

Cerini & Associates, LLP
Tax Preparation Form
For Office Use Only

Type of Return 990
 Client's Name Long Island Crisis Center Tax Year 2008 Due Date 8/15/09
 Prepared by RN Date 4/16/09
 Reviewed by [Signature] Date 7/09

Eliatt's Review Yes N/A Signature: _____ Date: _____
 Second Review: Signature: _____ Date: _____
 Emailed to client for review Yes N/A
 Email: _____

Processing Notes:

1. Attach f/s
2. _____
3. _____
4. _____

Type of Filer:
 E-filer Paper filer
 Federal Federal
 State State
 On Extension Yes N/A
 Copy of K-1's enclosed Yes N/A
 Give K-1's to: _____
 Attach Original filed IT-204-LL

E-file Received
 E-file Accepted
 Initial: _____
 Date: _____

Client Bill Enclosed
 Yes No
 Client Pd. N/A
Tax Plus:
 Yes No

Family Documents Checklist:
 Yes No
Investment Certificate:
 Yes No

Processing Steps:
 Print client copy and process return.
 Print preparer copy to PDF and file in F:/2008 1040.
 Mark client file "complete" in Tax Prep

Survey Needed:
 Yes* No
One-on-One: Yes*

**(if yes, provide the Marketing Dept. a copy of the Tax prep Form)*

Mailing Information: Date Processed: 7/30/09 Date Mailed: 7/30/09 Processed By: [Signature] Reviewed by: RN
 *UPS CAN NOT DELIVER TO PO BOX

Overnight:
 Express AM Delivery (FEDEX) USPS Regular Mail
 Noon Certified
 Overnight - Saturday Delivery Return Receipt Requested
 Next Afternoon Delivery Confirmation
 Second Day
 Ground* - ground service will be delivered by the end of business day to most locations
 Leave at Door

Client Picking Up
 Call Client to Pick Up
 Other
 Mail to: (if different from address on return)

1z6fw2380245385949
 Certified/Delivery Tracking Number

UPS/FEDEX Tracking Number: _____

CERINI & ASSOCIATES, LLP
3340 VETERANS MEMORIAL HWY
BOHEMIA, NY 11716

LONG ISLAND CRISIS CENTER
2740 MARTIN AVENUE
BELLMORE, NY 11710



CERINI & ASSOCIATES, LLP
3340 VETERANS MEMORIAL HWY
BOHEMIA, NY 11716

JULY 28, 2009

LONG ISLAND CRISIS CENTER
2740 MARTIN AVENUE
BELLMORE, NY 11710

LONG ISLAND CRISIS CENTER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2008 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2008 FORM 990

2008 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

KEN CERINI

CERINI & ASSOCIATES, LLP
3340 VETERANS MEMORIAL HWY
BOHEMIA, NY 11716

JULY 28, 2009

LONG ISLAND CRISIS CENTER
2740 MARTIN AVENUE
BELLMORE, NY 11710

LONG ISLAND CRISIS CENTER:

ENCLOSED IS THE ORGANIZATION'S 2008 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2009.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KEN CERINI

LONG ISLAND CRISIS CENTER
2740 MARTIN AVENUE
BELLMORE, NY 11710

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



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)

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization LONG ISLAND CRISIS CENTER</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2740 MARTIN AVENUE</p> <p>City or town, state or country, and ZIP + 4 BELLMORE, NY 11710</p>	<p>D Employer identification number 11-2284823</p> <p>E Telephone number 516-826-0244</p> <p>G Gross receipts \$ 1,169,355.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.LONGISLANDCRISISCENTER.ORG</p>	
<p>K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1971 M State of legal domicile: NY</p>	
<p>Part I Summary</p>			

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE FREE, HIGH QUALITY, ACCESSIBLE AND CONFIDENTIAL SERVICES TO LONG ISLANDERS IN CRISIS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	56
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		1,127,370.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,836.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,145,206.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		784,911.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,568.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		381,724.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,166,635.	
19	Revenue less expenses. Subtract line 18 from line 12		-21,429.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	693,938.	633,248.
	22	Net assets or fund balances. Subtract line 21 from line 20	138,954.	99,693.
		554,984.	533,555.	

Part II Signature Block

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.

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date 07/07/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00223556
	Firm's name (or yours if self-employed), address, and ZIP + 4 CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716		EIN ▶ 11-3066459	Phone no. ▶ 631 582-1600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROVIDE FREE, HIGH QUALITY, ACCESSIBLE AND CONFIDENTIAL SERVICES TO LONG ISLANDERS IN CRISIS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 460,556. including grants of \$) (Revenue \$) PRIDE FOR YOUTH IS A SERVICE AND AN ADVOCATE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) YOUTH. ITS MISSION IS TO IMPROVE THE HEALTH, WELLNESS AND CULTURAL COMPETENCY OF LGBT YOUNG PEOPLE THROUGH EDUCATION, SUPPORT AND YOUTH DEVELOPMENT.

4b (Code:) (Expenses \$ 365,193. including grants of \$) (Revenue \$) THE CRISIS CENTER OPERATES MULTIPLE HOTLINE SERVICES THAT CAN BE ACCESSED BY PHONE, WALK-IN OR THE INTERNET. OUR MAIN HOTLINE O THE MIDDLE EARTH HOTLINE O IS A LIFELINE FOR YOUNG PEOPLE AND ADULTS STRUGGLING WITH SUICIDAL IDEATION, FAMILY CRISIS, DRUGS AND ALCOHOL AND MANY OTHER PROBLEMS.

4c (Code:) (Expenses \$ 172,855. including grants of \$) (Revenue \$) THE STREET OUTREACH PROGRAM IS A MOBILE OUTREACH TEAM THAT TRAVELS TO HIGH RISK COMMUNITIES TO IDENTIFY AND ASSIST RUNAWAY, HOMELESS AND GANG-INVOLVED YOUTHS. THE PROGRAM ALSO OPERATES SCHOOL-BASED PROGRAMS IN ORDER TO INTERVENE WITH STUDENTS FACING FAMILY CRISIS, TRUANCY AND ACADEMIC FAILURE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 998,604. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form 990 (2008)

