

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

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.

Open to Public Inspection

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C Please use IRS label or print or type. See specific instructions.

UNITED WAY OF LONG ISLAND
819 GRAND BOULEVARD
DEER PARK, NY 11729

D Employer identification number
11-6042392

E Telephone number
(631) 940-3705

G Gross receipts \$ **20,383,306.**

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.UNITEDWAYLI.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1964** **M** State of legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF LONG ISLAND, TOGETHER WITH COMMUNITY PARTNERS, ADVANCES THE COMMON GOOD BY INVESTING IN AND DEVELOPING PROGRAMS THAT ADDRESS LONG ISLANDERS' CRITICAL NEEDS IN EDUCATION, HEALTH, AND FINANCIAL STABILITY.</u>	
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 40
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 40
5 Total number of employees (Part V, line 2a)	5 50
6 Total number of volunteers (estimate if necessary)	6 1,000
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,904,638. Current Year 19,747,151.
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,410. 1,233.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,182. -62,181.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,107,410. 19,686,203.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,351,835. 15,490,615.
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)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	2,983,822. 3,163,919.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 633,695.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,032,598. 754,224.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,368,255. 19,408,758.
19 Revenue less expenses. Subtract line 18 from line 12	-260,845. 277,445.
20 Total assets (Part X, line 16)	Beginning of Year 9,072,945. End of Year 9,116,977.
21 Total liabilities (Part X, line 26)	6,849,860. 6,616,447.
22 Net assets or fund balances. Subtract line 21 from line 20	2,223,085. 2,500,530.

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: Theresa Regnante Date: 02-14-2011

Type or print name and title: THERESA REGNANTE PRESIDENT

Paid Preparer's Use Only

Preparer's signature: James J. Miller CPA Date: 2/14/11

Firm's name (or yours if self-employed), address, and ZIP + 4: NAWROCKI SMITH LLP
290 BROADHOLLOW RD STE 115E
MELVILLE, NY 11747-4801

Check if self-employed Preparer's identifying number (see instructions): N/A

EIN: N/A Phone no.: (631) 756-9500

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 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 \$ 17,300,948. including grants of \$ 15,490,615.) (Revenue \$ 19,619,017.)

UNITED WAY OF LONG ISLAND IS A NON-PROFIT ORGANIZATION THAT WAS FORMED TO PARTNER WITH BUSINESS, LABOR, GOVERNMENT, AND OTHER NON-PROFITS, TO IDENTIFY NEEDS AND FIND THE MOST EFFECTIVE METHOD(S) FOR SOLVING PROBLEMS.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____)

4e Total program service expenses \blacktriangleright 17,300,948. (Revenue \$ _____)

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)? If 'Yes,' complete Schedule A	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? If 'Yes,' complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14 b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part 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? If 'Yes,' complete Schedule F, Part II		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? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. (*)	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. (*)	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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? If 'Yes,' complete Schedule L, Part I.		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		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? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		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? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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(*)SEE FEDERAL WORKSHEETS STARTING ON PAGE 2.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 a	0		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 a	50		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Part VII Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body.....		
1b Enter the number of voting members that are independent.....		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6 Does the organization have members or stockholders?.....		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?.....	X	
b Each committee with authority to act on behalf of the governing body?.....	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?.....	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.....	X	
13 Does the organization have a written whistleblower policy?.....	X	
14 Does the organization have a written document retention and destruction policy?.....	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.....	X	
b Other officers of key employees of the organization.....	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....		X

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ JAMES SANDS 819 GRAND BOULEVARD DEER PARK NY 11729 (631) 940-3705

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THERESA AHLSTROM DIRECTOR	5	X					0.	0.	0.	
WILLIAM AKLEY DIRECTOR	5	X					0.	0.	0.	
ADAM BLANK DIRECTOR	5	X					0.	0.	0.	
DAVID CALONE DIRECTOR	5	X					0.	0.	0.	
MATTHEW DAPOLITO DIRECTOR	5	X					0.	0.	0.	
ROBERT DETOR DIRECTOR	5	X					0.	0.	0.	
RICHARD P. DINA DIRECTOR	5	X					0.	0.	0.	
ERIC EVERSLEY DIRECTOR	5	X					0.	0.	0.	
MARK FASCIANO DIRECTOR	5	X					0.	0.	0.	
PAUL FLEISHMAN DIRECTOR	5	X					0.	0.	0.	
JOHN GALLAGHER DIRECTOR	5	X					0.	0.	0.	
THOMAS N. GILMARTIN DIRECTOR	5	X					0.	0.	0.	
MARIA GRASSO DIRECTOR	5	X					0.	0.	0.	
CHRISTOPHER HAHN DIRECTOR	5	X					0.	0.	0.	
ROBERT HOPPENSTEDT DIRECTOR	5	X					0.	0.	0.	
SETH INCALL DIRECTOR	5	X					0.	0.	0.	
ROBERT ISAKSEN DIRECTOR	5	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DANIEL J. KEANE DIRECTOR	5	X					0.	0.	0.
RICHARD KESSEL DIRECTOR	5	X					0.	0.	0.
DOUGLAS W. KURZ DIRECTOR	5	X					0.	0.	0.
NICHOLAS LAMORTE DIRECTOR	5	X					0.	0.	0.
JIM MORGIO DIRECTOR	5	X					0.	0.	0.
DAVID OKORN DIRECTOR	5	X					0.	0.	0.
ELLEN REDMOND DIRECTOR	5	X					0.	0.	0.
WILLIAM SAVINO DIRECTOR	5	X					0.	0.	0.
DR. YACOV SHAMASH DIRECTOR	5	X					0.	0.	0.
FRANK H. SHIH DIRECTOR	5	X					0.	0.	0.
THERESA REGNANTE EXEC. DIRECTOR	40	X		X	X		176,211.	0.	28,408.
ROBERT ANDREW WILD CHAIRMAN	5	X		X			0.	0.	0.
JOHN DURSO VICE CHAIRMAN	5	X		X			0.	0.	0.
1 b Total							643,291.	0.	91,142.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 5

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns..... 1a				
	b Membership dues..... 1b				
	c Fundraising events..... 1c 657,600.				
	d Related organizations..... 1d				
	e Government grants (contributions)..... 1e 10,455,522.				
	f All other contributions, gifts, grants, and similar amounts not included above.... 1f 8,634,029.				
	g Noncash contribns included in lns 1a-1f: ... \$				
	h Total. Add lines 1a-1f..... ▶	19,747,151.			
PROGRAM SERVICE REVENUE	2 a ----- Business Code				
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue...				
	g Total. Add lines 2a-2f..... ▶				
3 Investment income (including dividends, interest and other similar amounts)..... ▶	4,063.			4,063.	
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties..... ▶					
OTHER REVENUE	6 a Gross Rents.....	(i) Real	(ii) Personal		
		230,250.			
	b Less: rental expenses.....	223,336.			
	c Rental income or (loss).....	6,914.			
	d Net rental income or (loss)..... ▶	6,914.			6,914.
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other		
			321,999.		
	b Less: cost or other basis and sales expenses.....		324,829.		
	c Gain or (loss).....		-2,830.		
	d Net gain or (loss)..... ▶	-2,830.			-2,830.
8 a Gross income from fundraising events (not including \$ 657,600. of contributions reported on line 1c). See Part IV, line 18..... a					
b Less: direct expenses..... b	148,938.				
c Net income or (loss) from fundraising events..... ▶	-148,938.	-148,938.			
9 a Gross income from gaming activities. See Part IV, line 19..... a					
b Less: direct expenses..... b					
c Net income or (loss) from gaming activities..... ▶					
10 a Gross sales of inventory, less returns and allowances..... a					
b Less: cost of goods sold..... b					
c Net income or (loss) from sales of inventory..... ▶					
Miscellaneous Revenue		Business Code			
11 a MISCELLANEOUS		79,843.		79,843.	
b -----					
c -----					
d All other revenue.....					
e Total. Add lines 11a-11d..... ▶		79,843.			
12 Total revenue. See instructions..... ▶	19,686,203.	-148,938.	0.	87,990.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	13,375,821.	13,375,821.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,114,794.	2,114,794.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,211.	54,625.	30,397.	91,189.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	2,406,898.	1,219,547.	869,153.	318,198.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	180,783.	89,175.	63,072.	28,536.
9 Other employee benefits	200,551.	98,926.	69,407.	32,218.
10 Payroll taxes	199,476.	98,395.	69,785.	31,296.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	70,751.	34,900.	24,638.	11,213.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,087.	11,388.	8,040.	3,659.
20 Interest	85,196.	664.	57,510.	27,022.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,603.	33,961.	23,730.	10,912.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES	199,880.	74,263.	101,756.	23,861.
b EQUIP RENTAL AND MAINTENANCE	139,991.	69,053.	48,751.	22,187.
c MISCELLANEOUS	82,807.	625.	56,749.	25,433.
d AMORTIZATION	50,297.	24,811.	17,515.	7,971.
e PUBLICITY AND PROMOTION	33,612.		33,612.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f.	19,408,758.	17,300,948.	1,474,115.	633,695.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

BAA

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	919,180.	2	1,197,316.
	3 Pledges and grants receivable, net	3,683,895.	3	3,562,057.
	4 Accounts receivable, net	30,296.	4	7,166.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,220.	9	26,747.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,420,750.		
	b Less: accumulated depreciation	10b 1,618,975.		
	11 Investments – publicly-traded securities	3,927,137.	10c	3,801,775.
	12 Investments – other securities. See Part IV, line 11	281,364.	11	309,537.
	13 Investments – program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	204,853.	14	212,379.
16 Total assets. Add lines 1 through 15 (must equal line 34)		15		
17 Accounts payable and accrued expenses	9,072,945.	16	9,116,977.	
18 Grants payable	1,550,895.	17	1,717,070.	
19 Deferred revenue	2,037,998.	18	1,293,270.	
20 Tax-exempt bond liabilities	37,772.	19	498,984.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties	3,086,353.	23	3,008,241.	
24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities. Complete Part X of Schedule D	136,842.	25	98,882.	
26 Total liabilities. Add lines 17 through 25	6,849,860.	26	6,616,447.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
27 Unrestricted net assets	1,867,529.	27	2,313,554.	
28 Temporarily restricted net assets	177,184.	28		
29 Permanently restricted net assets	178,372.	29	186,976.	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, and equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	2,223,085.	33	2,500,530.	
34 Total liabilities and net assets/fund balances.	9,072,945.	34	9,116,977.	

BAA

Part X Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	13542046.	15436546.	15360132.	13904638.	19209081.	77,452,443.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 Total. Add lines 1-through 3.	13542046.	15436546.	15360132.	13904638.	19209081.	77,452,443.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						77,452,443.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	13542046.	15436546.	15360132.	13904638.	19209081.	77,452,443.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	26,867.	36,087.	16,482.	22,639.	8,147.	110,222.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	70,551.	225,450.	26,413.	180,133.	79,843.	582,390.
11 Total support. Add lines 7 through 10.						78,145,055.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	99.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	0.0 %

16a **33-1/3 support test - 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test - 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a 33-1/3 support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3 support tests -- 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SEE SUPPLEMENTAL SCHEDULE ON PAGE 5.

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
MISCELLANEOUS	<u>79,843.</u>	<u>180,133.</u>	<u>26,413.</u>	<u>225,450.</u>	<u>70,551.</u>
TOTAL	<u>\$ 79,843.</u>	<u>\$ 180,133.</u>	<u>\$ 26,413.</u>	<u>\$ 225,450.</u>	<u>\$ 70,551.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year..... ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL GRID ----- 175 EAST OLD COUNTRY ROAD ----- HICKSVILLE, NY 11801 -----	\$ 626,981.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GEICO ----- 750 WOODBURY ROAD ----- WOODBURY, NY 11797 -----	\$ 413,128.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPT OF HEALTH & HUMAN SERVICES ----- 200 INDEPENDENCE AVE SW ----- WASHINGTON, DC 20201 -----	\$ 9,495,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	U.S. DEPARTMENT OF LABOR ----- 200 CONSTITUTION AVE NW ----- WASHINGTON, DC 20201 -----	\$ 495,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	U.S. DEPARTMENT OF JUSTICE ----- 950 PENNSYLVANIA AVE NW ----- WASHINGTON, DC 20201 -----	\$ 465,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?..... Yes No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____
- (ii) Assets included in Form 990, Part X..... ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____
- b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	178,372.	178,372.			
b Contributions.....	11,434.	4,080.			
c Net investment earnings, gains, and losses.....	-2,830.	-4,080.			
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....	186,976.	178,372.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....		X
(ii) related organizations.....		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....		373,761.		373,761.
b Buildings.....		4,174,657.	894,742.	3,279,915.
c Leasehold improvements.....				
d Equipment.....		872,332.	724,233.	148,099.
e Other.....				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,801,775.

BAA

Part X Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		19,686,203.
2	Total expenses (Form 990, Part IX, column (A), line 25)		19,408,758.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		277,445.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		277,445.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	18,154,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	180,147.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) SEE PART XIV (*)	2d	179,941.
	e Add lines 2a through 2d	2e	360,088.
3	Subtract line 2e from line 1	3	17,794,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) SEE PART XIV (*)	4b	1,891,458.
	c Add lines 4a and 4b	4c	1,891,458.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,686,203.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	17,877,388.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	180,147.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV) SEE PART XIV (*)	2d	179,941.
	e Add lines 2a through 2d	2e	360,088.
3	Subtract line 2e from line 1	3	17,517,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) SEE PART XIV (*)	4b	1,891,458.
	c Add lines 4a and 4b	4c	1,891,458.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,408,758.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

 UWLI HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT

 TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT

 WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT.

(*) SEE SUPPLEMENTAL SCHEDULE ON PAGE 6.

UNITED WAY OF LONG ISLAND

11-6042392

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FUNDRAISING EXPENSE.....	\$	148,938.
UNREALIZED GAIN.....		31,003.
	TOTAL	<u>\$ 179,941.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	2,114,794.
RENTAL EXPENSE.....		-223,336.
	TOTAL	<u>\$ 1,891,458.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXPENSE.....	\$	148,938.
UNREALIZED GAIN.....		31,003.
	TOTAL	<u>\$ 179,941.</u>

**SCHEDULE D, PART XIII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	2,114,794.
RENTAL EXPENSE.....		-223,336.
	TOTAL	<u>\$ 1,891,458.</u>

Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LUNCHEON (event type)	GALA (event type)	2 (total number)	(Add col. (a) through col. (c))
1	Gross receipts.....	253,695.	236,170.	167,735.	657,600.
2	Less: Charitable contributions.....	253,695.	236,170.	167,735.	657,600.
3	Gross income (line 1 minus line 2).....				
EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	25,713.	60,648.	62,577.
10	Direct expense summary. Add lines 4- through 9 in column (d).....				148,938.
11	Net income summary. Combine lines 3, column (d) and line 10.....				-148,938.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
1	Gross revenue.....				
EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d).....				
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?.....

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?.....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

	13a	%	YES	NO
a The organization's facility				
b An outside facility				

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Part III Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|------------------------------------|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |

If "Yes" to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7	X
----------	---

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8	X
----------	---

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9	X
----------	---

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

UNITED WAY OF LONG ISLAND, ("UWLI"), CONVENES VOLUNTEER, NON-PROFITS, UNIONS,
BUSINESSES, GOVERNMENTAL AGENCIES AND DONORS TO HELP CREATE INNOVATIVE APPROACHES
AND VERIFIABLE RESULTS IN THE KEY HUMAN SERVICE AREAS OF INCOME, EDUCATION AND
HEALTH. UWLI WORKS WITH COMMUNITY PARTNERS TO ADDRESS LONG-TERM ISSUES WHILE FUNDING
URGENT BASIC NEEDS SUCH AS FOOD, HOUSING, HEALTH AND HEAT.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS REVIEWED BY THE GOVERNING BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

UWLI HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE POLICY IS CIRCULATED TO ALL NEW
EMPLOYEES AND BOARD MEMBERS AND IS CIRCULATED ANNUALLY TO EXISTING EMPLOYEES AND
BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

POTENTIAL ANNUAL SALARY INCREASES FOR ALL EMPLOYEES, INCLUDING THE EXECUTIVE
DIRECTOR AND OTHER TOP MANAGEMENT, ARE CONSIDERED BY THE FINANCE COMMITTEE AND
SUBJECT TO BOARD APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Name of the organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

RENTAL INCOME WORKSHEET

REAL PROPERTY; GRAND AVENUE

GROSS RENTAL INCOME.....	\$	230,250.
EXPENSES		
INSURANCE.....		15,206.
INTEREST.....		85,196.
OCCUPANCY COSTS.....		70,751.
BUILDING DEPRECIATION.....		52,183.
TOTAL EXPENSES.....	\$	<u>223,336.</u>
NET RENTAL INCOME OR LOSS	\$	<u>6,914.</u>

SCHEDULE D, PART V
ENDOWMENT FUNDS

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	178,372.	178,372.	0.	0.	0.
CONTRIBUTIONS	11,434.	4,080.			
INVESTMENT EARNINGS (LOSSES)	-2,830.	-4,080.			
GRANTS OR SCHOLARSHIPS					
EXPEND. FOR FACILITIES & PROGS					
ADMINISTRATIVE EXPENSES					
END OF YEAR BALANCE	186,976.	178,372.	0.	0.	0.

11-6042392

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
2-1-1 Program 819 Grand Blvd Deer Park NY 11729	11-6042392	\$ -	\$ 208,811
A Mid Winter Night's Dream 7 Coles Place Northport NY 11768	41-2241738	3,600	-
Abbott Laboratories Employee Designations 100 Abbott Park Rd Abbott Park IL 60084	38-6069793	9,035	-
Abilities (National Center for Disability Services) 20 I.U. Willets Rd Albertson NY 11507	11-1814883	7,038	-
Adelante of Suffolk County 10 Third Ave Brentwood, NY 11717	11-2554522	273	15,462
Adults and Children w/ Learning & Developmental Disabilities 807 S Oyster Bay Rd Bethpage NY 11714	11-6042250	2,541	9,990
Aid for Africa 6909 Ridgewood Ave Chevy Chase MD 20815	06-1703295	3,090	-
AIDS Institute 150 Broadway Menands NY 12204	14-1402155	-	837,373
Alzheimer's Research Foundation 1 Intrepid Square W. 46th St New York NY 10036	13-3859583	3,967	-
American Cancer Society 250 Williams St NW Atlanta GA 30303	13-1788491	5,710	-
American Cancer Society (Nassau) 6800 Jericho Tnpk Syosset NY 11791	16-0743902	2,213	-
American Cancer Society (Suffolk) 75 Davids Drive Hauppauge NY 11788	16-0743902	17,847	-
American Red Cross 431 18th Street NW Washington DC 20016	94-3193388	11,564	-
American Red Cross, Nassau County Chapter 195 Willis Ave Mineola NY 11501	53-0196605	2,657	58,782
American Red Cross, Suffolk Chapter 95 Horseblock Road Yaphank NY 11980	53-0196605	19,552	80,068
America's Charities 14150 Newbrook Dr Chantilly VA 20150	54-1517707	40,545	-
Angela's House PO Box 5052 Hauppauge NY 11788	13-3618419	5,497	-

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Angelo Milillo Mental Health Center 113 Glen Cove Rd Glen Cove NY 11542	11-9403705	\$ -	\$ 10,902
Animal Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3193389	31,883	-
Association for Children with Downs Syndrome (ACDS) 4 Fern Place Plainview NY 11803	23-7175975	7,031	7,344
Association for the Help of Retarded Children Nassau County 189 Wheatley Road Brookville NY 11545	11-1720254	6,872	14,112
Association for the Help of Retarded Children Suffolk County 2900 Vets Memorial Hgwy Bohemia NY 11716	11-1845294	3,658	15,036
B & F Friedman South Shore YJCC 15 Neil Court Oceanside NY 11572	11-2002556	16	6,912
Babylon Breast Cancer Coalition 15 South Carl Ave Babylon NY 11701	11-3191035	11,455	-
Baldwin Community House POB 55 Baldwin NY 11510	11-9403705	-	3,852
Bank of America Employee Designations 401 N Tryon St Charlotte NC 28255	20-0721133	18,136	-
Bank of New York Employee Designations PO Box 185 Pittsburgh PA 15230	31-1605320	37,131	-
Bellport, Hagerman, East Patchogue Alliance, Inc. 1492 Montauk Hgwy Bellport NY 11713	11-2528822	954	12,894
Boy Scouts of America, Suffolk Council 7 Scouting Way Medford NY 11763	11-1631834	5,905	25,722
Boy Scouts of America, Theodore Roosevelt Council 544 Broadway Massapequa NY 11758	11-1631798	6,743	22,518
Brookhaven Service Center Charities Foundation 1040 Waverly Ave Holtsville NY 11742	11-3448930	12,752	-
Buckley Country Day School I.U. Willets Rd Roslyn NY 11576	11-1661352	15,000	-
Building Blocks 29 Pinewood Dr Commack NY 11725	11-2682219	-	5,130
Cancer Care 20 Crossways Park Woodbury NY 11797	11-2254990	9,461	8,412

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Cancer Cure of America 275 Seventh Ave New York NY 10001	13-1825919	\$ 27,134	\$ -
Canine Companions for Independence PO Box 205 Farmingdale NY 11735	94-2494324	2,689	-
Carol M. Baldwin Breast Cancer Research Fund, Inc. 14 Technology Way East Setauket NY 11733	11-3342286	2,823	-
Catholic Charities Diocese of Rockville Centre 90 Cherry Lane Hicksville NY 11801	11-1843801	33,899	204,462
Central Nassau Guidance and Counseling Services, Inc. 950 South Oyster Bay Road Hicksville NY 11801	11-2438388	2,073	13,464
Child Care Council of Nassau, Inc. 925 Hempstead Trpk Franklin Square NY 11010	11-2254990	882	12,758
Child Care Council of Suffolk 60 Calvert Ave Commack NY 11725	11-2696681	1,742	12,758
Children's Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3148588	18,399	-
Children's Medical Charities of America 14150 Newbrook Dr Chantilly VA 20150	27-0093393	9,099	-
Children First - America's Charities 1100 Larkspur Landing Larkspur CA 94939	30-0188795	14,265	-
Christian Charities USA 1100 Larkspur Landing Larkspur CA 94939	94-3255961	11,945	-
Christian Service Charities 7620 Little River Trpk Annadale VA 22003	94-3193374	16,883	-
Circulo de la Hispanidad 91 N Franklin St Hempstead NY 11551	11-2525327	-	323,181
Coalition Against Child Abuse & Neglect, Inc. 229 Seventh St Garden City NY 11530	11-2630580	2,527	6,773
Colonial Youth and Family Services 1235 Montauk Hgwy Mastic Beach NY 11951	23-7271852	5,204	7,960
Community Chest of Port Washington 382 Main Street Port Washington NY 11050	11-1814994	3,200	-
Community Counseling Services 1200 Hempstead Trpk Franklin Square NY 11010	23-7084187	-	5,772

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Community Development Corporation of Long Island, Inc. 2100 Middle Country Road Centereach NY 11720	11-221341	\$ 2,954	\$ 4,278
Community Health Charities - National 200 N Glebe Rd Arlington VA 22203	13-6167225	88,167	-
Community Health Charities of NY PO Box 5127 Corland NY 10345	22-2570476	86,779	-
COPAY 21 N Station Plaza Great Neck NY 11021	11-2212498	1,270	6,342
Corporate restricted giving through UWTS 701 N Fairfax St Alexandria VA 22314	13-1635294	629,827	-
Developmental Disabilities Institute 99 Hollywood Drive Smithtown NY 11787	11-6077347	3,166	10,122
Dix Hills Evangelical Free Church 28 Foxhursy Rd Dix Hills NY 11746	11-3038221	3,913	-
Do Unto Others 1100 Larkspur Landing Larkspur CA 94939	94-3148590	9,551	-
Dominican Sisters Family Health Services 299 N Highland Ave Ossining NY 10562	13-1740242	1,907	6,984
Doubleday Babcock Senior Center 45 E Main St Oyster Bay NY 11771	13-1740242	720	8,268
Dreams for Youth Grants 819 Grand Blvd Deer Park NY 11729	11-6042392	-	31,288
Earth Share 7735 Old Georgetown Rd Bethesda MD 20814	52-1601980	23,780	-
Earth Share of New York 305 Seventh Ave New York NY 10001	13-3632209	2,592	-
East Hampton Day Care POB 63 East Hampton NY 11937	11-2202589	-	4,494
Economic Opportunity Council of Nassau, Inc. 124 Jackson St Hempstead NY 11550	11-2195458	12,815	18,872
Economic Opportunity Council of Suffolk, Inc. 475 E Main St Patchogue NY 11772	11-2141197	2,227	508,445
Education & Assistance Corporation 50 Clinton Ave Hempstead NY 11550	23-7175609	6,130	12,756

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONTD)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Epilepsy Foundation of Long Island 506 Steward Ave Garden City NY 11530	11-1821135	\$ 1,895	\$ 6,558
Family and Children's Association 129 Jackson Ave Hempstead NY 11550	11-3422018	6,337	56,718
Family Counseling Service PO Box 1348 Westhampton Beach NY 11978	23-7112592	-	7,554
Family Service League of Suffolk County 790 Park Ave Huntington NY 11743	11-1631827	5,235	39,546
Feed the Children 333 N Meridian Oklahoma City OK 73107	73-6108857	3,596	-
FEGS Health & Human Services System 6900 Jericho Tnpk Syosset NY 11791	13-1624000	1,181	1,439,190
Food for the Poor, Inc 6401 Lyons Rd Coconut Creek FL 33073	59-2174510	4,084	-
Foster Grandparent Program 1 Farmingdale Road West Babylon NY 11704	23-7237931	-	9,624
Freeport Pride 46 Pine St Freeport NY 11520	11-2234524	1,040	12,972
Garden City Community Fund 819 Grand Blvd Deer Park NY 11729	11-6042392	-	22,000
Girl Scouts of Nassau County, Inc. 110 Ring Road West Garden City NY 11530	11-2041443	4,816	22,518
Girl Scouts of Suffolk County, Inc. 442 Moreland Road Commack NY 11725	11-2164434	1,757	22,518
Global Impact 66 Canal Center Plaza Alexandria VA 22314	52-1273585	46,726	-
Guide Dog for the Blind 371 E Main St Smithtown NY 11787	11-1687477	6,976	-
Gurwin Jewish Nursing & Rehabilitation Center 68 Hauppauge Rd Commack NY 11725	11-3342472	2,809	3,492
Habitat For Humanity of Suffolk 643 Middle Country Rd Middle Island NY 11953	11-2840553	664	-
Hagedorn Little Village School 750 Hicksville Rd Seaford NY 11783	11-2222807	1,754	3,420

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Harbor Day Care Center 999 Herricks Rd New Hyde Park NY 11040	11-2308879	\$ 349	\$ 12,756
Haven House/Bridges 840 Suffolk Ave Brentwood NY 11717	11-3084088	-	10,122
Health & Medical Research Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3217739	29,928	-
Health and Welfare Council of Long Island One Helen Keller Way Hempstead NY 11550	11-1858098	48	46,032
Health First - America's Charities 14150 Newbrook Dr Chantilly VA 20150	30-0186796	8,611	-
Helen Keller Services for the Blind One Helen Keller Way Hempstead NY 11550	11-1630807	1,880	6,984
Hempstead Rebirth 179 N. Franklin St Hempstead NY 11550	11-1614994	5,000	-
Herdling Dog Rescue PO Box 35 Baldwin NY 11510	20-1090079	3,528	-
Hicksville Youth Council 79 W Old Country Rd Hicksville NY 11801	11-2287963	488	17,388
Hi-Hello Child Care Center 212 S Ocean Ave Freeport NY 11520	11-2200922	786	6,036
Hispanic Brotherhood 59 Clinton Ave Rockville Centre NY 11570	11-3454056	-	10,478
Hispanic Counseling Center, Inc. 344 Fulton Ave Hempstead NY 11550	11-2592214	46	307,223
Hispanic United Way 1100 Larkspur Landing Larkspur CA 94939	68-0455509	3,544	-
Hope House Ministries 1 High St Port Jefferson NY 11777	14-8050438	9,860	-
Housing Help 91 Broadway Greenlawn NY 11740	11-2356150	-	7,914
Housing Opportunities for People with AIDS (HOPWA) 819 Grand Blvd Deer Park NY 11729	11-6042392	-	1,404,861
Human & Civil Rights Org of America 10 Chestnut St Salem MA 01970	94-3193386	7,145	-

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONTD)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Human Care Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3067804	\$ 4,926	\$ -
Human Service Charities of America 7820 Little River Tnpk Annadale VA 22003	94-3240353	6,654	-
Huntington Freedom Center 159 Railroad Ave Huntington Station NY 11746	11-2063927	675	-
Independent Charities of America PO Box 45694 San Francisco CA 94145	94-3067804	31,127	-
Interfaith Nutrition Network (INN) 211 Fulton Ave Hempstead NY 11550	11-2676892	15,567	-
Island Harvest, Ltd. 189 Second Street Mineola NY 11501	11-3136350	30,668	-
Jacobs Light Foundation Inc 116 Nadia Ct Port Jefferson NY 11777	54-2140546	11,522	-
JCC of the Greater Five Towns 207 Grove Ave Cedarhurst NY 11516	11-2546437	-	3,836
Jewish Association for Services for the Aged 162 W Park Ave Long Beach NY 11561	13-2620696	-	10,122
Jewish Charities of America 1100 Larkspur Landing Larkspur CA 94939	68-0473577	4,913	-
John T. Mather Memorial Hospital 75 North Country Rd Port Jefferson NY 11777	11-1639818	1,232	-
La Fuerza Unida, Inc. 14 Glen St Glen Cove NY 11542	11-3613094	-	8,622
Labor Education & Community Services 390 Rabro Dr Hauppauge NY 11788	23-7442181	-	41,112
Life's WORC (The) 1501 Franklin Ave Garden City NY 11530	11-9403705	-	3,990
Littig House Charles Ave Port Washington NY 11050	11-2503507	-	12,186
Local Independent Charities Federation PO Box 45754 San Francisco CA 94145	23-2180310	13,519	-
Long Beach Martin Luther King (MLK) Center 615 Riverside Blvd Long Beach NY 11581	11-3478506	100	-

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Long Beach Reach, Inc. 2-12 W Park Ave Long Beach NY 11561	11-2225260	\$ 3,817	\$ 14,682
Long Island Alzheimer's Foundation 5 Channel Dr Port Washington NY 11050	11-2926958	4,508	5,484
Long Island Association for AIDS Care (LIAAC) PO Box 2859 Huntington Station NY 11748	11-2809739	3,545	121,832
Long Island Cares 10 David's Lane Hauppauge NY 11788	11-2524512	34,519	-
Long Island Hearing & Speech 430 Lakeville Rd New Hyde Park NY 11042	11-1807504	513	7,698
Long Island Housing Services 640 Johnson Ave Bohemia NY 11716	11-2494324	2,086	14,034
Lutheran Family & Community Services 311 Uniondale Ave Uniondale NY 11553	11-2574183	371	3,852
Make It Count Foundation Inc PO Box 370 West Islip NY 11795	27-2037456	35,000	-
Make-A-Wish Foundation of Suffolk 1 Cornack Loop Ronkonkoma NY 11779	11-2666969	33,255	-
Medical Research Charities 8001 Braddock Road Springfield VA 22151	94-3148591	14,732	-
Mental Health Association of Nassau County 16 Main St Hempstead NY 11550	11-1710983	595	13,896
Mid-Island Y JCC 45 Manetto Hill Rd Plainview NY 11803	11-1841899	316	6,912
Military Reservist Family Fund 819 Grand Blvd Deer Park NY 11729	11-6042392	-	60,642
Military Veterans & Patriotic Service Orgs 21 Tamal Vista Blvd Corte Madera CA 94925	94-3193418	21,088	-
Nassau County Coalition Against Domestic Violence 250 Fulton Ave Hempstead NY 11550	11-2442377	1,228	13,044
Nassau Health Care Foundation 2201 Hempstead Trpk East Meadow NY 11554	11-2033858	-	690,290
Nassau Suffolk Law Services Committee One Helen Keller Way Hempstead NY 11749	11-2125411	1,470	951,417

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
National Grid Employee Designations 175 E Old Country Rd Hicksville NY 11801	11-3466416	\$ 145,918	\$ -
National Multiple Sclerosis Society-Long Island Chapter 40 Marcus Dr Melville NY 11747	11-1948311	8,906	4,206
Neighbor to Nation 7620 Little River TnPk Annandale VA 22003	54-1879262	12,667	-
North Amityville Community Economic Council (NACEC) 1 Commerce Blvd Amityville NY 11701	11-3030313	78	2,514
North Shore Animal League 25 Davis Ave Port Washington NY 11050	11-1666852	4,520	-
North Shore Child & Family Guidance Center 480 Old Westbury Rd Roslyn Heights NY 11577	11-1797183	5,635	6,982
North Shore LJJ Health Systems 330 Community Dr Manhasset NY 11030	11-1562701	-	271,862
North Shore University Hospital St. Andrew's Lane Glen Cove NY 11542	11-1562701	-	280,914
Open Door 60 Grace Ave Great Neck NY 11020	11-2582713	50	6,984
Optimization Project 819 Grand Blvd Deer Park NY 11729	11-6042392	-	81,613
Parent Child Home Program 1415 Kellum Place Garden City NY 11530	11-2495601	12,487	3,852
Partnership for After School Education 819 Grand Blvd Deer Park NY 11729	11-6042392	-	41,083
Peconic Community Council 554 E Main St Riverhead NY 11901	11-3392151	-	8,196
Pederson-Krag Center, Inc. 55 Herizon Dr Huntington NY 11743	11-1955477	1,652	16,530
Peninsula Counseling 124 Franklin Place Woodmere NY 11598	11-2289028	-	12,756
Pikes Peak United Way 518 N Nevada Ave Colorado Springs CO 80903	84-0511799	5,000	-
Planned Parenthood Hudson Peconic Inc 70 Maple Ave Smithtown NY 11787	13-2673025	3,691	-

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Port Counseling Center 225 Main St Port Washington NY 11050	23-7083552	\$ -	\$ 7,410
Port Washington Child Care 232 Main St Port Washington NY 11050	11-2462594	1,705	8,268
Postal Employees Relief Fund PO Box 34500 Washington DC 20043	52-1866010	3,102	-
Project Warmth 819 Grand Blvd Deer Park NY 11729	11-6042392	-	588,720
Pronto of Long Island 128 Pine Aire Dr Brentwood NY 11717	11-2317426	1,398	12,756
Restore 819 Grand Blvd Deer Park NY 11729	11-6042392	-	20,401
Ronald McDonald House One Kroc Drive Oak Brook IL 60523	38-2934689	4,813	-
Rosa Lee Young Childhood Center 180 N Village Ave Rockville Centre NY 11570	11-2279803	361	9,834
Selfhelp Community Services 50 Clinton Ave. Hempstead NY 11550	13-1624178	-	3,492
Senior Access to Home Program 819 Grand Blvd Deer Park NY 11729	11-6042392	-	500,000
Sld Jacobsen JCC 300 Forest Dr East Hills NY 11548	11-1976051	-	6,912
Skills Unlimited 405 Locust Ave Oakdale NY 11789	11-1759110	1,621	14,892
Smile Train (The) 41 Madison Ave 28th Fl New York NY 10010	13-3661416	3,248	-
SNAP Long Island 22 W Main St Patchogue NY 11772	11-2707801	1,719	12,828
Society of St. Vincent de Paul 249 Broadway Bethpage NY 11714	11-1884961	6,825	24,654
South Fork Community Health Initiative PO Box 2368 East Hampton NY 11937	11-2680312	478	10,260
South Shore Child Guidance 17 W Merrick Rd Freeport NY 11520	11-1661881	-	8,268

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NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Southampton Hospital 240 Meeting House Lane Southampton NY 11968	11-1667765	\$ -	\$ 134,805
Southeast Nassau Guidance Center 2146 Jackson Ave Seaford NY 11783	11-1874531	334	6,270
Stephanie J. Kahn Listening Therapy 212 W Park Ave Long Beach NY 11561	51-0187771	132	9,120
Stony Brook Child Care Services Daniel Webster Dr Stony Brook NY 11794	11-2828494	7,507	-
Stony Brook Foundation 100 Nicholls Rd Stony Brook NY 11794	11-6077945	5,000	-
Stony Brook University Hospital Hospital Rd Stony Brook NY 11794	11-6077945	-	1,081,228
Suffolk Community Council 180 Oser Ave Hauppauge NY 11768	11-6043780	610	34,770
Suffolk County Coalition Against Domestic Violence, Inc. PO Box 1269M Bay Shore NY 11706	11-2470902	4,031	11,754
Suffolk County Dept of Health Services 300 Center Dr Riverhead NY 11901	11-6000464	-	368,990
Suffolk County SPCA 363 Route 111 Smithtown NY 11787	11-2990826	12,662	-
Suffolk Hearing and Speech Center 369 E Main St East Islip NY 11730	11-2110468	-	6,414
Suffolk Independent Living Organization (SILO) 3680 Route 112 Coram NY 11727	11-2721260	-	12,756
Suffolk Y Jewish Community Center 74 Hauppauge Rd Commack NY 11725	11-2435521	-	6,912
The Ministries 3680 Route 112 Coram NY 11727	11-2202958	1,370	34,842
The Rehabilitation Institute 123 Frost St Westbury NY 11590	11-2073672	-	6,984
The Retreat 13 Good Friend Dr East Hampton NY 11937	11-2862256	681	5,772
The Salvation Army-Nassau County 111 Willis Ave Mineola NY 11501	13-5562351	10,451	36,267

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
The Salvation Army-Suffolk PO Box 260 Blue Point NY 11715	13-5562351	\$ 649	\$ 36,267
Underwriters Laboratories Employees' Designations 560 W Lake St Chicago IL 60661	30-0200478	14,229	-
United Cerebral Palsy Association of Greater Suffolk, Inc. PO Box 18045 Hauppauge NY 11788	11-2568841	5,335	7,410
United Cerebral Palsy Association of Nassau County, Inc. 454 Jerusalem Ave Uniondale NY 11575	11-1723782	-	7,344
United Way of New York City 2 Park Ave New York NY 10016	13-2617681	4,739	-
United Way Worldwide 701 N. Fairfax St Alexandria VA 22314	13-1635294	3,820	-
Urban League of Long Island 50 Clinton St Hempstead NY 11550	23-7423001	5,850	23,471
Variety Child Learning Center 476 Humphrey Dr Syosset NY 11791	11-2157326	2,808	11,118
Victims Information Bureau of Suffolk (VIBS) PO Box 5483 Hauppauge NY 11788	11-2411984	4,763	14,604
Visiting Nurse Association of Long Island, Inc. 100 Garden City Plaza Garden City NY 11530	11-2127785	-	16,674
Visiting Nurse Service & Hospice of Suffolk, Inc. 505 Main St Northport NY 11788	11-1722477	6,747	14,754
Weatherization Program 819 Grand Blvd Deer Park NY 11729	11-6042392	-	211,018
Westbury Community Schools Program 819 Grand Blvd Deer Park NY 11729	11-6042392	-	123,048
Wild Animals Worldwide 1100 Larkspur Landing Larkspur CA 94939	20-8774272	3,050	-
William J. Flynn Fund Boston College Chestnut Hill MA 02467	04-2103545	5,000	-
Women Children Family Service Charities 1100 Larkspur Landing Larkspur CA 94939	94-3193386	4,367	-
Woodward Mental Health Center 201 W Merrick Rd Freeport NY 11520	11-1867905	-	9,474

Supporting Statement of:

FORM 990, PART IV, LINES 21 OR 22 (CONT'D)

NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EIN	Designated Gift	Program Investment
Wounded Warrior Project 7020 AC Skinner Pkwy Jacksonville FL 32256	20-2370934	\$ 5,039	\$ -
Wyandanch Homes and Property Development Corporation 819 Grand Blvd Deer Park NY 11729	11-2839526	901	8,694
Wyandanch Youth Services 20 Andrews Ave Wyandanch NY 11798	11-2748571	3,542	19,452
YAI National Institute 460 W 34th St New York NY 10001	11-2030172	3,000	-
YES Community Counseling 75 Grand Ave Massapequa NY 11758	11-9403705	-	3,138
YMCA of Long Island 200 W Main St Bay Shore NY 11706	11-1649914	-	41,328
Yours, Ours, Mine Community Center 152 Center Lane Levitown NY 11756	11-2117383	280	6,036
Youth & Family Counseling Agency of Oyster Bay-East Norwich 193 South St Oyster Bay NY 11771	11-2516151	3,689	7,457
Youth Build Program 819 Grand Blvd Deer Park NY 11729	11-6042392	-	1,108,101
Total		<u>\$ 2,114,794</u>	<u>\$ 13,375,821</u>