

**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.

**1** For the **2010** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LONG ISLAND NETWORK OF COMMUNITY SERVICES, INC. Doing Business As		<b>D</b> Employer identification number 11-3391048
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 ADAMS AVENUE	<b>E</b> Telephone number 631-479-0010	
	City or town, state or country, and ZIP + 4 HAUPPAUGE, NY 11788		<b>G</b> Gross receipts \$ 1,403,096.
	<b>F</b> Name and address of principal officer: GAIL BAROUH, PHD SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) <b>H(c)</b> Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: WWW.LINCSONLINE.ORG  
**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1997 **M** State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE LONG ISLAND NETWORK OF COMMUNITY SERVICES, INC. (LINCS) IS A COMMUNITY BASED 501(C)(3)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7
	<b>6</b> Total number of volunteers (estimate if necessary)	6	10
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	255,539.	235,664.
	<b>9</b> Program service revenue (Part VIII, line 2g)	180,537.	299,035.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,142.	5,280.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,738.	440,951.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	426,480.	980,930.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,745.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		120,655.	190,563.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		348,008.	666,877.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		535,408.	952,984.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-108,928.	27,946.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 5,634,257.	End of Year 5,615,909.
	<b>21</b> Total liabilities (Part X, line 26)	5,657,984.	5,611,690.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	-23,727.	4,219.

**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 information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	GAIL BAROUH, PHD, CEO/MANAGING DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARTIN GREIF	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name RSM MCGLADREY, INC.	Firm's address 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602	Firm's EIN	Phone no. 212-372-1000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE LONG ISLAND NETWORK OF COMMUNITY SERVICES, INC. (LINCS) IS A COMMUNITY BASED 501(C)(3) NOT-FOR-PROFIT AGENCY WORKING TO ENHANCE THE PROGRAMS OF PUBLICLY SUPPORTED HEALTH AND HUMAN SERVICE ORGANIZATIONS, INCLUDING BIASHELP, INC. LINCS ASSISTS LONG ISLAND NON-PROFIT AGENCIES

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 938,734. including grants of \$ 95,544. ) (Revenue \$ 657,191. ) CHEF'S SECRETS - ON SUNDAY, NOVEMBER 14, 2010 LINCS HOSTED ITS SIXTH ANNUAL FUNDRAISING EVENT, CHEF'S SECRETS 6, TO BENEFIT THE LONG ISLAND ASSOCIATION FOR AIDS CARE INC. (LIAAC) AND BIASHELP INC. THE EVENT, DESIGNED TO BE A LUXURIOUS TASTING OF FOOD AND WINE, EXUDED ELEGANCE AT THE DE SEVERSKY CENTER, THE GOLD COAST MANSION IN OLD WESTBURY. CHEF'S SECRETS, INVOLVING APPROXIMATELY 20 LOCAL CHEFS, PROVIDED OVER 300 PATRONS WITH A UNIQUE FOOD EXPERIENCE AT EVERY STATION. CHEFS IMPRESSED ATTENDEES WITH FLARING CULINARY TECHNIQUES, APPETIZER, MAIN COURSE AND DESSERT SAMPLES AND TAKE HOME RECIPE CARDS. FROZEN DRINKS, SOPHISTICATED MARTINIS AND A SPECTACULAR ARRAY OF WINE ACCOMPANIED THE DELECTABLE FOOD ITEMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) LINCS' DRUG-FREE COMMUNITIES COALITION IN THE NORTH FORK AREA ENABLES US TO BRING TOGETHER PRIVATE AND PUBLIC SECTOR ORGANIZATIONS, LOCAL PARENTS AND STUDENTS TO PINPOINT UNMET NEEDS AND EMERAGENT TRENDS RELATED TO SUBSTANCE ABUSE AMOUNT YOUTH. THIS INITIATIVE ENCHANCES COMMUNITY EFFORTS TO PROMOTE AND DELIVER EFFECTIVE SUBSTANCE ABUSE USE PREVENTION STRATEGIES BY: (A) PINPOINTING GAPS/ BARRIERS TO PREVENTION SERVICES AND IDENTIFYING COORDINATION LAPSES, AND (B) SHARING/LINKING-IN A UNITED, FOCUSED FORUM-SUCCESSFUL PRACTICES THAT WORK WITHIN OTHER, NEIGHBORING TOWNS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 938,734.

