

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2002

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

Please use IRS label or prnt or type See Specific Instructions

**C** Name of organization  
**LIFELINE CENTER FOR CHILD DEVELOPMENT, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**80-09 WINCHESTER BLVD.**

City or town, state or country, and ZIP + 4  
**QUEENS VILLAGE, NY 11427**

**D** Employer identification number

**11-2002845**

**E** Telephone number

**(718) 740-4300**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN **▶**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

**G** Web site: **WWW.LIFELINECENTER.ORG**

**J** Organization type (check only one)  501(c) ( 03 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 13,996,265.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	1a	92,809.		
<b>b</b>	Indirect public support	1b	12,585.		
<b>c</b>	Government contributions (grants)	1c	70,138.		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>175,532.</u> noncash \$ _____)	1d	175,532.		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,808,956.		
<b>3</b>	Membership dues and assessments	3			
<b>4</b>	Interest on savings and temporary cash investments	4	103,915.		
<b>5</b>	Dividends and interest from securities	5			
<b>6 a</b>	Gross rents	6a			
<b>b</b>	Less rental expenses	6b			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b>	Other investment income (describe <b>▶</b> )	7			
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		10,860,089.	8a		
<b>b</b>	Less cost or other basis and sales expenses	10,858,544.	8b		
<b>c</b>	Gain or (loss) (attach schedule)	1,545.	8c		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2</b>	8d	1,545.		
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ <u>56,602.</u> of contributions reported on line 1a)	9a	47,638.		
<b>b</b>	Less direct expenses other than fundraising expenses	9b	47,638.		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 3</b>	9c	0.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a			
<b>b</b>	Less cost of goods sold	10b			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b>	Other revenue (from Part VII, line 103)	11	135.		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,090,083.		
<b>13</b>	Program services (from line 44, column (B))	13	2,532,698.		
<b>14</b>	Management and general (from line 44, column (C))	14	697,831.		
<b>15</b>	Fundraising (from line 44, column (D))	15	729.		
<b>16</b>	Payments to affiliates (attach schedule)	16			
<b>17</b>	Total expenses (add lines 16 and 15, column (A))	17	3,231,258.		
<b>18</b>	Excess of (deficit) for the year (subtract line 17 from line 12)	18	<141,175.>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,559,186.		
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	3,228.		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,421,239.		

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<b>Part II Statement of Functional Expenses</b>		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			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	347,273.	0.	347,273.	0.
26	Other salaries and wages	1,674,284.	1,502,582.	171,702.	
27	Pension plan contributions	69,302.	54,378.	14,924.	
28	Other employee benefits	336,059.	284,773.	51,286.	
29	Payroll taxes	143,781.	119,257.	24,524.	
30	Professional fundraising fees				
31	Accounting fees	38,458.	38,064.	394.	
32	Legal fees	46,410.	39,095.	7,315.	
33	Supplies	75,562.	70,045.	5,517.	
34	Telephone	16,400.	15,165.	1,235.	
35	Postage and shipping	3,608.	3,360.	248.	
36	Occupancy	35,307.	34,248.	1,059.	
37	Equipment rental and maintenance	71,029.	70,355.	674.	
38	Printing and publications				
39	Travel	8,514.	7,412.	1,102.	
40	Conferences, conventions, and meetings	3,459.	2,939.	520.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	145,112.	145,112.		
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 5	216,700.	145,913.	70,058.	729.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,231,258.	2,532,698.	697,831.	729.

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**

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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) orgs., and 4947(a)(1) trusts, but optional for others)

a	<b>THERAPEUTIC SERVICES FOR EMOTIONALLY DISTURBED SCHOOL AGED AND PRESCHOOL CHILDREN.</b>	(Grants and allocations \$ _____)	2,532,698.
b	<b>DONATED THERAPEUTIC SERVICES FOR EMOTIONALLY DISTURBED CHILDREN AS DESCRIBED ABOVE TOTAL DONATED SERVICE OF \$1,859,650.</b>	(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>2,532,698.</b>

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	43,678.	209,978.
	46 Savings and temporary cash investments	1,290,824.	1,385,864.
	47 a Accounts receivable	47a 436,826.	
	b Less allowance for doubtful accounts	47b	47c 436,826.
	48 a Pledges receivable	48a	48c
	b Less allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	22,543.	53 0.
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,106,835.	54 2,917,842.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment basis	57a 4,037,740.	
	b Less accumulated depreciation STMT 9	57b 1,979,895.	57c 2,057,845.
58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets (add lines 45 through 58) (must equal line 74)</b>	8,030,084.	59 7,008,355.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	91,209.	60 118,741.
	61 Grants payable		61
	62 Deferred revenue	1,379,689.	62 254,539.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> DUE TO BOARD OF EDUCATION )		65 213,836.
66 <b>Total liabilities (add lines 60 through 65)</b>	1,470,898.	66 587,116.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	6,557,318.	67 6,419,371.
	68 Temporarily restricted	1,868.	68 1,868.
	69 Permanently restricted		69
	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 <b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	6,559,186.	73 6,421,239.
	74 <b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	8,030,084.	74 7,008,355.

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.



LIFELINE CENTER FOR CHILD DEVELOPMENT,  
INC.

Form 990 (2002)

11-2002845 Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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	1,859,650.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
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	501(c)(4), (5), or (6) organizations. a 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? 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	85b	N/A
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	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	60
91	The books are in care of <input type="checkbox"/> CAROLINE DRUCKER Telephone no <input type="checkbox"/> (718) 740-4300		
Located at <input type="checkbox"/> 80-09 WINCHESTER BLVD QUEENS VILLAGE, NY ZIP + 4 <input type="checkbox"/> 11427			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					2,808,956.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	103,915.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,545.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	135.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		105,595.	2,808,956.
105 Total (add line 104, columns (B), (D), and (E))					2,914,551.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 13

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated**

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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: *[Signature]* Date: *[Date]*

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: BDO SEIDMAN, LLP  
330 MADISON AVENUE  
NEW YORK, NEW YORK 100

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2002**

Name of the organization **LIFELINE CENTER FOR CHILD DEVELOPMENT, INC.** Employer identification number **11 2002845**

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

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
SUNGNAI CHO, MD ----- C/O 80-09 WINCHESTER BLVD QUEENS VILL	MED. DIRECTOR 30	97,118.	9,000.	0.
IRA ZUNG ----- C/O 80-09 WINCHESTER BLVD QUEENS VILL	ASST. DIR. 30	61,870.	8,861.	0.
AMY LEVINE ----- C/O 80-09 WINCHESTER BLVD QUEENS VILL	EDU. CO-ORD. 30	60,573.	27,432.	0.
CAROLINE DRUCKER ----- C/O 80-09 WINCHESTER BLVD QUEENS VILL	CFO 30	56,949.	9,897.	0.
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the 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 III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
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)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  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)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

LIFELINE CENTER FOR CHILD DEVELOPMENT,

Schedule A (Form 990 or 990-EZ) 2002 INC.

11-2002845 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.** N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?	X	
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?	X	
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 ) <b>NOTICE OF NON-DISCRIMINATORY POLICY PUBLICIZED IN NEWSDAY ON MARCH 10, 2003.</b>	X	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
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 )	X	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		X
34 a	Does the organization receive any financial aid or assistance from a governmental agency? <b>SEE STATEMENT 14</b>	X	
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		X
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	X	

LIFELINE CENTER FOR CHILD DEVELOPMENT,

Schedule A (Form 990 or 990-EZ) 2002 INC.

11-2002845 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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 - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

223141 01-22-03

Schedule A (Form 990 or 990-EZ) 2002



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	LAND											
1	LAND	VARIES	SL			248,000.			248,000.			0.
	* 990 PAGE 2 TOTAL											
	LAND					248,000.		0.	248,000.	0.	0.	0.
	* 990 PAGE 2 TOTAL -					248,000.		0.	248,000.	0.	0.	0.
	BUILDINGS											
2	BUILDING & IMPROVEMENTS	VARIES	SL	27.00	16	3338984.			3338984.	1501555.		119,789.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					3338984.		0.	3338984.	1501555.	0.	119,789.
	* 990 PAGE 2 TOTAL -					3338984.		0.	3338984.	1501555.	0.	119,789.
	OTHER											
3	FURNITURE & EQUIPMENT	VARIES	SL	7.00	16	446,838.			446,838.	333,035.		24,931.
	* 990 PAGE 2 TOTAL											
	OTHER					446,838.		0.	446,838.	333,035.	0.	24,931.
	* 990 PAGE 2 TOTAL -					446,838.		0.	446,838.	333,035.	0.	24,931.
	OTHER											
4	LEASEHOLD IMPROVEMENTS	VARIES	SL	10.00	16	3,918.			3,918.	193.		392.
	* 990 PAGE 2 TOTAL											
	OTHER					3,918.		0.	3,918.	193.	0.	392.
	* 990 PAGE 2 TOTAL -					3,918.		0.	3,918.	193.	0.	392.
	* GRAND TOTAL 990 PAGE 2 DEPR					4037740.		0.	4037740.	1834783.	0.	145,112.

FOOTNOTES

STATEMENT 1

FORM 990, PART V, DR. ETHEL S. WYNER:  
 INCLUDES SEPARATION PAYMENT OF \$125,000 AND SEPARATION BONUS  
 OF \$52,500 AND POST-RETIREMENT CONSULTING OF \$29,169.  
 THE BOARD OF DIRECTORS APPROVED THESE ARRANGEMENTS.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN FROM SALE OF INVESTMENTS	10,860,089.	10,858,544.	0.	1,545.
TO FORM 990, PART I, LINE 8	10,860,089.	10,858,544.	0.	1,545.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
2002 ANNUAL GOLF OUTING	85,175.	39,012.	46,163.	46,163.	0.
2002 SPINNING EVENT	19,065.	17,590.	1,475.	1,475.	0.
TO FM 990, PART I, LINE 9	104,240.	56,602.	47,638.	47,638.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,228.
TOTAL TO FORM 990, PART I, LINE 20	3,228.

FORM 990		OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	83,457.	78,248.	5,209.		
TREATS FOR CHILDREN	9,298.	9,298.			
CONSULTING FEES	55,948.	25,976.	29,972.		
ADVERTISING	10,094.	10,094.			
MISCELLANEOUS	56,449.	21,572.	34,877.		
BAD DEBT EXPENSE	700.	700.			
BANK CHARGES	754.	25.			729.
<b>TOTAL TO FM 990, LN 43</b>	<b>216,700.</b>	<b>145,913.</b>	<b>70,058.</b>		<b>729.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

LIFELINE IS A DAY-TREATMENT CENTER FOR EMOTIONALLY DISTURBED CHILDREN, WHICH PROVIDES SPECIAL EDUCATION CLASSES AND A FULL RANGE OF CLINICAL SERVICES. SEE ALSO ATTACHED WRITTEN PLAN FOR SERVICES, GOALS AND OBJECTIVES.

FORM 990		NON-GOVERNMENT SECURITIES			STATEMENT 7
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	369,644.				369,644.
<b>TO 990, LN 54 COL B</b>	<b>369,644.</b>				<b>369,644.</b>

FORM 990	GOVERNMENT SECURITIES		STATEMENT	8
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
U. S. TREASURY BILLS	2,548,198.		2,548,198.	
TOTAL TO FORM 990, LINE 54, COL B	2,548,198.		2,548,198.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
LAND	248,000.	0.	248,000.		
BUILDING & IMPROVEMENTS	3,338,984.	1,621,344.	1,717,640.		
FURNITURE & EQUIPMENT	446,838.	357,966.	88,872.		
LEASEHOLD IMPROVEMENTS	3,918.	585.	3,333.		
TOTAL TO FORM 990, PART IV, LN 57	4,037,740.	1,979,895.	2,057,845.		

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990		STATEMENT	10
DESCRIPTION	AMOUNT			
FUND RAISING EVENT EXPENSE	47,638.			
TOTAL TO FORM 990, PART IV-A	47,638.			

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990		STATEMENT	11
DESCRIPTION	AMOUNT			
FUND RAISING EVENT EXPENSE	47,638.			
TOTAL TO FORM 990, PART IV-B	47,638.			

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. ETHEL S. WYNER C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	EXEC. DIR./RETIRED 10/2002 35	* SEE STATEMENT 1	266,504. 27,318.	0.
DR. JOSEPH ZACHERMAN C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	EXEC. DIR./HIRED 9/2002 35	80,769.	0.	0.
MR. DAVID A. ROSEGARTEN C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	PRESIDENT 10	0.	0.	0.
MR. ROBERT SOBEL C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	VICE-PRESIDENT 10	0.	0.	0.
MR. CURTIS LANE C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	SECRETARY 10	0.	0.	0.
MR. MARK NEPORENT C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TREASURER 10	0.	0.	0.
MR. BRADLEY J. BUTWIN C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TRUSTEE 10	0.	0.	0.
MR. DOMINIC DINAPOLI C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TRUSTEE 5	0.	0.	0.
MR. KIRK GELLIN C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TRUSTEE 10	0.	0.	0.

MR. PAUL LANE C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TRUSTEE 0.	0.	0.	0.
MR. RAYMOND H. WECHSLER C/O LIFELINE CENTER 80-09 WINCHESTER BLVD. QUEENS VILLAGE, NY 11427	TRUSTEE 0.	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>347,273.</u>	<u>27,318.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE 93G EXPLANATION OF RELATIONSHIP OF ACTIVITIES LOCAL SCHOOL DISTRICT FUNDING FOR SPECIAL EDUCATION SERVICES SUPPORT ON COST REIMBURSEMENT BASIS FOR DAY TREATMENT CENTER AND SPECIAL EDUCATION SCHOOL FOR THE SERIOUSLY DISTURBED CHILDREN RANGING IN AGE FROM 2 TO 16. A TOTAL PROGRAM OF COMPREHENSIVE CLINICAL TREATMENT AND SPECIAL EDUCATION FOR MENTALLY ILL CHILDREN IS OFFERED. INCLUDES: PSYCHIATRIC EXAMS AND TREATMENT, MUSIC AND ART THERAPY, CASE MANAGEMENT SERVICES, CRISES SERVICES, SOCIAL TRAINING, TASK AND SKILL TRAINING, AND SOCIALIZATION ACTIVITIES.

FOOTNOTES STATEMENT 14

QUESTION 34(A), SCH A, PART V:  
SEE EXPLANATION FOR FORM 990, PART VIII, LINE93G



## FACT SHEET

### **LIFELINE CENTER FOR CHILD DEVELOPMENT, Inc.**

**A non-profit psychiatric day treatment center and special education school**

80-09 Winchester Blvd., Queens Village, N.Y. 11427 718-740-4300 FAX - 718-217-9566 PRESCHOOL FAX - 718-479-7853

**EXECUTIVE DIRECTOR**  
Joseph Zacherman, Ph D

**MEDICAL DIRECTOR**  
Sungnai Cho, M D

**ASSISTANT DIRECTOR AND  
CHIEF OF SOCIAL WORK**  
Ira Zung, M A , C S W

**CHIEF PSYCHOLOGIST**  
Jay Gould, Ph D

**PRESCHOOL CLINICAL  
COORDINATOR**  
Laurie Sanders, C S W

**PRESCHOOL PRINCIPAL**  
Amy Levine, M S

#### **BOARD OF TRUSTEES**

**PRESIDENT**  
David Rosegarten

**VICE PRESIDENT**  
Robert Sobel

**SECRETARY**  
Curtis Lane

**TREASURER**  
Mark Neporent

Bradley J Butwin  
Dominic DiNapoli  
Kirk Gellin  
Paul Lane  
Raymond H Wechsler

#### **HONORARY TRUSTEES**

Arthur Anderman  
Melvin J Carro  
Martin Fredricks  
Nathan Peters  
Patnck Seibert  
Eithel S Wyner, Ed D., Founder

Lifeline Center is a New York State Office of Mental Health licensed day treatment center and special school serving seriously disturbed children from the greater metropolitan area. The PreSchool Program serves children between the ages of 2-5 years, and the Upper School Program serves children between the ages of 5-16. Children are grouped in small classes with 6-9 children per class, and are supervised by a Certified Special Education Teacher and an Assistant Teacher. All families are assigned Social Workers and parents are offered individual and group therapy. In addition, the agency offers therapeutic groups for siblings and grandparents.

Lifeline accepts children whose disabilities include Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Severe Adjustment Disorder, Posttraumatic Stress Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, when it is in conjunction with other diagnosed disorders. Children considered for admission may manifest severe behavior or management problems, be fearful, anxious, depressed, withdrawn, psychotic and autistic-like, hyperactive, impulsive, and have expressive and receptive language delays. All of our youngsters are too disturbed to function in the every day world of normal children.

The primary purpose of all programs and services at Lifeline is to provide comprehensive clinical services and daily special education classes for those seriously emotionally disturbed children for whom no other suitable programs are available. These services are offered on an outpatient basis with the hope that the children will eventually be able to leave Lifeline and attend regular or less restrictive programs.

Each child's daily program includes small and highly structured classrooms which allow for individualized attention and instruction. Additional services may include; Individual and Group Therapy, Speech, Art, Music, Physical and Occupational Therapies, Psychological Testing, Psychiatric Intervention, and Medication Management. All children are under the direct care of a primary therapist.

Lifeline's therapeutic milieu reflects a nurturing environment where the child's pathology and disordered behaviors are understood and addressed with sensitivity and professionalism.

The multi-disciplinary clinical and educational staffs are fully integrated with conferences taking place several times each week.

As per governmental mandate, there are no fees for any of the services at Lifeline Center.

Lifeline serves as a training center for medical students and Master's level students in Social Work and Art Therapy. Additionally, we are a training site for Child Psychiatry Fellows from the College of Physicians & Surgeons-Columbia University.

Lifeline enjoys an outstanding reputation among professional and regulatory agencies.

We are proud to report that over the past 43 years, Lifeline has enabled the vast majority of the children to integrate into public schools in their communities.

**Licensed by the New York State Department of Mental Health  
Chartered by the New York State Department of Education**

***"The miracle of tomorrow is made possible by your contributions today"***  
***All contributions are tax deductible.***



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

▶ 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).

**Note: 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)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only** ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization <b>LIFELINE CENTER FOR CHILD DEVELOPMENT, INC.</b>	Employer identification number <b>11-2002845</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>80-09 WINCHESTER BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>QUEENS VILLAGE, NY 11427</b>	

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 |

• 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-month, for **990-T corporation**) extension of time until **FEBRUARY 17, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2002**, and ending **JUN 30, 2003**.

**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 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**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 \$ **N/A**

### 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 ▶ \_\_\_\_\_ Title ▶ **CPA AS AGENT** Date ▶ \_\_\_\_\_  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)