS	88,006.	27,216.	60,790.
LAND	885,500.		885,500.

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STATEMENT 3 (CONTINUED)
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 471,688.	\$ 298,699.	\$ 172,989.
TOTAL	\$ 2,872,377.	\$ 520,953.	\$ 2,351,424.

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

DONATED PRODUCT			\$ 1,011,648.
TOTAL			\$ 1,011,648.

STATEMENT 5
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

FUNDRAISING EXPENSES		\$ 230,212.
TOTAL		\$ 230,212.

STATEMENT 6
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

FUNDRAISING EXPENSES		\$ 230,212.
TOTAL		\$ 230,212.

STATEMENT 7
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SANDY CHAPIN 118 GLENDALE ROAD OSSINING, NY 10562	CHAIRPERSON 2.00	\$ 0.	\$ 0.	\$ 0.
JIM LENNON 125 NEWTOWN ROAD PLAINVIEW, NY 11803	PRESIDENT 2.00	0.	0.	0.

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STATEMENT 7 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID E. PASELTINER 300 GARDEN CITY PLAZA GARDEN CITY, NY 11530	VICE PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
DAVID SCHNEIDMAN 276 ROUND SWAMP ROAD MELVILLE, NY 11747	VICE PRESIDENT 2.00	0.	0.	0.
BILL HARTNAGEL 530 WEST OLD COUNTRY ROAD HICKSVILLE, NY 11801	SECRETARY 2.00	0.	0.	0.
BRIAN L. SEIDMAN 590 MADISON AVENUE NEW YORK, NY 10022	SECRETARY 2.00	0.	0.	0.
CHRISTOPHER J. BROWN P.O. BOX 446 ROSLYN HEIGHTS, NY 11577	TREASURER 2.00	0.	0.	0.
RUDY BECHT 84 FITCHBURG STREET BAY SHORE, NY 11706	MEMBER 2.00	0.	0.	0.
JOSEPH W. BROWN 185 CENTRAL AVENUE BETHPAGE, NY 11714	MEMBER 2.00	0.	0.	0.
RICHARD J. CIRINCIONE 71-02 FOREST AVENUE EDGEWOOD, NY 11385	MEMBER 2.00	0.	0.	0.
MICHAEL MANNETTA 3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040	MEMBER 2.00	0.	0.	0.
CAROLYN MAZZENGA 10 MELVILLE PARK ROAD MELVILLE, NY 11747-3146	MEMBER 2.00	0.	0.	0.
SUSAN L. MILLER 8 FOLLY FIELD COURT COLD SPRING HARBOR, NY 11724-1301	MEMBER 2.00	0.	0.	0.
ROBERT MURRAY 40 HIGHLAND AVENUE ROWAYTON, CT 06853	MEMBER 2.00	0.	0.	0.

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STATEMENT 7 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS MURRAY 25 SUFFOLK COURT HAUPPAUGE, NY 11788	MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
ANTHONY L. SALUCCI 55 FIRST AVENUE KINGS PARK, NY 11754	MEMBER 2.00	0.	0.	0.
RICHARD SCHOLEM 7 BAYVIEW LANE HUNTINGTON, NY 11743	MEMBER 2.00	0.	0.	0.
JEFFREY S. STERN 2090 POND ROAD RONKONKOMA, NY 11779	MEMBER 2.00	0.	0.	0.
JOHN L. SULLIVAN 12 WEST PERIWINKLE LANE NEWARK, DE 19711-6212	MEMBER 2.00	0.	0.	0.
HOWARD WEINER 125 BAYLIS ROAD MELVILLE, NY 11747	MEMBER 2.00	0.	0.	0.
LYNN NEEDELMAN 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	EXECUTIVE DIR. 40.00	101,304.	0.	0.
	TOTAL	\$ 101,304.	\$ 0.	\$ 0.

STATEMENT 8

FORM 990, PART V-A, LINE 75B

COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

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

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**STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93A	HANDLING FEES REPRESENT A 16 CENT PER POUND CHARGE FOR THE FOOD AND NON-FOOD ITEMS DISTRIBUTED BY THE FOOD BANK TO PROVIDE FOOD BANK MEMBER AGENCIES WITH DONATED PRODUCTS. THESE AGENCIES WOULD INCLUDE EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS FOR THE HOMELESS, DAY CARE CENTERS, SENIOR NUTRITION SITES AND OTHER MISCELLANEOUS ON-SITE PROGRAMS.

**STATEMENT 10
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
ROBIN AMATO 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	DEVELOP. DIR. 40.00	84,218.	0.	0.
KENNETH ZONE 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	OPERATIONS MGR. 40.00	77,004.	0.	0.
BRUCE GAUGLER 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	CONTROLLER 40.00	67,565.	0.	0.
KATE MITCHELL 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	NUTRITION MGR. 40.00	50,729.	0.	0.
TOTAL		\$ 279,516.	\$ 0.	\$ 0.

**STATEMENT 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
MISCELLANEOUS	\$ 2,888.	\$ 9,821.	\$ 2,865.	\$ 7,676.	\$ 23,250.
TOTAL	\$ 2,888.	\$ 9,821.	\$ 2,865.	\$ 7,676.	\$ 23,250.

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**STMT. OF FUNCTIONAL EXPENSES (990)
OTHER GRANTS & ALLOCATIONS (SEE SCR. 42)[O]**

GRANTS TO MEMBER AGENCIES - FOOD PANTRIES/SOUP KITCHENS

	\$	64,050.
TOTAL	\$	<u>64,050.</u>

**BALANCE SHEET
MORTGAGES AND OTHER NOTES PAYABLE [O]**

LOAN PAYABLE TO BANK

	\$	326,700.
TOTAL	\$	<u>326,700.</u>

**BALANCE SHEET
MISCELLANEOUS**OFFICE EQUIPMENT
WAREHOUSE EQUIPMENT
VEHICLES

	\$	132,167.
		272,773.
		66,748.
TOTAL	\$	<u>471,688.</u>

**BALANCE SHEET
LESS ACCUMULATED DEPRECIATION**ACCUMULATED DEPRECIATION - OFFICE EQUIPMENT
ACCUMULATED DEPRECIATION - WAREHOUSE EQUIPMENT
ACCUMULATED DEPRECIATION - VEHICLES

	\$	91,123.
		173,300.
		34,276.
TOTAL	\$	<u>298,699.</u>

**BALANCE SHEET
MORTGAGES AND OTHER NOTES PAYABLE [O]**

LOAN PAYABLE TO BANK

	\$	261,700.
TOTAL	\$	<u>261,700.</u>

LONG ISLAND CARES, INC.
FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2007 AND 2006
TOGETHER WITH AUDITORS' REPORT

LONG ISLAND CARES, INC.
FINANCIAL STATEMENTS AND AUDITORS' REPORT
AS OF DECEMBER 31, 2007 AND 2006
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Nawrocki Smith LLP
CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITORS' REPORT ON
FINANCIAL STATEMENTS AND SUPPLEMENTARY SCHEDULES**

To the Board of Directors of
Long Island Cares, Inc.:

We have audited the accompanying statements of financial position of Long Island Cares, Inc. as of December 31, 2007 and 2006, and the related statements of activities and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of Long Island Cares, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Long Island Cares, Inc. as of December 31, 2007 and 2006, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated March 21, 2008, on our consideration of Long Island Cares, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and is important for assessing the results of our audit.

Our audits were made for the purpose of forming an opinion on the financial statements of Long Island Cares, Inc. taken as a whole. The accompanying supplementary schedules are presented for purposes of additional analysis and are not a required part of the financial statements. Such information has been subjected to the auditing procedures applied in the audits of the financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

Melville, New York
March 21, 2008

Nawrocki Smith LLP

LONG ISLAND CARES, INC.
STATEMENTS OF FINANCIAL POSITION
AS OF DECEMBER 31, 2007 AND 2006

	<u>2007</u>	<u>2006</u>
<u>ASSETS</u>		
CASH	\$ 793,795	\$ 421,263
ACCOUNTS RECEIVABLE (net of allowance for doubtful accounts of \$2,000 and \$4,141 in 2007 and 2006, respectively)	291,695	377,586
DONATED PRODUCT	1,011,648	695,409
FIXED ASSETS (net of accumulated depreciation of \$520,953 and \$554,232 in 2007 and 2006, respectively)	2,351,424	2,399,525
OTHER ASSETS	41,125	18,828
	<u>\$ 4,489,687</u>	<u>\$ 3,912,611</u>
<u>LIABILITIES AND NET ASSETS</u>		
LOAN PAYABLE TO BANK	\$ 261,700	\$ 326,700
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	426,029	372,434
Total liabilities	687,729	699,134
NET ASSETS:		
Unrestricted:		
Designated for fixed assets	2,089,724	2,072,825
Designated for donated product	1,011,648	695,409
Undesignated	593,092	370,515
Total unrestricted net assets	3,694,464	3,138,749
Temporarily restricted	57,494	24,728
Permanently restricted	50,000	50,000
Total net assets	<u>3,801,958</u>	<u>3,213,477</u>
	<u>\$ 4,489,687</u>	<u>\$ 3,912,611</u>

The accompanying notes to the financial statements
are an integral part of these statements.

LONG ISLAND CARES, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2007 AND 2006

	<u>2007</u>	<u>2006</u>
CHANGE IN UNRESTRICTED NET ASSETS:		
Revenues	\$ 9,552,084	\$ 8,234,360
Expenses -		
Program services	7,989,266	7,154,061
Supporting services	512,134	424,008
Fundraising	494,969	435,067
Total expenses	<u>8,996,369</u>	<u>8,013,136</u>
Increase in unrestricted net assets	<u>555,715</u>	<u>221,224</u>
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS:		
Revenues	47,543	81,408
Net assets released from restrictions	<u>(14,777)</u>	<u>(110,254)</u>
Increase (decrease) in temporarily restricted net assets	<u>32,766</u>	<u>(28,846)</u>
CHANGE IN PERMANENTLY RESTRICTED NET ASSETS	<u>-</u>	<u>-</u>
CHANGE IN NET ASSETS	588,481	192,378
NET ASSETS, BEGINNING OF YEAR	<u>3,213,477</u>	<u>3,021,099</u>
NET ASSETS, END OF YEAR	<u><u>\$ 3,801,958</u></u>	<u><u>\$ 3,213,477</u></u>

The accompanying notes to the financial statements
are an integral part of these statements.

LONG ISLAND CARES, INC.
STATEMENTS OF CASH FLOWS (INDIRECT METHOD)
FOR THE YEARS ENDED DECEMBER 31, 2007 AND 2006

	<u>2007</u>	<u>2006</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 588,481	\$ 192,378
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	97,273	115,341
Decrease in accounts receivable	88,032	108,977
Increase (decrease) in allowance for doubtful accounts	(2,141)	415
Increase in donated product	(316,239)	(120,853)
(Increase) decrease in other assets	(22,297)	16,741
Increase (decrease) in accounts payable and accrued liabilities	<u>53,595</u>	<u>(42,879)</u>
Net cash provided by operating activities	<u>486,704</u>	<u>270,120</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of fixed assets	<u>(49,172)</u>	<u>(38,753)</u>
Net cash used by investing activities	<u>(49,172)</u>	<u>(38,753)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of loan payable to bank	<u>(65,000)</u>	<u>(93,800)</u>
Net cash used by financing activities	<u>(65,000)</u>	<u>(93,800)</u>
NET INCREASE IN CASH	372,532	137,567
CASH, BEGINNING OF YEAR	<u>421,263</u>	<u>283,696</u>
CASH, END OF YEAR	<u><u>\$ 793,795</u></u>	<u><u>\$ 421,263</u></u>
SUPPLEMENTAL CASH FLOW INFORMATION:		
Cash paid during the year for interest	<u><u>\$ 23,434</u></u>	<u><u>\$ 29,061</u></u>
Retirement of fully depreciated fixed assets	<u><u>\$ 130,552</u></u>	<u><u>\$ 150,378</u></u>

The accompanying notes to the financial statements
are an integral part of these statements.

LONG ISLAND CARES, INC.
NOTES TO FINANCIAL STATEMENTS

(1) Background and current operational considerations

Long Island Cares, Inc. (the "Organization") is a nonprofit, anti-hunger organization founded in 1980 by the late singer and activist, Harry Chapin. The Organization's aims are to promote the food welfare of the Long Island community; to raise the nutritional standards of community life; to bring into closer relation the resources and food needs of the community; and to sponsor and encourage equal rights in relation to food access, balanced nutrition and food self-reliance activities. The Organization has responded by providing immediate emergency food relief to hungry Long Islanders through The Harry Chapin Food Bank and by addressing the systemic causes of hunger through Community Outreach Programs. The Organization is a broad-based, regionally responsive organization working in partnership with human service groups in Nassau and Suffolk Counties.

The Organization is an affiliate member of America's Second Harvest, a national network of food banks and food rescue organizations. Through this membership, it is able to access donated food through national and regional corporate sponsors. In concert with The Harry Chapin Food Bank, the Organization collects, warehouses and delivers government donated and surplus foods to food pantries, soup kitchens, shelters, group homes, day treatment facilities, senior citizen sites and day care centers.

The Organization operates the only designated food bank serving Nassau and Suffolk Counties, located at the Organization's Hauppauge, New York office and warehouse facility. It is the only contracted agency for the distribution of Federal commodities through The Emergency Food Assistance Program (TEFAP), administered by the New York State Office of General Service (OGS) under a continuous agreement effective May 1989.

In addition, the Organization, under a five-year contract renewed annually, is responsible for the support services of the Hunger Prevention and Nutrition Assistance Program (HPNAP) administered by the New York State Department of Health. The current annual contract is renewed through June 30, 2008. The supported service provides nutritional assistance to various high-risk groups of individuals, including the homeless at approved food and nutrition service sites.

The Organization addresses education as a continuing process through Community Outreach Programs - New Paths to Achievement, Job Training and Hunger Education.

The New Paths to Achievement Program focuses on assisting low-income and single head-of-household women in gaining self-esteem, job skills and employment experience in order to become self-sufficient and independent of the public welfare system.

The Job Training Program targets at-risk high school students and young adults and provides on-the-job training at Long Island Cares to assist the participants in gaining clerical, computer and warehousing skills.

Hunger 101, the hunger education program, is a role play and discussion activity designed to raise awareness about the problems of hunger and poverty on Long Island. It helps participants gain an understanding of the causes and consequences of hunger and develop strategies to address the problem. It is presented to students, churches, service and professional groups and many others.

Two other programs at Long Island Cares are designed to meet specific community needs: School Tools and Kids Café.

School Tools works in partnership with corporations and individuals to collect and distribute new school supplies to our member agencies serving school aged children so these economically disadvantaged children have the necessary tools to start the new school year.

The Kids Café is an after school program which provides safe and convenient environments for at-risk children to receive nutritious food, tutoring and mentoring, nutrition and food safety education, homework assistance and recreational activities.

(2) **Summary of significant accounting policies:**

The accompanying financial statements include the assets, liabilities, revenues and expenses of all the funds of the Organization which are reflected under the accrual basis of accounting. The following is a summary of significant accounting policies followed by the Organization:

Financial statement presentation –

The accompanying financial statements include the accounts of the Organization's programs, administration and fundraising. The Organization presents its financial statements in accordance with Statement of Financial Accounting Standards ("SFAS") No. 117, Financial Statements of Not-For-Profit Organizations. SFAS No. 117 requires that the Organization's financial statements distinguish between unrestricted, temporarily restricted and permanently restricted net assets and changes in net assets. The Organization's net assets consist of the following:

Unrestricted – net assets of the Organization which have not been restricted by an outside donor or by law and are therefore available for use in carrying out the operations of the Organization.

Temporarily restricted – net assets of the Organization which have been limited by donor-imposed stipulations or by law that either expire with the passage of time or can be fulfilled and removed by the actions of the Organization pursuant to those stipulations.

Permanently restricted – net assets of the Organization which have been restricted by donors to be maintained in perpetuity by the Organization.

Revenue and expense recognition –

Contributions are recognized as income when received and are considered to be available for unrestricted use unless specifically restricted by the donor. Revenues under contracts for service are generally recognized as earned. Contract advances arise from payments received under contracts for service in advance of revenue recognition. Expenses are recognized when incurred. The Organization allocates its expenses on a functional basis among its various programs and supporting services. Expenses that can be identified with a specific program or supporting service are allocated directly according to their natural expense classification. Other expenses that are common to several functions are allocated by various rational bases.

In-kind contributions –

The Organization follows the provisions of Statement of Financial Accounting Standards No. 116, Accounting For Contributions Received And Contributions Made with respect to donated product including donated food, supplies and Federal commodities. Donated product received, distributed and on hand are accounted for at fair value. The fair value of donated product received and distributed during the year is reflected in the accompanying financial statements as in-kind contributions and in-kind expenses. Significant fluctuations in operating results may occur due to variances in quantity and valuation of donated product.

The Organization has received professional services on a pro-bono basis. The value of these services for the years ended December 31, 2007 and 2006 was \$43,200 and \$10,586, respectively. Such amounts are reflected in the accompanying financial statements as in-kind contributions and in-kind expenses.

Cash and cash equivalents –

All highly liquid investments purchased with a maturity of three months or less are considered to be cash equivalents, principally money market funds.

Donated product –

Donated product represents the fair value of donated food, supplies and Federal commodities on hand as of year-end.

Fixed assets –

Fixed assets are stated at cost or current fair value for donated items. Maintenance and repairs are expensed as incurred. Depreciation is provided using the straight-line method over the estimated useful lives of the assets (generally periods of three to forty years).

Income taxes –

The Organization qualifies as a tax-exempt nonprofit organization under Section 501(c)(3) of the Internal Revenue Code and applicable New York State tax laws. Accordingly, no provision for federal or state income taxes is required.

Impairment of long-lived assets and long-lived assets to be disposed of –

The Organization follows the provisions of Statement of Financial Accounting Standards No. 144, Accounting for the Impairment or Disposal of Long-Lived Assets. This Statement requires that long-lived assets and certain identifiable intangibles be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. The provisions of this Statement did not have a material impact on the Organization's financial position, results of activities or liquidity during the years ended December 31, 2007 and 2006.

Conditional asset retirement obligations –

The Financial Accounting Standards Board ("FASB") recently issued FASB Interpretation No. 47, Accounting for Conditional Asset Retirement Obligations. This accounting pronouncement requires the Organization to recognize the fair value of its legal obligation to perform an asset retirement activity, even though uncertainty exists about the timing and/or method of settlement, if and when the fair value of the liability can be reasonably estimated. As of December 31, 2007, the Organization does not have sufficient information to reasonably estimate the fair value of any asset retirement obligations.

Donated services –

A number of volunteers have donated significant amounts of their time in the Organization's program services, administration and fundraising campaigns. However, since these services do not meet the criteria for recognition under accounting principles generally accepted in the United States of America, they are not reflected in the accompanying financial statements.

The use of estimates in the preparation of financial statements –

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Estimates include the valuation allowance for accounts receivable, depreciation and certain accrued expenses. Actual results may differ from those estimates.

(3) **Fixed assets**

Fixed assets as of December 31, 2007 and 2006 are comprised of the following:

	<u>2007</u>	<u>2006</u>
Land	\$ 885,500	\$ 885,500
Building	1,427,183	1,427,183
Building improvements	88,006	88,006
Office equipment	132,167	161,437
Vehicles	66,748	66,748
Warehouse equipment	<u>272,773</u>	<u>324,883</u>
	2,872,377	2,953,757
Less: accumulated depreciation	<u>520,953</u>	<u>554,232</u>
	<u>\$2,351,424</u>	<u>\$2,399,525</u>

(4) **Line of credit**

The Organization has a \$300,000 line of credit with a bank. The loan is secured by equipment and bears interest at a variable rate equal to the bank's prime rate plus 1% per annum. The line is fully available as of December 31, 2007.

(5) **Loan payable:**

Loan payable to bank –

The Organization has a loan payable to a bank with an original amount of \$1,300,000, of which \$261,700 and \$326,700 is outstanding at December 31, 2007 and 2006, respectively. The loan is collateralized by the Organization's land and building. The loan is payable in twelve monthly installments of interest only, followed by sixty installments of principal and interest (equal to the one-month LIBOR, 5.25% as of December 31, 2007, plus 250 basis points per annum) of \$7,257 and a final lump sum principal payment due on June 19, 2008.

Maturities of loan payable –

At December 31, 2007, future principal payments on outstanding loans payable are as follows:

Year Ending December 31,

2008

\$ 261,700

(6) **Temporarily restricted net assets**

Temporarily restricted net assets are available for or relate to the following purposes:

	<u>2007</u>	<u>2006</u>
TEFAP Handling Fees	\$ 25,136	\$ 12,830
Capital Campaign	15,686	-
Capital Campaign interest	9,075	9,022
Donations for Purchasing Turkeys	7,597	2,524
New Paths to Achievement	<u>-</u>	<u>352</u>
	<u>\$ 57,494</u>	<u>\$ 24,728</u>

(7) **Permanently restricted net assets**

Permanently restricted net assets relate to an endowment of \$50,000 to be maintained in perpetuity, the income from which is expendable to support general operations.

(8) **Employee benefit plan**

The Organization has a 403(b) Tax Deferred Annuity Plan (the "Plan"). Eligible participants in the Plan may contribute up to 25% of compensation, but not in excess of the maximum allowed under the Internal Revenue Code. The Plan does not provide for matching contributions by the Organization.

(9) **Fair value of financial instruments**

Statement of Financial Accounting Standards No. 107, Disclosure about Fair Value of Financial Instruments, defines the fair value of a financial instrument as the amount at which the instrument could be exchanged in a current transaction between willing parties. The carrying value of all instruments classified as current assets or liabilities is deemed to approximate fair value because of their short-term nature.

(10) **Concentrations of credit risk**

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash. Cash exceeding federally insured limits totaled \$757,293 at December 31, 2007, based on actual bank account balances.

(11) **Fundraising activities**

<u>Fund Raisers</u>	<u>Gross Revenues</u>	<u>Direct Expenses</u>	<u>Fundraising Income, net</u>
<u>2007</u>			
Direct Mailing	\$ 336,524	\$ 118,251	\$ 218,273
Check Out Hunger	146,901	6,561	140,340
Awards Dinner	162,555	46,074	116,481
Golf Outing	116,430	48,097	68,333
Newsletter	24,058	4,591	19,467
Share-A-Meal	2,842	-	2,842
Community Charity Event	<u>7,116</u>	<u>6,638</u>	<u>478</u>
	<u>\$ 796,426</u>	<u>\$ 230,212</u>	<u>\$ 566,214</u>
<u>2006</u>			
Direct Mailing	\$ 241,141	\$ 83,876	\$ 157,265
Golf Outing	122,240	46,801	75,439
Check Out Hunger	71,688	6,069	65,619
Awards Dinner	61,250	24,123	37,127
Concert Events	26,300	11,520	14,780
Newsletter	13,712	4,182	9,530
Share-A-Meal	<u>2,343</u>	<u>-</u>	<u>2,343</u>
	<u>\$ 538,674</u>	<u>\$ 176,571</u>	<u>\$ 362,103</u>

LONG ISLAND CARES, INC.
SUPPLEMENTARY SCHEDULE OF REVENUES
FOR THE YEAR ENDED DECEMBER 31, 2007
(WITH COMPARATIVE TOTALS FOR 2006)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2007 Totals	2006 Totals
Public Support And Fundraising:					
Fund raisers	\$ 796,426	\$ -	\$ -	\$ 796,426	\$ 538,674
Contributions	371,025	42,837	-	413,862	425,572
Grants	128,976	4,719	-	133,695	193,350
Corporate support	135,104	-	-	135,104	71,641
Foundation support	100,800	-	-	100,800	61,000
	<u>1,532,331</u>	<u>47,556</u>	<u>-</u>	<u>1,579,887</u>	<u>1,290,237</u>
Government Support:					
HPNAP	896,197	-	-	896,197	967,860
Suffolk County	127,349	-	-	127,349	114,719
	<u>1,023,546</u>	<u>-</u>	<u>-</u>	<u>1,023,546</u>	<u>1,082,579</u>
Distribution Revenue And Handling Fees:					
Food Bank Agencies	223,804	-	-	223,804	290,656
HPNAP	354,019	-	-	354,019	348,538
TEFAP	141,509	-	-	141,509	138,879
Suffolk County	2,170	-	-	2,170	1,791
	<u>721,502</u>	<u>-</u>	<u>-</u>	<u>721,502</u>	<u>779,864</u>
Other Income:					
In-kind contributions	6,243,456	-	-	6,243,456	5,046,704
Miscellaneous	5,008	-	-	5,008	2,888
Interest income	11,464	(13)	-	11,451	3,242
	<u>6,259,928</u>	<u>(13)</u>	<u>-</u>	<u>6,259,915</u>	<u>5,052,834</u>
Subtotal	<u>9,537,307</u>	<u>47,543</u>	<u>-</u>	<u>9,584,850</u>	<u>8,205,514</u>
Net Assets Released From Restrictions:					
Food Bank	14,777	(14,777)	-	-	-
	<u>14,777</u>	<u>(14,777)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>\$ 9,552,084</u>	<u>\$ 32,766</u>	<u>\$ -</u>	<u>\$ 9,584,850</u>	<u>\$ 8,205,514</u>

The accompanying notes to financial statements
should be read in conjunction with this schedule.

LONG ISLAND CARES, INC.
SUPPLEMENTARY SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2007
(WITH COMPARATIVE TOTALS FOR 2006)

	Food Bank Fund	Community Outreach Fund	Administration Fund Management & General	Administration Fund Development	2007 Totals	2006 Totals
In-kind expenses	\$ 5,919,692	\$ -	\$ 43,400	\$ 17,600	\$ 5,980,692	\$ 4,928,794
Salaries	612,506	54,916	297,325	153,702	1,118,449	1,070,241
HPNAP food purchases	338,199	-	-	-	338,199	494,995
Fundraising	-	-	-	230,212	230,212	176,571
Payroll taxes and benefits	138,378	12,324	34,579	27,074	212,355	205,009
HPNAP operational support	132,951	-	-	-	132,951	104,996
Food Bank food purchases	127,922	-	-	-	127,922	164,733
Transportation	116,102	-	-	-	116,102	109,365
Depreciation	80,242	3,784	8,293	4,953	97,272	115,341
Utilities	75,716	1,870	4,589	2,804	84,979	80,538
Grants	64,050	-	-	-	64,050	50,000
Suffolk County food purchases	56,459	-	-	-	56,459	51,141
Freight	48,512	-	-	-	48,512	39,966
Recruiting	51	-	45,486	-	45,537	2,653
Advertising	-	-	-	42,916	42,916	43,533
Building maintenance and sanitation	29,345	725	1,778	1,087	32,935	33,508
Dues and membership fees	24,712	-	2,286	295	27,293	20,890
Equipment rental and maintenance	18,120	672	4,278	2,275	25,345	31,509
Other food purchases	25,209	-	-	-	25,209	31,994
Insurance	19,340	1,262	1,742	1,263	23,607	21,651
Interest	-	-	23,434	-	23,434	29,061
Postage	9,495	2,640	5,213	1,815	19,163	14,360
Education supplies	15,000	-	-	-	15,000	15,282
Professional fees	-	-	15,000	-	15,000	15,000
Travel	9,051	2,749	923	1,848	14,571	11,412
Printing	5,111	2,742	5,153	460	13,466	13,691
Telephone and internet	7,284	1,059	2,437	2,649	13,429	13,436
Supplies-office	4,611	388	2,976	2,178	10,153	10,573
Bank and payroll fees	-	-	8,885	-	8,885	7,198
Workshop and education	7,343	-	-	-	7,343	6,542
Supplies-warehouse	6,540	-	-	-	6,540	10,381
HPNAP sanitation/safety supplies	4,993	-	-	-	4,993	4,863
Conference fees	280	-	3,225	735	4,240	3,260
Consultants	2,088	400	1,088	600	4,176	12,350
Damage/shortage	1,951	-	-	-	1,951	236
Food acquisition handling fees	1,731	-	-	-	1,731	8,424
Property taxes	456	7	28	17	508	489
Personnel training	-	-	-	475	475	-
Permits and licenses	278	10	16	11	315	440
HPNAP capital equipment	-	-	-	-	-	58,626
Miscellaneous	-	-	-	-	-	84
Total expenses	\$ 7,903,718	\$ 85,548	\$ 512,134	\$ 494,969	\$ 8,996,369	\$ 8,013,136

The accompanying notes to financial statements
should be read in conjunction with this schedule.

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

OMB No. 1545-1709

► File a separate application for each return.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Long Island Cares, Inc.	Employer identification number 11 2524512
	Number, street, and room or suite no. If a P.O. box, see instructions. 10 Davids Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Hauppauge, NY 11788	

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

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

- The books are in the care of ► **Controller Bruce Gaugler**

Telephone No. ► (**631**) **582-3663** FAX No. ► (**631**) **273-2184**

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

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **August 15**, 20**08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**07** or
 - ☐ tax year beginning, 20, and ending, 20

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20_____.
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Bruce Langley Title ▶ Controller Date ▶ March 10, 2008

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application date of the organization's return (include otherwise required to be made on a timely return).
- ☐ We have not approved this application to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application to file.
- ☐ Other _____

Director

Alternate Mailing Address. Enter the address returned to an address different than the above.

Type or print	Name
	Number and street (include apartment, suite, or room number)
	City or town, province or state

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**INTERNAL REVENUE
SERVICE CENTER
OGDEN, UT
84201-0012**

2. Article Number

(Transfer from service label)

7007 2560 0002 5924 3343

COMPLETE THIS SECTION ON DELIVERY

A. Signature	RECEIVED	<input type="checkbox"/> Agent
B. Received by (Print name)	MAR 17 2008	<input type="checkbox"/> Addressee
C. Date of Delivery		<input type="checkbox"/> Yes
D. Is delivery address different from item 1?	OGDEN, UT	<input type="checkbox"/> No
If YES, enter delivery address below:		
FORM 8868		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		