

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC. 121 DOSORIS LANE GLEN COVE, NY 11542
Prepared by	HOLTZ RUBENSTEIN REMINICK LLP 125 BAYLIS ROAD MELVILLE, NY 11747-3823
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20__

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Employer identification number

11-1649914

Name and title of officer

**MICHAEL TFAMIGLIETTI
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	28001146
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HOLTZ RUBENSTEIN REMINICK LLP** to enter my PIN **49914**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **11/10/2010**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **11526611747**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **11/10/10**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

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

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.		D Employer identification number 11-1649914
		Doing Business As		E Telephone number (516) 674-8091
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 121 DOSORIS LANE		
		City or town, state or country, and ZIP + 4 GLEN COVE, NY 11542		G Gross receipts \$ 38,475,635.
F Name and address of principal officer: MICHAEL T. FAMIGLIETTI 121 DOSORIS LANE, GLEN COVE, NY 11542		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.YMCALI.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1919	
M State of legal domicile: NY				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 35
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5	Total number of employees (Part V, line 2a) 5 1996
	6	Total number of volunteers (estimate if necessary) 6 508
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8,882,438. 4,955,343.	
	9 Program service revenue (Part VIII, line 2g) 21,465,173. 21,402,654.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 612,468. 1,437,344.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 176,024. 205,805.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,136,103. 28,001,146.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,726,060. 16,248,082.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 216,107. 165,997.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,188,430.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,279,756. 8,739,781.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,221,923. 25,153,860.		
19 Revenue less expenses. Subtract line 18 from line 12 5,914,180. 2,847,286.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 46,628,928. 51,614,492.	
	21 Total liabilities (Part X, line 26) 3,103,962. 5,064,077.	
	22 Net assets or fund balances. Subtract line 21 from line 20 43,524,966. 46,550,415.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **MICHAEL T. FAMIGLIETTI, PRESIDENT & CEO**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶
HOLTZ RUBENSTEIN REMINICK LLP			
125 BAYLIS ROAD			
MELVILLE, NY 11747-3823		631-752-7400	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
**THE YMCA OF LONG ISLAND IS A CHARITABLE, NOT-FOR-PROFIT, COMMUNITY
BASED ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE OF
CHILDREN, ADULTS AND FAMILIES THROUGH PROGRAMS THAT BUILD SPIRIT, MIND
AND BODY.**

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 \$ **4,994,463.** including grants of \$) (Revenue \$ **5,503,224.**)
**CAMP - THE BEST EXAMPLE OF HOW THE YMCA BLENDS THEIR VALUES - HONESTY,
RESPECT, RESPONSIBILITY AND CARING IS THROUGH THEIR SUMMER DAY CAMP
PROGRAM. IT IS FILLED WITH ENERGY AND FUN - A PLACE WHERE CHILDREN
LEARN TO SHARE, LAUGH, COOPERATE AND RESPECT THEIR PEERS.**

**THE YMCA IS ALWAYS A HAPPY PLACE ESPECIALLY DURING THE SUMMER MONTHS.
EACH BRANCH OF THE YMCA OFFERS FULL-DAY, ACTION-PACKED SUMMER DAY CAMP
PROGRAMS. IN 2009, SUMMER DAY CAMP REACHED A RECORD HIGH SERVING A
TOTAL OF 7,500 CHILDREN. A TOTAL OF 1,172 CHILDREN RECEIVED \$521,561 IN
FINANCIAL ASSISTANCE.**

4b (Code:) (Expenses \$ **4,314,520.** including grants of \$) (Revenue \$ **3,437,868.**)
**CHILDCARE - IN TODAY'S WORLD OF EMERGING TECHNOLOGIES, WORKING
FAMILIES, LIFESTYLES AND INCREASED EXPECTATIONS AROUND ACADEMICS AND
STRUCTURED USE OF TIME, THE YMCA OF LONG ISLAND, INC. ("YMCA") IS
UNIQUELY POSITIONED TO HELP FAMILIES MEET THEIR NEEDS AND GOALS. THEIR
PROGRAMS PRESENT A WONDERFUL OPPORTUNITY TO ENGAGE YOUNGSTERS IN THE
OVERALL YMCA MISSION OF BUILDING STRONG KIDS, STRONG FAMILIES AND
STRONG COMMUNITIES. DURING THE SCHOOL YEAR, THE YMCA HELPED WORKING
PARENTS BY PROVIDING PRESCHOOL, DAY CARE, BEFORE- AND AFTER-SCHOOL
CHILDCARE FOR CHILDREN ACROSS LONG ISLAND. A TOTAL OF 1,367 CHILDREN
RECEIVED \$211,897 IN FINANCIAL ASSISTANCE.**

4c (Code:) (Expenses \$ **4,172,349.** including grants of \$) (Revenue \$ **2,334,971.**)
**AQUATICS - ACROSS ITS MAJOR LOCATIONS, THE YMCA PROVIDED UNPARALLELED
AQUATICS INSTRUCTION OFFERING A WIDE VARIETY OF AQUATIC PROGRAMS FROM
INSTRUCTIONAL CLASSES TO SPORTS AND RECREATIONAL ACTIVITIES. THEY ARE
PERHAPS BEST KNOWN FOR THEIR SWIMMING FACILITIES AND INSTRUCTION WHICH
TAKES PLACE ALL YEAR LONG. A TOTAL OF 163 ADULTS AND CHILDREN RECEIVED
\$12,601 IN FINANCIAL ASSISTANCE.**

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **7,186,249.** including grants of \$) (Revenue \$ **10,332,396.**)

4e Total program service expenses ► \$ **20,667,581.**

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Form 990 (2009)

11-1649914 Page 4

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	

Form **990** (2009)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Form 990 (2009)

11-1649914 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 162		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	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		
	2a 1996		
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	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
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?		
	5c		
6a	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
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
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
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

Part VI 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		
	1a 35		
b	Enter the number of voting members that are independent		
	1b 28		
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
b	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, 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.		
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	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	X	
b	Other officers or 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?		

Section C. Disclosure

- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
MARK KATZENBERGER - (516) 674-8091
121 DOSORIS LANE, GLEN COVE, NY 11542

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 employee."
- 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			
HON. RICHARD J. MCCORD CHAIRMAN	1.00	X		X			0.	0.	0.	
LINDA M. ARMYN VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
GORDON M. SIESS TREASURER	1.00	X		X			0.	0.	0.	
WALTER TIMOSHENKO SECRETARY	1.00	X		X			0.	0.	0.	
ROBERT J. AHLSTROM, JR. DIRECTOR	1.00	X					0.	0.	0.	
SALLYANNE K. BALLWEG DIRECTOR	1.00	X					0.	0.	0.	
RICHARD BARILE DIRECTOR	1.00	X					0.	0.	0.	
JOHN J. BISHAR, JR DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH BONIFAZIO DIRECTOR	1.00	X					0.	0.	0.	
JOHN R. BRANSFIELD, JR. DIRECTOR	1.00	X					0.	0.	0.	
CHRISTOPHER CAPECE DIRECTOR	1.00	X					0.	0.	0.	
MELISSA CONNOLLY DIRECTOR	1.00	X					0.	0.	0.	
PAUL V. CRACO DIRECTOR	1.00	X					0.	0.	0.	
MARIE D'AMATO-RIZZI PAST CHAIRMAN	1.00	X					0.	0.	0.	
THERESA ELKOWITZ DIRECTOR	1.00	X					0.	0.	0.	
JOHN J. FINN DIRECTOR	1.00	X					0.	0.	0.	
STANLEY V. GELISH DIRECTOR	1.00	X					0.	0.	0.	

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Form 990 (2009)

11-1649914 Page **8**

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

(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			
GEORGE HOAG DIRECTOR	1.00	X					0.	0.	0.	
CHARLES B. MANCINI DIRECTOR	1.00	X					0.	0.	0.	
DOUGLAS MANDITCH DIRECTOR	1.00	X					0.	0.	0.	
DONALD MANFREDONIA PAST CHAIRMAN	1.00	X					0.	0.	0.	
NICHOLAS MARTONE DIRECTOR	1.00	X					0.	0.	0.	
PETER J. MASTAGLIO PAST CHAIRMAN	1.00	X					0.	0.	0.	
WILLIAM H. MAUSERT PAST CHAIRMAN	1.00	X					0.	0.	0.	
DAVID MIRABELLA DIRECTOR	1.00	X					0.	0.	0.	
CLAUDIA PILATO-MAIETTA DIRECTOR	1.00	X					0.	0.	0.	
THOMAS A. RETTALIATA DIRECTOR	1.00	X					0.	0.	0.	
1b Total							1,329,104.	0.	220,910.	

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 **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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
RACANELLI CONSTRUCTION COMPANY, INC. 1895 WALT WHITMAN ROAD, MELVILLE, NY 11747	CONSTRUCTION	6,174,171.
PARAMOUNT DEVELOPMENT ASSOCIATES, LLC 45 HERBHILL ROAD, GLEN COVE, NY 11542	CONSTRUCTION	1,612,647.
J. PETROCELLI CONTRACTING, INC 100 COMAC STREET, RONKONKOMA, NY 11779	CONSTRUCTION	412,096.
PANOS GRAPHIC SERVICES INC. 4 ANDERSON COURT, WEST BAY SHORE, NY 11706	PRINTING	230,043.
WSJS ARCHITECTS 755 NEW YORK AVENUE, HUNTINGTON, NY 11743	ARCHITECT	201,637.

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 **10**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Form 990 (2009)

11-1649914 Page **9**

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	44,707.				
	b Membership dues	1b					
	c Fundraising events	1c	492,297.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,946,779.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,471,560.				
	g Noncash contributions included in lines 1a-1f: \$		29,395.				
	h Total. Add lines 1a-1f		4,955,343.				
	Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 713940	5,752,380.	5,752,380.		
b CAMP		713940	5,503,224.	5,503,224.			
c CHILD CARE		624410	3,437,868.	3,437,868.			
d AQUATICS		713940	2,334,971.	2,334,971.			
e							
f All other program service revenue		713940	4,374,211.	4,374,211.			
g Total. Add lines 2a-2f			21402654.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		664,032.			664,032.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	10826165				
		(ii) Other	7,670.				
		b Less: cost or other basis and sales expenses	10060523				
		c Gain or (loss)	765,642.	7,670.			
	d Net gain or (loss)		773,312.			773,312.	
	8 a Gross income from fundraising events (not including \$ 492,297. of contributions reported on line 1c). See Part IV, line 18	a	413,966.				
b Less: direct expenses		413,966.					
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FACILITY USAGE AND OTH	713940	205,805.	205,805.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		205,805.					
12 Total revenue. See instructions.		28001146.	21608459.	0.	1437344.		

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	863,407.	135,649.	419,500.	308,258.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,818,829.	10,707,605.	1,751,439.	359,785.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	806,274.	613,493.	148,476.	44,305.
9 Other employee benefits	518,277.	374,969.	114,554.	28,754.
10 Payroll taxes	1,241,295.	1,005,836.	181,780.	53,679.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	165,997.			165,997.
f Investment management fees				
g Other	324,196.	118,546.	176,582.	29,068.
12 Advertising and promotion	642,653.	479,382.		163,271.
13 Office expenses	2,727,894.	2,628,382.	84,600.	14,912.
14 Information technology				
15 Royalties				
16 Occupancy	1,735,047.	1,701,851.	31,784.	1,412.
17 Travel	115,629.	75,276.	35,229.	5,124.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,125.	67,980.	39,446.	1,699.
20 Interest	307,352.	303,083.	4,269.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	997,340.	897,637.	94,718.	4,985.
23 Insurance	565,605.	549,750.	15,168.	687.
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 CONTRACTUAL SERVICES	684,425.	582,695.	101,730.	0.
b DUES	290,740.	254,184.	36,556.	0.
c OTHER EXPENSES	120,871.	92,235.	22,142.	6,494.
d AWARDS & GRANTS	118,904.	79,028.	39,876.	0.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	25,153,860.	20,667,581.	3,297,849.	1,188,430.
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 ...				

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Form 990 (2009)

11-1649914 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	947,305.	1	373,287.	
	2 Savings and temporary cash investments	12,955,558.	2	13,205,367.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	816,459.	4	695,176.	
	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	410,456.	9	359,538.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	41,086,464.			
	b Less: accumulated depreciation	12,394,128.			
	11 Investments - publicly traded securities	19,281,639.	10c	28,692,336.	
	12 Investments - other securities. See Part IV, line 11	10,484,700.	11	6,376,628.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	1,732,811.	14	1,912,160.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,628,928.	15	51,614,492.		
Liabilities	17 Accounts payable and accrued expenses	1,433,932.	16	2,616,085.	
	18 Grants payable		17		
	19 Deferred revenue	1,670,030.	18	1,501,992.	
	20 Tax-exempt bond liabilities		19		
	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		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities. Complete Part X of Schedule D	0.	24	946,000.	
	26 Total liabilities. Add lines 17 through 25	3,103,962.	25	5,064,077.	
Net Assets or Fund Balances	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	27,352,362.	26	37,751,539.	
	28 Temporarily restricted net assets	13,860,173.	27	6,293,282.	
	29 Permanently restricted net assets	2,312,431.	28	2,505,594.	
	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		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	43,524,966.	32	46,550,415.	
34 Total liabilities and net assets/fund balances	46,628,928.	33	51,614,492.		

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
2c	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.** Employer identification number **11-1649914**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

YOUNG MEN'S CHRISTIAN ASSOCIATION

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 any "unusual grants.")	3346817.	3213866.	14487765.	8882438.	4955343.	34886229.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3346817.	3213866.	14487765.	8882438.	4955343.	34886229.
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)						2243290.
6 Public support. Subtract line 5 from line 4.						32642939.

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	3346817.	3213866.	14487765.	8882438.	4955343.	34886229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	341,704.	432,857.	582,356.	884,079.	664,032.	2905028.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	168,740.	175,142.	166,691.	176,024.	205,805.	892,402.
11 Total support. Add lines 7 through 10						38683659.

12 Gross receipts from related activities, etc. (see instructions) 12 96,198,046.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.38	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	86.32	%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and 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

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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 year 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 lines 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 line 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

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 YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number 11-1649914
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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) and 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 its 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).

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

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

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number 11-1649914
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARTONE FAMILY FOUNDATION 166 SEA CLIFF AVENUE GLEN COVE, NY 11542	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ISLAND OUTREACH FOUNDATION, INC. 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CLARE ROSE INC. 72 CLARE ROSE BLVD PATCHOGUE, NY 11772	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TOWN OF EAST HAMPTON 159 PANTIGO ROAD EAST HAMPTON, NY 11937	\$ 710,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	TOWN OF BROOKHAVEN ONE INDEPENDENCE HALL FARMINGVILLE, NY 11738	\$ 616,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	COUNTY OF SUFFOLK BOX 6100 HAUPPAUGE, NY 11788	\$ 1,167,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number 11-1649914
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STATE OF NEW YORK DEPT OF HEALTH, EMPIRE STATE PLAZA, CORNING TOWER, RM 515 ALBANY, NY 12237	\$ 373,615.	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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number 11-1649914
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

YOUNG MEN'S CHRISTIAN ASSOCIATION

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1 a and 1 b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1 c and 1 d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="left" style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

YOUNG MEN'S CHRISTIAN ASSOCIATION

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		72,671.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			72,671.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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, line 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 **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Employer identification number
11-1649914

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 easements 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 section 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.

- 1a 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 the 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	3,196,143.	4,705,546.			
b Contributions	15,000.	15,000.			
c Net investment earnings, gains, and losses	863,233.	-152,440.			
d Grants or scholarships					
e Other expenditures for facilities and programs	100,000.				
f Administrative expenses					
g End of year balance	3,974,376.	3,196,143.			

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

- a Board designated or quasi-endowment 85.00 %
- b Permanent endowment 15.00 %
- c Term endowment .00 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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		2,468,477.		2,468,477.
b Buildings		25,715,128.	10,821,872.	14,893,256.
c Leasehold improvements				
d Equipment		2,036,892.	1,480,912.	555,980.
e Other		10,865,967.	91,344.	10,774,623.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,692,336.

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Schedule D (Form 990) 2009

11-1649914 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,001,146.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,153,860.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,847,286.
4	Net unrealized gains (losses) on investments	4	178,163.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	178,163.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,025,449.

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

1	Total revenue, gains, and other support per audited financial statements	1	28,751,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	178,163.
b	Donated services and use of facilities	2b	572,494.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	750,657.
3	Subtract line 2e from line 1	3	28,001,146.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,001,146.

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

1	Total expenses and losses per audited financial statements	1	25,726,354.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	572,494.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	572,494.
3	Subtract line 2e from line 1	3	25,153,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,153,860.

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 X: UNCERTAINTY IN INCOME TAXES - THE ORGANIZATION ADOPTED

THE PROVISIONS OF ASC 740-10 (FORMERLY FIN 48) ON JANUARY 1, 2009. UNDER

ASC 740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX EFFECTS ASSOCIATED

WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY

THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE

IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL

STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL

UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED

Schedule D (Form 990) 2009

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2009

OF LONG ISLAND, INC.

11-1649914 Page 2

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DIAMONDS & BURLAP AUCTION	GOLF OUTINGS	3	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	191,645.	431,055.	283,564.	906,264.
	2 Less: Charitable contributions	109,745.	251,139.	131,414.	492,298.
	3 Gross income (line 1 minus line 2)	81,900.	179,916.	152,150.	413,966.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	81,900.	179,916.	152,150.	413,966.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(413,966)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column (d), and line 7					

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

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 contract with a third party from whom the organization receives gaming revenue? **15a**

- 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? **17a**

- 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)**

Compensation Information

OMB No. 1545-0047

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

2009

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Employer identification number
11-1649914

Part I Questions Regarding Compensation

	Yes	No
1a 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	X
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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 persons 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	

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

Schedule J (Form 990) 2009

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Schedule J (Form 990) 2009

11-1649914

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL T. FAMIGLIETTI	(i)	273,962.	0.	0.	29,400.	9,893.	313,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD J. BOGAN	(i)	224,421.	0.	0.	27,646.	9,763.	261,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANASTASIA BRIGIS	(i)	231,200.	0.	0.	29,022.	9,789.	270,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DONNA BOYLE	(i)	139,638.	0.	0.	17,222.	1,076.	157,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EILEEN KNAUER	(i)	131,043.	0.	0.	16,891.	9,537.	157,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Employer Identification number
11-1649914

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
JAMES C. ROMANELLI DIRECTOR	1.00	X					0.	0.	0.	
BRIAN M. ROTHSCHILD DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL P. SABALA DIRECTOR	1.00	X					0.	0.	0.	
PHILLIP R. SCOTT HR COMMITTEE CHAIRMAN	1.00	X					0.	0.	0.	
DANIEL A. SEGAL PAST CHAIRMAN	1.00	X					0.	0.	0.	
ANGELO T. STANCO BRANCH COUNCIL CHAIRMAN	1.00	X					0.	0.	0.	
JOHN H. TREIBER PAST CHAIRMAN	1.00	X					0.	0.	0.	
JAMES R. WHITEHOUSE DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL T. FAMIGLIETTI PRESIDENT & CEO	40.00			X			273,962.	0.	39,293.	
EDWARD J. BOGAN SENIOR VP & CAO	40.00			X			224,421.	0.	37,409.	
ANASTASIA BRIGIS SENIOR VP & COO	40.00			X			231,200.	0.	38,811.	
DONNA BOYLE EXECUTIVE DIRECTOR	40.00				X		139,638.	0.	18,298.	
EILEEN KNAUER EXECUTIVE DIRECTOR	40.00				X		131,043.	0.	26,428.	
ROBERT PETERSEN ASSOCIATE EXECUTIVE DIRE	40.00				X		112,043.	0.	23,928.	
JUAN CASTRO EXECUTIVE DIRECTOR	40.00				X		113,107.	0.	13,750.	
MARK KATZENBERGER CFO	40.00				X		103,690.	0.	22,993.	

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.** Employer identification number **11-1649914**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOSEPH GRAZIOSE	BOARD MEMBER OF THE	1,612,647.	CONSTRUCTIO		X
TINA PANOS	BOARD MEMBER OF THE	230,043.	PRINTING SE		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.** Employer identification number **11-1649914**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	29,395.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE YMCA OF LONG ISLAND, INC. USES TWO DIFFERENT BROKERAGE FIRMS. THE FIRST BROKERAGE FIRM HAS BEEN INSTRUCTED THAT ALL DONATED SECURITIES SHOULD BE CASHED AS SOON AS POSSIBLE AND REINVESTED WITHIN THE YMCA'S PORTFOLIO. THE SECOND BROKERAGE FIRM HAS BEEN INSTRUCTED THAT ALL DONATED SECURITIES ARE TO BE CASHED AND A CHECK ISSUED TO THE YMCA.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number	11-1649914
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YMCA OF LONG ISLAND, INC. IS A CHARITABLE, NOT-FOR-PROFIT, COMMUNITY-BASED, SERVICE ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE OF CHILDREN, ADULTS, AND FAMILIES THROUGH PROGRAMS THAT HELP BUILD STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. THE YMCA OF LONG ISLAND, INC. WAS INCORPORATED IN MAY 1919, AND HAS SERVED THE NEEDS OF ALL LONG ISLAND COMMUNITIES SINCE THEN. A PROUD ACHIEVEMENT IS OUR PLEDGE THAT NO INDIVIDUAL OR FAMILY IS EVER DENIED YMCA PARTICIPATION BECAUSE OF THEIR FINANCIAL LIMITATIONS. IN 2009, THE YMCA OF LONG ISLAND, INC. GAVE BACK \$2.1 MILLION IN REDUCED OR WAIVED MEMBERSHIP OR PROGRAM FEES TO MORE THAN 30,000 LONG ISLAND CHILDREN AND ADULTS. THANKS TO SOUND BUSINESS PRACTICES, STRONG FINANCIAL GUIDANCE BY THE YMCA OF LONG ISLAND, INC. MANAGEMENT AND VOLUNTEER STAFF, WE WILL BE ABLE TO CONTINUE TO MAKE A DIFFERENCE IN THE LIVES OF ALL LONG ISLANDERS IN 2010 AND BEYOND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SINCE THE NEW MILLENNIUM, MORE THAN 130,000 DIFFERENT TEENS HAD A POSITIVE, SAFE, AND PRODUCTIVE WAY TO SPEND SATURDAY NIGHTS. SINCE 1995, EACH OF THE YMCA BRANCHES OPENED THEIR DOORS FREE TO THE TEENS OF THEIR RESPECTIVE COMMUNITIES. DURING 2009, 16,422 TEENS CAME THROUGH OUR DOORS. THIS POPULAR PROGRAM CONTINUED IN 2009 GIVING TEENS A SAFE YET "COOL" PLACE TO BE, WHILE GIVING PARENTS PEACE OF MIND.

THROUGHOUT 2009, YMCA FAMILY SERVICES BRANCH CONTINUED TO RUN THE LARGEST DRUG PREVENTION PROGRAM IN SUFFOLK COUNTY. AS PART OF THIS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number	11-1649914
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WORK, THIS BRANCH CARRIED ON WITH THE "OASAS" TREATMENT PROGRAM IN
CENTEREACH AND NORTHPORT THROUGH WHICH MORE THAN 2,532 INDIVIDUALS
RECEIVED SUBSTANCE ABUSE PREVENTION SERVICES.

FAMILY FOCUSED EVENTS AND PROGRAMS ARE AT THE HEART OF EVERY YMCA OF
LONG ISLAND BRANCH. WE ARE PLEASED TO REPORT THAT IN 2009, WE HOSTED A
VARIETY OF EVENTS THAT BROUGHT MEMBERS OF ALL AGES TOGETHER FOR
QUALITY, AFFORDABLE FAMILY FUN TIME THAT STRENGTHENED RELATIONSHIPS AND
PROMOTED HEALTHY LIVING.

EXPENSES \$ 7186249. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10332396.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM
990, IT IS REVIEWED AND APPROVED BY THE TREASURER OF THE BOARD. THE FORM
990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE YMCA OF LONG
ISLAND, INC BOARD OF DIRECTORS AND MEMBERS OF THE BRANCH BOARD OF MANAGERS,
TRUSTEES, OFFICERS AND EXECUTIVE STAFF ARE REQUIRED TO COMPLETE A CONFLICT
OF INTEREST/STATEMENT OF DISCLOSURE ANNUALLY AND RETURN A COPY TO THE
CORPORATE OFFICE. UPON REVIEW, THE PRESIDENT WILL SUBMIT A CONFIDENTIAL
REPORT TO THE FINANCE COMMITTEE CONCERNING ANY POTENTIAL CONFLICT OF
INTEREST OF ANY DIRECTOR, OFFICER, TRUSTEES OR BRANCH BOARD MEMBER WITH HIS
RECOMMENDATION CONCERNING THE SAME. THE PRESIDENT WILL ADMINISTER THIS
POLICY AND ANY DISPUTE REGARDING THIS POLICY WITH RESPECT TO THE
PRESIDENT'S ACTIONS WILL BE RESOLVED BY THE BOARD OF DIRECTORS OR EXECUTIVE
COMMITTEE, WHICHEVER NEXT MEETS. IT IS THE ULTIMATE RESPONSIBILITY OF THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number	11-1649914
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BOARD TO TAKE APPROPRIATE ACTION IN THE EVENT OF A CONFLICT OF INTEREST,
WHETHER DISCLOSED OR UNDISCLOSED.

FORM 990, PART VI, SECTION B, LINE 15: THE YMCA OF LONG ISLAND, INC.
RECEIVES FROM YMCA OF USA (HR TASK FORCE FROM NATIONAL) GUIDELINE
RECOMMENDATIONS FOR THE SALARY ADMINISTRATION PLAN (SAP) -- THESE
GUIDELINES IN CONJUNCTION WITH THE FINANCE COMMITTEE SET A PERCENTAGE FOR
INCREASES FOR THE UPCOMING YEAR. THE YMCA HUMAN RESOURCES COMMITTEE IS
PRESENTED WITH THE SAP FOR ITS APPROVAL. THE HR COMMITTEE IS PRESENTED WITH
AN EVALUATION/GOALS FORM FOR THE YEAR FOR EACH SENIOR STAFF AND ACCORDING
TO THE GOALS AND ACCOMPLISHMENTS THAT HAVE BEEN MET A RECOMMENDATION IS
MADE FOR A SALARY INCREASE.

FORM 990, PART VI, SECTION C, LINE 19: THEY ARE ALL AVAILABLE BY REQUEST.
THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND
ARE PART OF THE ANNUAL REPORT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSEPH GRAZIOSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE GLEN COVE BRANCH

(C) AMOUNT OF TRANSACTION \$ 1612647.

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION CONTRACTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TINA PANOS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.	Employer identification number	11-1649914
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(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE GREAT SOUTH BAY BRANCH

(C) AMOUNT OF TRANSACTION \$ 230043.

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PAGE 9, PART VIII, LINE 2A

PROGRAM SERVICE INCOME

THE MEMBERSHIP AND PROGRAM FEES ARE THE PRIMARY SOURCE OF INCOME THAT IS USED TO SUPPORT THE YMCA BRANCH OPERATIONS. ALL OTHER INCOME IS USED TO SUBSIDIZE SCHOLARSHIPS AND PROGRAMS. THERE ARE TWO CATEGORIES OF MEMBERSHIPS THAT ARE OFFERED: (1) THE FULL FACILITY ANNUAL MEMBERSHIP WITH A PRICE RANGE OF \$175 TO \$1,025; AND (2) THE PROGRAM MEMBERSHIP WITH A PRICE RANGE OF \$66 TO \$250.

WITH ITS FULL SPECTRUM OF SERVICES THAT CENTER ON CARING, HONESTY, RESPONSIBILITY AND RESPECT, THE YMCA WORKS TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES. EACH OF THEIR BRANCHES OFFERS INNOVATIVE PROGRAMMING, COMMUNITY OUTREACH AND STATE-OF-THE-ART FITNESS FACILITIES THAT INVITE PEOPLE OF ALL AGES AND ALL WALKS OF LIFE TO GATHER. THAT'S WHAT MAKES THE YMCA A TRULY MAGICAL, COLORFUL AND INSPIRING PLACE.

THE YMCA IS COMMITTED TO IMPROVING THE QUALITY-OF-LIFE OF CHILDREN, ADULTS, AND FAMILIES THROUGH A UNIQUE COMBINATION OF HEALTH, RECREATION, COUNSELING AND DELINQUENCY PREVENTION PROGRAMS THAT BALANCE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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THE WELL-BEING OF SPIRIT, MIND, AND BODY. THIS IS REFLECTED IN THE
 HOST OF PROGRAMS AND SERVICES ACROSS ALL THEIR BRANCHES THAT HELP
 PEOPLE RELAX AND REJUVENATE AND RESOLVE TO LIVE HEALTHIER LIVES.
 EVERYTHING A YMCA IS AND HOPES TO BE BEGINS WITH LOYAL AND HAPPY
 MEMBERS.

FORM 990, SCHEDULE G, PAGE 2, LINE(S) 1-9

SPECIAL EVENTS

SPECIAL EVENTS ARE ANOTHER IMPORTANT AND EXCITING FUNDRAISING VEHICLE
 FOR THE YMCA OF LONG ISLAND, INC. THESE EVENTS BRING PEOPLE INTO THE Y
 AND HELP THEM FORM CONNECTIONS WITH OTHER MEMBERS, STAFF AND THE
 FACILITIES, THEMSELVES. FOR EXAMPLE, THE 2009 DIAMONDS & BURLAP AUCTION
 DINNER DANCE WAS WELL ATTENDED WITH MORE THAN 450 GUESTS WHO
 PARTICIPATED IN SILENT AUCTIONS THAT WERE SUCCESSFUL IN RAISING
 APPROXIMATELY \$110,000! THESE FUNDS WERE USED TO FUND THE
 ORGANIZATION'S ISLAND-WIDE FREE SATURDAY EVENING TEEN CENTER PROGRAM.
 AT THIS EVENT, THE YMCA OF LONG ISLAND HAD THE DISTINCT PLEASURE OF
 HONORING THE MARTONE FAMILY, WHICH HAS PROVIDED GENEROUS AND TIRELESS
 SUPPORT FOR MORE THAN 50 YEARS.

IN THE SPRING TIME, THE HUNTINGTON YMCA HELD ITS 17TH ANNUAL CARNIVAL
 DURING THE SIX DAYS SURROUNDING THE MEMORIAL DAY WEEKEND. THIS EVENT,
 FOR WHICH VERIZON SERVED AS THE GRAND SPONSOR, ATTRACTED MORE 20,000
 PEOPLE FROM THE COMMUNITY FOR GAMES, RIDES AND DECADENT SNACKS. THE
 EVENT RAISED APPROXIMATELY \$60,000 FOR THE HUNTINGTON YMCA SCHOLARSHIP
 ASSISTANCE PROGRAM.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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IN BAY SHORE, THE BOULTON CENTER FOR THE PERFORMING ARTS HOSTED ITS ANNUAL FUNDRAISING GALA TO THE DELIGHT OF MORE THAN 260 GUESTS. THE BOARD OF MANAGERS, STAFF, AND VOLUNTEERS OF THE GREAT SOUTH BAY YMCA AND THE CENTER HONORED DREW PATRICK SPA AS THE RECIPIENT OF THE 2009 AMBASSADOR OF THE ARTS AWARD, AS WELL AS DREW ALLT AND DR. RICHARD BYRNES, THE OWNERS OF THE SPA. THE EVENT, WHICH WAS CHAIRED BY VOLUNTEER SABRINA RETTALIATA, RAISED APPROXIMATELY \$66,000 FOR ONGOING OPERATIONS AND PROGRAMMING. DIRECTOR LEVEL DONORS SUSAN BARBASH AND ERIC KATZ; BARBASH ASSOCIATES; KAREN & FRANK BOULTON; RICHARD BYRNES, MD; DREW PATRICK; GOOD SAMARITAN MEDICAL CENTER; AND NORTH SHORE LIJ/SOUTHSIDE HOSPITAL ALSO PROVIDED MUCH-APPRECIATED AND GENEROUS SUPPORT.

ANNUAL GOLF OUTINGS WERE YET ANOTHER POPULAR AND EFFECTIVE FUNDRAISING TOOL FOR THE ENTIRE ORGANIZATION IN 2009. VARIOUS BRANCHES HOSTED OUTINGS THAT RAISED APPROXIMATELY \$251,000. PROCEEDS FROM THESE OUTINGS HELPED PROVIDE SUMMER CAMP TO HUNDREDS OF DISADVANTAGED CHILDREN. THIS WAS A TREMENDOUS ACHIEVEMENT, ESPECIALLY IN LIGHT OF A DOWN ECONOMY.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.** **Employer identification number** **11-1649914**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
YMCA OF THE USA - 36-3258696 101 N. WACKER DRIVE CHICAGO, IL 60606-1784	ADVANCING THE HOLISITC DEVELOPMENT OF CHILDREN, FAMILY, AND HEALTH FOR ALL.	ILLINOIS	501(C)(3)	LINE 9	NO

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS & IMPROVEMENTS	VARIOUS		.000		HY16	25694911.				25694911.	10000103.		815,995.	10816098.
7	CAPITALIZED INTEREST	VARIOUS		.000		HY16	20,217.				20,217.	5,019.		755.	5,774.
	* 990 PAGE 10 TOTAL BUILDINGS						25715128.				25715128.	10005122.		816,750.	10821872.
	MACHINERY & EQUIPMENT														
3	FURNITURE, FIXTURE, & EQUIPMENT	VARIOUS		.000		HY16	1,618,540.				1,618,540.	1,143,306.		111,968.	1,255,274.
4	COMPUTER EQUIPMENT	VARIOUS		.000		HY16	418,352.				418,352.	180,688.		44,950.	225,638.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,036,892.				2,036,892.	1,323,994.		156,918.	1,480,912.
	LAND														
1	LAND	VARIOUS		.000		HY16	2,468,477.				2,468,477.			0.	
	* 990 PAGE 10 TOTAL LAND						2,468,477.				2,468,477.	0.		0.	0.
	OTHER														
5	AUTOMOBILE	VARIOUS		.000		HY16	141,702.				141,702.	67,672.		23,672.	91,344.
6	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	10724265.				10724265.			0.	
	* 990 PAGE 10 TOTAL OTHER						10865967.				10865967.	67,672.		23,672.	91,344.
	* GRAND TOTAL 990 PAGE 10 DEPR						41086464.				41086464.	11396788.		997,340.	12394128.

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INC.

FORM 990 PAGE 10

11-1649914

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and sub-headers (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Description, Amount, and sub-headers (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 20a-c.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23.

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF LONG ISLAND, INC.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44