

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name and address of principal officer: UNITED WAY OF LONG ISLAND, 819 GRAND BOULEVARD, DEER PARK, NY 11729. D Employer identification number: 11-6042392. E Telephone number: (631) 940-3705. G Gross receipts \$ 17,213,748.

I Tax-exempt status: X 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or, 527. H(a) Is this a group return for subordinates? Yes, No. H(b) Are all subordinates included? Yes, No.

J Website: WWW.UNITEDWAYLI.ORG. K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1964. M State of legal domicile: NY.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Summary of mission and revenue; 8-12 Revenue (Total: 16,881,961); 13-19 Expenses (Total: 16,638,142); 20-22 Net Assets (Total: 5,601,369).

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.

Signature of officer: ANTHONY FULLINGTON, CFO. Date: 4/30/2019.

Preparer information: DAVID TELLIER, NAWROCKI SMITH LLP, 290 BROADHOLLOW RD STE 115E, MELVILLE, NY 11747-4822. Date: 4/30/2019. PTIN: P01359581.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

[ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

[ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,761,092. including grants of \$ ) (Revenue \$ )

HEALTH:

UNITED WAY OF LONG ISLAND PARTNERS WITH AGENCIES AND PROGRAMS THAT HELP INDIVIDUALS TO ADOPT HEALTHY LIFESTYLES, PROVIDE ACCESS TO HEALTHCARE, SUPPORT STRONG FAMILIES AND PROMOTE INDEPENDENT LIVING.

•26% OF UNITED WAY OF LONG ISLAND'S ALLOCATIONS TO PARTNER AGENCIES WERE INVESTED IN HEALTH INITIATIVES.

•OTHER HIGHLIGHTS INCLUDE \$4.8M INVESTMENT TO THE RYAN WHITE PART A/MAI PROGRAM MANAGED BY UNITED WAY OF LONG ISLAND.

4b (Code: ) (Expenses \$ 4,376,318. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 3,872,684. including grants of \$ ) (Revenue \$ )

HOUSING FOR ALL:

UNITED WAY OF LONG ISLAND PARTNERS WITH AGENCIES TO ENSURE THAT RESIDENTS WITH LOW AND MODERATE INCOMES HAVE ENERGY EFFICIENT AND HEALTHY HOUSING THROUGHOUT THE REGION.

•HIGHLIGHTS INCLUDE MORE THAN \$2.2M INVESTED THROUGH THE HOPWA PROGRAM.

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

(Expenses \$ 573,097. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 14,583,191.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	X	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11 a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
11 b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
11 c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
11 d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
11 e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
11 f	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	X	
12 b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14 b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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	
<b>24a</b> 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 25a.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	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		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
<b>4 a</b>	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
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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 as charitable contributions?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13 c</b>	Enter the amount of reserves on hand		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANTHONY FULLINGTON 819 GRAND BOULEVARD DEER PARK NY 11729 (631) 940-3705

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1 a** 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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) JOHN R. DURSO BOARD CHAIR	5 0	X		X			0.	0.	0.
(2) ALEXANDER BATEMAN CHAIR ELECT	5 0	X		X			0.	0.	0.
(3) LYNDA HULLSTRUNG TREASURER	5 0	X		X			0.	0.	0.
(4) ELLEN REDMOND SECRETARY	5 0	X		X			0.	0.	0.
(5) ROBERT WILD GENERAL COUNSEL	5 0	X		X			0.	0.	0.
(6) NICHOLAS AULETTA DIRECTOR	1 0	X					0.	0.	0.
(7) LORRAINE AYCOCK DIRECTOR	1 0	X					0.	0.	0.
(8) RONALD BAUER DIRECTOR	1 0	X					0.	0.	0.
(9) DAVID CALONE DIRECTOR	1 0	X					0.	0.	0.
(10) JENNIFER CONA DIRECTOR	1 0	X					0.	0.	0.
(11) JOHN COSTANZO DIRECTOR	1 0	X					0.	0.	0.
(12) ROBERT DEMARINIS DIRECTOR	1 0	X					0.	0.	0.
(13) HOWARD DICKSTEIN DIRECTOR	1 0	X					0.	0.	0.
(14) TRACEY EDWARDS DIRECTOR	1 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) DANIEL EICHHORN DIRECTOR	1 0	X						0.	0.	0.
(16) PAUL FLEISHMAN DIRECTOR	1 0	X						0.	0.	0.
(17) GLORIA GARGANO DIRECTOR	1 0	X						0.	0.	0.
(18) KEVIN GATES DIRECTOR	1 0	X						0.	0.	0.
(19) THOMAS GILMARTIN DIRECTOR	1 0	X						0.	0.	0.
(20) PETER GOLDSMITH DIRECTOR	1 0	X						0.	0.	0.
(21) MARIA GRASSO DIRECTOR	1 0	X						0.	0.	0.
(22) KEVIN HARVEY DIRECTOR	1 0	X						0.	0.	0.
(23) KATHERINE HEAVISIDE DIRECTOR	1 0	X						0.	0.	0.
(24) MARC HERBST DIRECTOR	1 0	X						0.	0.	0.
(25) SHANTEY HILL DIRECTOR	1 0	X						0.	0.	0.
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								951,275.	0.	231,572.
<b>d Total (add lines 1b and 1c)</b>								951,275.	0.	231,572.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

**Part VII** Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
LYNN JOHNSON DIRECTOR	1 0	X					0.	0.	0.	
RICHARD KESSEL DIRECTOR	1 0	X					0.	0.	0.	
KISHORE KUNCHAM DIRECTOR	1 0	X					0.	0.	0.	
NICHOLAS LAMORTE DIRECTOR	1 0	X					0.	0.	0.	
NANCY LARSON DIRECTOR	1 0	X					0.	0.	0.	
ROY LEBEL DIRECTOR	1 0	X					0.	0.	0.	
STEVEN LIPPONER DIRECTOR	1 0	X					0.	0.	0.	
ANTHONY MANETTA DIRECTOR	1 0	X					0.	0.	0.	
GREGORY MAY DIRECTOR	1 0	X					0.	0.	0.	
LYNDA NICOLINO DIRECTOR	1 0	X					0.	0.	0.	
TERESA O'HALLORAN DIRECTOR	1 0	X					0.	0.	0.	
BRANDON RAY DIRECTOR	1 0	X					0.	0.	0.	
RONNIE RENKEN DIRECTOR	1 0	X					0.	0.	0.	
ANTHONY SANTELLA DIRECTOR	1 0	X					0.	0.	0.	
VICTORIA SCHNEPS DIRECTOR	1 0	X					0.	0.	0.	
BERNIE SENSEALE DIRECTOR	1 0	X					0.	0.	0.	
VIRGINIA UMBREIT DIRECTOR	1 0	X					0.	0.	0.	
TOM VALENTI DIRECTOR	1 0	X					0.	0.	0.	
THERESA REGNANTE PRESIDENT	40 0				X		276,486.	0.	59,120.	
RICHARD WERTHEIM HOUSING DIRECTOR	40 0					X	151,573.	0.	44,607.	
CRAIG FLIGSTEIN VP COMM IMPACT	40 0					X	131,382.	0.	42,598.	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 814,492.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 8,251,072.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 7,737,722.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	27,610.				
	<b>h Total.</b> Add lines 1a-1f.	▶ 16,803,286.				
<b>Program Service Revenue</b>	<b>2 a</b> Business Code					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f.	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)	▶ 5,863.			5,863.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	237,009.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	221,700.			
		<b>c</b> Rental income or (loss)	15,309.			
	<b>d</b> Net rental income or (loss)	▶ 15,309.			15,309.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 814,492. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	167,590.			
		<b>b</b> Less: direct expenses	110,087.			
<b>c</b> Net income or (loss) from fundraising events		▶ 57,503.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>11 a</b> Miscellaneous Revenue		<b>Business Code</b>				
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d.	▶					
<b>12 Total revenue.</b> See instructions	▶	16,881,961.	0.	0.	21,172.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,969,349.	6,969,349.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	276,486.	149,302.	80,181.	47,003.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
<b>7</b> Other salaries and wages	2,652,154.	1,417,094.	835,417.	399,643.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	172,121.	94,025.	46,946.	31,150.
<b>9</b> Other employee benefits	362,375.	197,954.	98,838.	65,583.
<b>10</b> Payroll taxes	218,478.	119,348.	59,590.	39,540.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	9,000.			9,000.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	68,056.	36,400.	21,277.	10,379.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	21,746.	11,631.	6,798.	3,317.
<b>20</b> Interest	37,539.	20,506.	10,239.	6,794.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	78,685.	42,983.	21,462.	14,240.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>DIRECT PROGRAM EXPENSES</u>	5,229,389.	5,229,389.		
<b>b</b> <u>PROFESSIONAL FEES</u>	333,804.	182,347.	91,045.	60,412.
<b>c</b> <u>EQUIP RENTAL AND MAINTENANCE</u>	161,900.	86,593.	50,616.	24,691.
<b>d</b> <u>MISCELLANEOUS</u>	41,050.	24,802.	12,384.	3,864.
<b>e</b> All other expenses	6,010.	1,468.	1,138.	3,404.
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,638,142.	14,583,191.	1,335,931.	719,020.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	4,761,001.	<b>2</b>	4,198,332.
	<b>3</b> Pledges and grants receivable, net	3,003,546.	<b>3</b>	3,082,647.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	69,507.	<b>9</b>	165,219.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,678,050.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,776,070.	2,974,275.	<b>10c</b> 2,901,980.
	<b>11</b> Investments – publicly traded securities	229,710.	<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		11,038,039.	<b>16</b>	10,348,178.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	604,582.	<b>17</b>	213,771.
	<b>18</b> Grants payable	1,484,491.	<b>18</b>	1,195,587.
	<b>19</b> Deferred revenue	1,424,612.	<b>19</b>	1,269,180.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	2,166,804.	<b>23</b>	2,068,271.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		5,680,489.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,814,218.	<b>27</b>	5,206,065.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets	543,332.	<b>29</b>	395,304.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances		5,357,550.	<b>33</b>	5,601,369.
<b>34</b> Total liabilities and net assets/fund balances		11,038,039.	<b>34</b>	10,348,178.

BAA

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,881,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,638,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	243,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,357,550.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,601,369.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		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.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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	
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

BAA

Form 990 (2017)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF LONG ISLAND</b>	Employer identification number <b>11-6042392</b>
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**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	18968337.	16541508.	16154691.	16431088.	15988794.	84,084,418.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	18968337.	16541508.	16154691.	16431088.	15988794.	84,084,418.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						84,084,418.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	18968337.	16541508.	16154691.	16431088.	15988794.	84,084,418.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	24,386.	3,035.	3,218.	4,103.	5,863.	40,605.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.	252,416.	239,281.				491,697.
11 <b>Total support.</b> Add lines 7 through 10.						84,616,720.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	99.37 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	99.10 %
16a <b>33-1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	⊘
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15.	<b>16</b>	⊘

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	⊘
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17.	<b>18</b>	⊘

**19a 33-1/3% support tests—2017.** 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—2016.** 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.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 .....			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 .....			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

BAA

Schedule A (Form 990 or 990-EZ) 2017

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2017	2016	2015	2014	2013
MISCELLANEOUS				\$ 239,281.	\$ 252,416.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 239,281.	\$ 252,416.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

Name of organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 5,530,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HOUSING AND URBAN DEV 451 7TH STREET WASHINGTON, DC 20410	\$ 2,225,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 495,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> UNITED WAY OF LONG ISLAND	<b>Employer identification number</b> 11-6042392
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	1	
2 Aggregate value of contributions to (during year) . . . . .	152,000.	
3 Aggregate value of grants from (during year) . . . . .	311,742.	
4 Aggregate value at end of year . . . . .	81,313.	

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

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2 d

- 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:
- a Revenue included on 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 XIII.

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 the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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 XIII and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	543,332.	626,611.	560,031.	527,335.	467,679.
b Contributions	11,900.	239,913.	66,580.	32,696.	59,656.
c Net investment earnings, gains, and losses	13,521.	21,337.	7,308.	9,263.	23,069.
d Grants or scholarships					
e Other expenditures for facilities and programs	173,449.	344,529.	7,308.	9,263.	23,069.
f Administrative expenses					
g End of year balance	395,304.	543,332.	626,611.	560,031.	527,335.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a 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' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		373,761.		373,761.
b Buildings		4,228,086.	1,740,217.	2,487,869.
c Leasehold improvements				
d Equipment		1,076,203.	1,035,853.	40,350.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,901,980.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,253,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	672,701.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	112,629.	
	e Add lines 2a through 2d		2e	785,330.
3	Subtract line 2e from line 1		3	16,468,054.
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 XIII.) SEE PART XIII	4b	413,907.	
	c Add lines 4a and 4b		4c	413,907.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,881,961.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,009,565.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	672,701.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	112,629.	
	e Add lines 2a through 2d		2e	785,330.
3	Subtract line 2e from line 1		3	16,224,235.
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 XIII.) SEE PART XIII	4b	413,907.	
	c Add lines 4a and 4b		4c	413,907.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,638,142.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

UWLI HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT.

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

FUNDRAISING EXPENSE	\$	112,629.
TOTAL	\$	112,629.

**Part XIII Supplemental Information** (continued)**SCHEDULE D, PART XI, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	635,607.
RENTAL EXPENSE.....		-221,700.
	TOTAL	<u>\$ 413,907.</u>

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

FUNDRAISING EXP.....	\$	112,629.
	TOTAL	<u>\$ 112,629.</u>

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

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	635,607.
RENTAL EXPENSE.....		-221,700.
	TOTAL	<u>\$ 413,907.</u>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
 -----  
 -----  
 -----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		LUNCHEON GALA (event type)	LI INSURANCE (event type)	NONE (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	768,142.	213,940.	982,082.	
	2	Less: Contributions	683,442.	131,050.	814,492.	
	3	Gross income (line 1 minus line 2)	84,700.	82,890.	167,590.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	29,905.	36,792.	66,697.	
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,583.	19,807.	43,390.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				110,087.
	11	Net income summary. Subtract line 10 from line 3, column (d)				57,503.

**Part III Gaming.** Complete if the organization answered 'Yes' on 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 column (a) through column (c))
		1	Gross revenue		
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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
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?  Yes  No

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?  Yes  No

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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2017**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

Name of the organization **UNITED WAY OF LONG ISLAND**

Employer identification number  
**11-6042392**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE 819 GRAND BOULEVARD DEER PARK, NY 11729			6,969,349.	0.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. ▶ 0
- 3 Enter total number of other organizations listed in the line 1 table. ▶ 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2017**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF LONG ISLAND**

Employer identification number  
**11-6042392**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1 a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as, maid, chauffeur, chef)		
<b>1 b</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		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input 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		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>4 a</b>	Receive a severance payment or change-of-control payment?		X
<b>4 b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>4 c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>5 a</b>	The organization?		X
<b>5 b</b>	Any related organization?		X
	If 'Yes' on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>6 a</b>	The organization?		X
<b>6 b</b>	Any related organization?		X
	If 'Yes' on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.		X
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.		X
<b>9</b>	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

**Schedule J (Form 990) 2017**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THERESA REGNANTE PRESIDENT	(i)	276,486.	0.	0.	59,120.	0.	335,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD WERTHEIM HOUSING DIRECTOR	(i)	151,573.	0.	0.	44,607.	0.	196,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CRAIG FLIGSTEIN VP COMM IMPACT	(i)	131,382.	0.	0.	42,598.	0.	173,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAMES SANDS CFO	(i)	150,678.	0.	0.	25,490.	0.	176,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 GEORGETTE BEAL SR VP GRANTS ADMIN	(i)	118,565.	0.	0.	39,018.	0.	157,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF LONG ISLAND**

Employer identification number

**11-6042392**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1	27,610.	FMV
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 Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31		X
32a		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 nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**UNITED WAY OF LONG ISLAND**

**11-6042392**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

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

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION & INCOME/FINANCIAL STABILITY:

UNITED WAY OF LONG ISLAND PARTNERS WITH AGENCIES AND PROGRAMS THAT HELP CHILDREN TO SUCCEED FROM CRADLE TO CAREER, ENCOURAGE POSITIVE YOUTH DEVELOPMENT, ADVANCE THE STUDY OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) AND INCREASE THE PERCENTAGE OF STUDENTS WHO GRADUATE FROM HIGH SCHOOL AND ARE CAREER READY. THE ORGANIZATION ALSO PARTNERS WITH AGENCIES AND PROGRAMS THAT PROMOTE STABLE EMPLOYMENT, SUPPORT AFFORDABLE HOUSING, PROVIDE EMERGENCY SHELTER AND INCREASE THE PERCENTAGE OF FAMILIES WHO ARE FINANCIALLY SELF-SUFFICIENT THROUGH VOCATIONAL TRAINING IN HIGH GROWTH, HIGH-DEMAND INDUSTRIES.

- 31% OF UNITED WAY OF LONG ISLAND'S ALLOCATIONS TO PARTNER AGENCIES WERE INVESTED IN EDUCATION INITIATIVES.
- 43% OF UNITED WAY OF LONG ISLAND'S ALLOCATIONS TO PARTNER AGENCIES WERE INVESTED IN INCOME/FINANCIAL STABILITY INITIATIVES.
- OTHER HIGHLIGHTS INCLUDE OVER \$550,000 INVESTED TO YOUTHBUILD, MORE THAN \$200,000 IN ACADEMIC SCHOLARSHIPS TO HIGH SCHOOL AND COLLEGE STUDENTS FROM FAMILIES WITH LOW AND MODERATE INCOMES.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

OTHER

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

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

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

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

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

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

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

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

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

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
A Wing and A Prayer Animal Rescue of LI PO Box 3 Nesconset, NY 11767	26-0514294	\$ 5,373
Ability Experience 2015 Ayrley Town Blvd Ste 200 Charlotte, NC 28273	58-1588777	521
Academy of Arts and Letters 225 Adelphi Street, 3rd Floor Brooklyn, NY 11205	13-0429640	770
Ada Howe Kent Memorial Shelter Inc. 2259 River Road Calverton, NY 11933	23-7007068	948
Adelante of Suffolk County 10 Third Ave Brentwood, NY 11717	11-2554522	28,511
Adults and Children w/ Learning & Developmental Disabilities 807 S Oyster Bay Rd Bethpage NY 11714	11-6042250	11,751
AIDS Research Foundation (AmFAR) 120 Wall Street 13th Floor New York, NY 10005-3908	13-3163817	2,982
All About Cats Rescue 111 East Sunrise Highway Freeport, NY 11520	45-2601858	2,357
All About Spay & Neuter 4209 Merrick Road Massapequa, NY 11758	26-0095027	54
Alpha Kappa Alpha Educational Advancement Foundation 5656 South Stony Island Avenue Chicago, IL 60637	36-3104692	1,237
ALS Association 42 Broadway Suite 1724 New York NY 10004	13-3616680	2,138
Alzheimer's Association 425 Broad Hollow Rd Suite 307 Melville NY 11747	13-3039601	8,594
Alzheimer's Disease Resource Center 45 Park Avenue Bay Shore, NY 11706	23-7337229	1,425
Alzheimer's Foundation of America 322 8th Avenue - 6th Floor New York, NY 10001	91-1792864	2,110

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
American Breast Cancer Foundation 10400 Little Pattuxent Pkwy, Suite 480 Columbia, MD 21044	52-2031814	1,687
American cancer Society - Making Strides 132 West 32nd Street New York, New York 10001	13-1788491	3,617
American Cancer Society- Eastern Division 45 Davids Drive Hauppauge NY 11788	16-0743902	589
American Civil Liberties Union 125 Broad Street 18th Floor New York, NY 10004	13-6213516	64
American Diabetes Assoc of LI 160 Allens Creek Road Rochester, NY 14618	16-0778060	770
American Foundation f/Suicide Prevention 25 Pepperide Road East Rockaway, NY 11518	13-3393329	1,362
American Heart Assoc. LI Chapter 125 E Bethpage Rd Plainview NY 11803	13-5613797	3,626
American Humane Society 1400 16th Street NW, Suite 360 Washington, DC 20036	84-0432950	303
American Legion Inc 160 Marvin Avenue Hempstead, NY 11550	35-0144250	770
American Liver Foundation, NY Chapter 39 Broadway, Suite 2700 New York, NY 10006	36-2883000	794
American Parkinson Disease Assoc 135 Parkinson Avenue Staten Island, NY 10305	13-1962771	1,836
American Red Cross 195 Willis Ave Mineola NY 11501	53-0196605	85,843
American Society for the Prevention of Cruelty to Animals 520 Eight Avenue, 7th Floor New York, NY 10018	13-1623829	1,393
America's Best (Independent charities) 1100 Larkspur Landing Circle Larkspur CA 94939	94-3067804	5,928

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
America's Best Local Charities 1100 Larkspur Landing Circle Larkspur CA 94939	94-3042430	1,437
America's Charities 14150 Newbrook Dr Chantilly VA 20150	54-1517707	4,491
America's VetDogs 371 Jericho Tpke Smithtown, NY 11787	20-8814368	1,798
Amy Rose Grabina Foundation Inc. 365 Willis Avenue Mineola, NY 11501	81-3056608	613
Angela's House (ATDC) PO Box 5052 Hauppauge, NY 11788	11-3186856	1,347
Animal Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3193389	4,491
Animal Rescue Force Inc. 5 Pine Tree Road Farmingville, NY 11738	11-2549668	5,617
Animalkind, Inc. PO Box 902 721 Warren Street	14-1820248	770
ArchCare at Home (formerly Dominican Sisters) 299 N Highland Ave Ossining NY 10562	13-1740242	7,000
Ascent School 819 Grand Blvd Deer Park NY 11729	11-3486874	6,000
Association for Children with Downs Syndrome (ACDS) 4 Fern Place Plainview NY 11803	23-7175975	8,298
Association for Mental Health & Wellness 939 Johnson Ave Ronkonkoma NY 11779	11-3012392	9,322
Association for the Help of Retarded Children Nassau County 189 Wheatley Road Brookville NY 11545	11-1720254	14,657
Association for the Help of Retarded Children Suffolk County 2900 Vets Memorial Hgwy Bohemia NY 11716	11-1845294	645

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Autism Speaks LI 328 Main Street Port Washington NY 11050	20-2329938	9,584
Babylon Breast Cancer Coalition 100 Montauk Highway Copiague, NY 11726	11-3191035	863
Baiting Hollow Farm Horse Rescue 2114 Sound Avenue Baiting Hollow, NY 11933	43-3216121	1,237
Baldwin Council Against Drug Abuse 960 Hastings St. Baldwin, NY 115100	23-7085098	1,081
B & F Friedman South Shore YJCC 15 Neil Court Oceanside NY 11572	11-2002556	7,303
Baldwin Community House POB 55 Baldwin NY 11510	11-9403705	6,000
Bellport Boys & Girls Club 471 Atlantic Ave Bellport NY 11713	23-7376060	7,770
Bellport, Hagerman, East Patchogue Alliance, Inc. 1492 Montauk Hgwy Bellport NY 11713	11-2529822	15,614
Big Brothers/sisters of Long Island- Suffolk 145 Sycamore Avenue Islandia, NY 11749	11-3267841	832
Black Girls Rock 48 Lexington Ave Brooklyn NY 11238	68-0635936	7,933
Boy Scouts of America Trailblazer 7 Scouting Boulevard Medford, NY 11763	11-1631834	5,612
Boys Girls Club of Queens 110-04 Atlantic Avenue South Richmond Hill, NY 11419	11-1966067	1,299
Brain Aneurysm Foundation 269 Hanover Street - Bldg. 3 Hanover, MA 02339	04-3243864	583
Breast Cancer Foundation Susan G Komen NY 246 W. 38th Street #503 New York, NY 10018	13-3727250	2,806

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Brookhaven Women's Imaging Services 100 Hospital Road, Suite 100 East Patchogue, NY 11772	11-1704595	1,548
C the Difference 30 Gifford Avenue Oceanside, NY 11572	46-4063414	689
Cancer Care 20 Crossways Park Woodbury NY 11797	13-1825919	12,316
Cancer Center for Kids 259 First Street Mineola, NY 11501	11-1633486	1,982
Cancer Research Institute-Nat'l 55 Broadway, Suite 1802 New York, NY 10006	13-1837442	208
The Care Center Inc. - Soundview Pregnancy Services 1919 Middle Country Rd., Ste 100 Cenereach, NY 11720	11-3001793	521
CaringKind 360 Lexington Ave., 4th Floor New York, NY 10017	13-3277408	2,990
Carol Baldwin Breast Cancer Research Fund PO Box 356 Camillus NY 13031	41-2026012	1,232
CASA of Ocean County 1035 Hooper Avenue - Suite 3 Toms River, NJ 08753	20- 435073	459
Catholic Charities Diocese of Rockville Centre 90 Cherry Lane Hicksville NY 11801	11-1843801	88,064
Central Nassau Guidance and Counseling Services, Inc. 950 South Oyster Bay Road Hicksville NY 11801	11-2438388	13,000
Chabad of Vanderbilt 111 23rd Avenue North Nashville, TN 37203	27-0479582	1,113
Charles Thide Foundation, Inc. PO Box 122 Mt Sinai NY 11766	03-0551494	24,950
Child Care Council of Nassau, Inc. 925 Hempstead Tnpk Franklin Square NY 11010	11-2254990	13,486

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Child Care Council of Suffolk 60 Calvert Ave Commack NY 11725	11-2696681	13,541
Children's Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3148588	479
Children's Miracle Network 205 W 700 S Salt Lake City, UT 84101-2715	87-0387205	165
Children's Tumor Foundation 120 Wall Street, 16th Floor New York, NY 10005	13-2298956	862
Child's Play 8151 164th Avenue, NE Redmond, WA 98052	20-3584556	2,825
Chionesu Bakari Program for Young Black Males 859 Hendrix St. Brooklyn, NY 11207	11-2453951	1,299
Choice for All 59 Babylon Turnpike Roosevelt, NY 11575	45-2685162	8,059
Christian Cultural Center 12020 Flatlands Avenue Brooklyn, New York 11207	11-2732579	770
Christopher and Dana Reeve Foundation 636 Morris Turnpike - Ste 3A Short Hills, NJ 07078	22-2939536	116
Chronic Migraine Awareness Inc. 18 Lavender Lane Holtsville, NY 11742	80-0847761	147
Circulo de la Hispanidad 91 N Franklin St Hempstead NY 11551	11-2525327	383,064
Cleary School for the Deaf 301 Smithtown Blvd. Nesconset, NY 11767	01-0902150	721
Colon Cancer Alliance 1025 Vermont Ave., NW Washington, DC 20005	86-0947831	54
Colonial Youth and Family Services 1235 Montauk Hgwy Mastic Beach NY 11951	23-7271852	13,668

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Common Ground Fellowship Alliance 1200 S. Wood Avenue, 2nd Floor Linden, NJ 07036	11-3221939	863
Community Chest of Port Washington 382 Main Street Port Washington, NY 11050	11-1614994	190
Community Development Corporation of Long Island, Inc. 2100 Middle Country Road Centereach NY 11720	11-2221341	10,000
Community Health Charities 200 North Glebe Road Arlington VA 22203	13-6167225	10,239
Compassionate Action Inc. PO BOX 272 Selden NY 11784	20-2461875	863
Concern for Independent Living 312 Expressway Drive South Medford NY 11763	23-7259687	7,000
Contractors For Kids 1316 Motor Parkway Islandia, NY 11749	20-1189521	225
Cooley's Anemia Foundation 330 Seventh Avenue, #200 New York, NY 10001	11-1971539	863
COPAY 21 N Station Plaza Great Neck NY 11021	11-2212496	10,800
Council on American Islamic Relations 453 New Jersey Ave., SE Washington, DC 20003	77-0646756	1,050
Cove Animal Rescue 40 Shore Road Glen Cove, NY 11542	47-2487205	590
Cow Harbor Warriors PO Box 204 Northport NY 11768	45-4631711	261
Crohns and Colitis Foundation of America 733 Third Avenue, Suite 510 New York, NY 10017	13-6193105	3,593
Cue Center for Missing Persons PO Box 12714 Wilmington, NC 28405	56-1937823	1,144

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Cure SMA Greater NY Chapter 4 Rutland Avenue Rockville Centre, NY 11570	36-3320440	914
Cystic Fibrosis Foundation LI Chapter 1 Huntington Quadrangle - Ste 2S13 Melville, NY 11747	13-1930701	782
Danny's Wish 321 Evans Ave. Elmont, NY 11003	26-4595056	583
Dave Thomas Foundation for Adoption 716 Mt. Airyshire Blvd. Suite 100 Columbus, OH 43235	31-1356151	1,299
Developmental Disabilities Institute 99 Hollywood Drive Smithtown NY 11787	11-6077347	13,225
Devereux Foundation 40 Devereux Way Red Hook, NY 12571	23-1390618	54
Diabetes Research Institute Found- LI Reg 410 Jericho Turnpike - Suite 201 Jericho, NY 11753	59-1361955	2,055
Disabled American Veterans (DAV) Charitable Service Trust 3725 Alexandria Pike Cold Spring, KY 41076	52-1521276	1,233
Doctors Without Borders USA 333 7th Avenue - 2nd Floor New York, NY 10001	13-3433452	1,074
Double D Bar Ranch, Inc. 344 Wading River Road Manorville, NY 11949	11-3531941	207
Earth Share 7735 Old Georgetown Rd Bethesda MD 20814	52-1601960	2,515
East End Hospice, Inc. PO Box 1048 Westhampton Beach, NY 11978	11-2878502	710
Economic Opportunity Council of Nassau, Inc. 124 Jackson St Hempstead NY 11550	11-2195458	18,000
Economic Opportunity Council of Suffolk, Inc. 475 E Main St Patchogue NY 11772	11-2141197	310,711

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
EAC Network 50 Clinton Ave Hempstead NY 11550	23-7175609	17,622
Ehlers-Danlos National Foundation 7918 Jones Branch Drive McLean, VA 22102	38-2813140	147
Eleanor Whitmore Early Childhood Center PO Box 63 East Hampton NY 11937	11-2202589	7,000
Elizabeth T. McNamee Memorial Fund PO Box 213 West Islip, NY 11795	11-3457122	1,035
Epilepsy Foundation of Long Island 506 Steward Ave Garden City NY 11530	11-1821135	8,238
Equality Now 125 Maiden Lane New York, NY 10038	13-3660566	359
ERASE RACISM 6800 Jericho Tpke, Suite 109W Syosset, NY 11791	65-1218069	6,677
Families in Support of Treatment PO Box 315 Wantagh, NY 11793	47-2440512	381
Family and Children's Association 129 Jackson Ave Hempstead NY 11550	11-3422018	56,315
Family Life Center 20 Andrews Ave Wyandanch NY 11798	11-2748571	6,465
Family Service League of Suffolk County 790 Park Ave Huntington NY 11743	11-1631827	213,555
Feed the Children 333 North Meridian Avenue Oklahoma City, OK 73101-0036	73-6108657	770
Federation of Organizations/Foster Grandparents 1 Farmingdale Road West Babylon NY 11704	23-7237931	9,500
FINCA International 1201 15th St., NW, 8th Floor Washington, DC 20005	13-3240109	178

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
First Presbyterian Church of Smithtown 175 East Main Street Smithtown, NY 11787	11-2014230	1,190
Fisher Center for Alzheimer's Research 100 East 42nd St. - Fl 16 New York, NY 10017-5651	13-3859563	81
Fisher House Foundation 111 Rockville Pike, Suite 420 Rockville, MD 20850	11-3158401	1,299
Fiver Children's Foundation 519 8th Avenue, 24th Floor New York, NY 10018	13-3993633	770
Folds of Honor Foundation 8551 N. 125th East Ave. Owasso, OK 74055	75-3240683	54
Food Bank - Brooklyn 356 Fulton Street - 2nd Floor Brooklyn, NY 11201	13-3179546	832
Food Bank of the Albemarle 109 Tidewater Way Elizabeth City, NC 27909	56-1341658	614
For the Kids Dance Marathon at UTSA One UTSA Circle San Antonio, TX 78249	46-1846844	770
Forgotten Friends of Long Island PO Box 710 Plainview, NY 11803	26-2288394	1,455
Frances Pope Memorial Foundation 401 East 81st Street Suite 20A New York, NY 10028	13-3605053	770
Frankie's Friends 2950 Busch Lake Blvd. Tampa, FL 33614	59-3581823	135
Friends and Angels - The Tracy Vicere Foundation 22 Stanford Court Wantagh, NY 11793	45-2594680	135
Friends of Monmouth County Child Advocacy 75 West Main Street Freehold, NJ 07728	56-2329493	459
Friends of Philly Fund 160-48 80th Street Howard Beach, NY 11414	71-1040179	770

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Fur Babies Rescue 67 Waldo Ave East Rockaway, NY 11518	45-5506428	3,123
Gerald Ryan Outreach 1434 Straight Path Wyandanch NY 11798	11-3064802	7,000
Girl Scouts of Nassau County, Inc. 110 Ring Road West Garden City NY 11530	11-2041443	22,793
Girl Scouts of Suffolk County, Inc. 442 Moreland Road Commack NY 11725	11-2164434	22,332
Global Impact 66 Canal Center Plaza Alexandria VA 22314	52-1273585	6,467
Golden Paw Society 260 Broadway Huntington Station, NY 11746	46-0868998	1,237
Good Shepherd Hospice- Melville 245 Old Country Road Melville, NY 11747-2726	26-3169427	210
Greenpeace Fund Inc. 702 H Street NW Suite 300 Washington, DC 20001	95-3313195	521
Guardians of Rescue 34 East Main Street - Ste 303 Smithtown, NY 11787	27-4205517	770
Guide Dog Foundation for the Blind 371 E Main St Smithtown NY 11787	11-1687477	2,014
Gurwin Jewish Nursing & Rehabilitation Center 68 Hauppauge Rd Commack NY 11725	11-3342472	7,135
Haadel, Inc. 85 Wellington Road Elmont, NY 11003	55-0894876	365
Habitat For Humanity Nassau County 1400 Old Northern Blvd. Roslyn, NY 11576	11-3063114	2,805
Habitat For Humanity of Suffolk 643 Middle Country Rd Middle Island NY 11953	11-2840553	9,056

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
H.E.L.P. Services (Freeport Pride) 46 Pine St Freeport NY 11520	11-2234524	14,138
Hagedorn Little Village School 750 Hicksville Rd Seaford NY 11783	11-2222807	8,589
Haiian Sports Foundation 219-48 Jamaica Avenue Queens Village, NY 11428	20-5193154	1,299
Harbor Day Care Center 999 Herricks Rd New Hyde Park NY 11040	11-2308879	12,803
Haven House/Bridges 840 Suffolk Ave Brentwood NY 11717	11-3084088	10,000
Health & Medical Research Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3217739	2,335
Health and Welfare Council of Long Island One Helen Keller Way Hempstead NY 11550	11-1858098	70,000
Health Research Inc. 150 Broadway Menands NY 12204	14-1412055	254,659
Helen Keller Services for the Blind One Helen Keller Way Hempstead NY 11550	11-1630807	7,085
Hermansky-Pudlak Syndrome Network Inc One South Road Oyster Bay, NY 11771	11-3283268	2,528
Hicksville Boys & Girls Club 79 W Old Country Rd Hicksville NY 11801	11-2287963	17,863
Hicksville Christian Church Food Pantry 105 Broadway Hicksville, NY 11801	23-7456452	303
Hip Hop Has Heart Charity Hot 97 395 Hudson Street New York, NY 10014	20-1232767	521
Hispanic Brotherhood 59 Clinton Ave Rockville Centre NY 11570	11-3454056	21,600

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Hispanic Counseling Center, Inc. 344 Fulton Ave Hempstead NY 11550	11-2592214	261,684
Home Sweet Home Animal Rescue PO Box 20554 Huntington Station, NY 11746	46-2211689	116
Hope House Ministries 1 High St Port Jefferson NY 11777	14-6050436	4,087
Hospice Care Network LI 99 Sunnyside Blvd. Woodbury, NY 11797	11-2925757	926
Housing Help 91 Broadway Greenlawn NY 11740	11-2356150	7,500
Hudson River Health Care INC 1037 Main St Peekskill NY 10566	13-2828349	411,310
Human Rights Campaign Foundation 1640 Rhode Island Ave. NW Washington, DC 20036	52-1481896	877
Humane Society of America 4725 Panama Lane #D3-124 Bakersfield, CA 93313	36-4641308	459
Humane Society of the United States 2100 L Street NW Washington, DC 20037	53-0225390	1,261
Hydrocephalus Association 4340 East West Hwy, Ste 905 Bethesda, MD 20814-4594	94-3000301	1,642
Immune Deficiency Foundation Inc. 110 West Road, Suite 300 Towson, MD 21204	52-1214782	872
Interfaith Nutrition Network (INN) 211 Fulton Ave Hempstead NY 11550	11-2676892	1,899
International Rescue Committee 122 East 42nd Street, 12th Floor New York, NY 10168	13-5660870	1,299
Island Harvest, Ltd. 199 Second Street Mineola NY 11501	11-3136350	23,071

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Jaam'e Masjid Bellmore 1425 Newbridge Road North Bellmore, NY 11710	11-3531960	1,206
Jamaica Center for Arts & Learning 161 04 Jamaica Avenue Jamaica, NY 11432	11-2478709	770
JCC of the Greater Five Towns 207 Grove Ave Cedarhurst NY 11516	11-2546437	7,000
Jewish Association for Services for the Aged 162 W Park Ave Long Beach NY 11561	13-2620896	10,645
Joey's P.A.W. 301 Belmont Road Butler, PA 16001	82-1713903	770
John T. Mather Memorial Hospital 75 North Country Rd Port Jefferson NY 11777	11-1639818	147
John Theissen Children's Foundation 1881 Wantagh Avenue Wantagh, NY 11793	11-3361248	770
Juvenile Diabetes Foundation LI 532 Broadhollow Road Suite 118 Melville, NY 11747	23-1907729	3,741
Kids Just Wanna Have Fun 79 Empress Pines Drive Nesconset, NY 11767	46-5691368	571
LaFuerza Unida 1 School Street Glen Cove NY 11542	11-2528786	15,000
Labor Education & Community Services 390 Rabro Dr Hauppauge NY 11788	23-7442181	45,000
Last Chance Animal Rescue PO Box 1661 Southampton, NY 11969	26-4301077	2,174
Last Hope Animal Rescue & Rehabilitation 3300 Beltagh Ave. Wantagh, NY 11793	11-2618189	3,754
LBCRS/Jaime Whelan Foundation 735 West Broadway Long Beach, NY 11561	11-2227363	521

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Leukemia & Lymphoma Society 1324 Motor Parkway Hauppauge NY 11788	13-5644916	9,072
Life Enrichment Center of Oyster Bay (The) 45 East Main St Oyster Bay NY 11771	11-2496305	8,000
Life's WORC (The) 1501 Franklin Ave Garden City NY 11530	23-7209731	7,521
Lighthouse Mission 1543 Montauk Highway Bellport, NY 11713	20-5850026	926
Literacy Volunteers of America-Suffolk PO Box 9000 Bellport, NY 11713	11-3122805	719
Littig House Charles Ave Port Washington NY 11050	11-2503507	12,000
Little Shelter Animal Rescue 33 Warner Rd Huntington NY 11743	11-6000821	4,419
Living Faith Christian church 25 Hempstead Turnpike Farmingdale, NY 11735	11-2945146	863
Long Beach Reach, Inc. 2-12 W Park Ave Long Beach NY 11561	11-2225260	23,700
Long Beach Waterfront Warriors PO Box 210 Long Beach, NY 11561	26-4814117	988
Long Island Alzheimer's Foundation 5 Channel Dr Port Washington NY 11050	11-2926958	11,824
Long Island Association for AIDS Care (LIAAC) PO Box 2859 Huntington Station NY 11746	11-2809739	4,303
Long island Autism Communities 724 Long Island Avenue Deer Park, NY 11729	47-3627259	1,642
Long Island Cares 10 David's Lane Hauppauge NY 11788	11-2524512	15,449

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Long Island Child & Family Development Corp 98 Austin Street Patchogue NY 11772	11-2771919	9,981
Long Island Coalition for the Homeless 38 Old Country Road Garden City NY 11530	11-2770718	16,001
Long Island Council on Alcoholism & Drug Dependency 2805 Veterans Memorial Highway Ronkonkoma NY 11779	11-1833092	6,178
Long Island Crisis Center 2740 Martin Ave Bellmore NY 11710	11-2284823	8,452
Long Island Family & Elder Care 2034 Newbridge Road Bellmore, NY 11710	47-1826477	770
Long Island Gay and Lesbian Youth 34 Park Ave Bay Shore NY 11706	11-3192966	83,545
Long Island Golden Retriever Rescue Inc PO Box 566 Plainview, NY 11803	11-3479675	770
Long Island Housing Services 640 Johnson Ave Bohemia NY 11716	11-2494324	13,500
Long Island Teen Challenge 329 Old Farmingdale Rd. West Babylon, NY 11704	11-3161238	1,491
Long Island Tourette Syndrome PO Box 615 Jericho, NY 11753	11-2790313	303
Louis J. Acompora Memorial Foundation PO Box 767 Northport, NY 11768	11-3539342	1,237
Lupus Alliance of America of Long Island/Queens 3366 Park Avenue, Suite 212 Wantagh, NY 11793	11-2468104	1,313
Lupus Foundation of America (National) 2121 K Street, Suite 200 Washington, DC 20037	43-1131436	1,602
Lustgarten Foundation for Pancreatic Cancer 415 Crossway Park Dr. - Ste D Woodbury, NY 11797	31-1611837	770

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Lutheran Family & Community Services 311 Uniondale Ave Uniondale NY 11553	11-2574183	6,521
Madison Square Boys & Girls Club 2245 Bedford Avenue Brooklyn, NY 11226	13-5596792	334
Make-A-Wish Foundation of America 4742 North 24th Street, Ste 400 Phoenix, AZ 85016	86-0481941	988
Make-A-Wish Foundation of Metro NY 1111 Marcus Ave. - Suite LL22 Lake Success, NY 11042	11-2645641	1,495
Make-A-Wish Foundation of Suffolk 1 Comack Loop Ronkonkoma NY 11779	11-2666969	2,463
March of Dimes Birth Defect Foundation LI 40 Marcus Drive - Suite 201 Melville, NY 11747	13-1846366	1,480
Massachusetts Down Syndrome Congress 20 Burlington Mall Rd., Ste 261 Burlington, MA 01803	22-2596246	1,237
Memorial Sloan Kettering at Mercy Medical Center 1000 North Village Avenue Rockville Centre, NY 11570	11-1635088	1,000
Memorial Sloan Kettering Cancer Center 1275 York Avenue New York, NY 10021	13-1924236	4,541
Mental Health Association of Nassau County 16 Main St Hempstead NY 11550	11-1710983	13,882
Mid-Island Y JCC 45 Manetto Hill Rd Plainview NY 11803	11-1841899	7,060
Middle Country Library 101 Eastwood Blvd Centereach NY 11720	11-3388626	147
Mid-Hudson Animal Aid 54 Simmons Lane Beacon, NY 12508	22-2350541	147
Molloy College "Green Homes" 1000 Hempstead Ave Rockville Center NY	11-1797182	109,046

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Mondays at Racine 341 Main St. Islip, NY 11550	46-3264193	320
Mothers Against Drunk Driving (MADD)-Hunt 33 Walt Whitman Road - Ste 307 Huntington Station, NY 11746	94-2707273	2,109
Multiple Sclerosis Foundation 6520 North Andrews Avenue Fort Lauderdale, FL 33309-2130	59-2792934	2,589
Muscular Dystrophy Association of Nassau 5 Dakota Drive, Suite 101 Lake Success, NY 11042	13-1665552	926
Myasthenia Gravis Foundation LI Chapter 214 Greengrove Avenue Uniondale, NY 11553	13-5672224	412
Nassau Bar Foundation - WE CARE 15th & West Street Mineola, NY 11501	23-7336685	381
Nassau Charities 1980 Washington Street Merrick, NY 11566	26-1311189	614
Nassau Health Care Foundation 2201 Hempstead Tnpk East Meadow NY 11554	11-2033858	659,047
Nassau Suffolk Autism Society (1057942) PO Box 7472 Wantagh, NY 11793	23-7438084	376
Nassau Suffolk Law Services Committee One Helen Keller Way Hempstead NY 11749	11-2125411	544,816
National Brain Tumor Society 55 Chapel St, Suite 200 Newton, MA 02458	04-3068130	365
National Foundation for Autism Research PO Box 502177 San Diego, CA 92150	20-0538863	614
National Kidney Foundation of Greater NY 30 East 33rd St. - Suite300 New York, NY 10016	13-1673104	1,299
National Multiple Sclerosis Society-Long Island Chapter 40 Marcus Dr Melville NY 11747	11-1948311	9,485

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
National Multiple Sclerosis Society-Nat 733 3rd Avenue, 3rd Fl New York, NY 10017	13-5661935	770
National Parkinson Foundation 200 SE 1st Street Miami, FL 33131	59-0968031	863
National Stroke Association 9707 East Easter Lane Centennial, CO 80112	74-2317104	1,548
National Urban League Inc. 80 Pine Street, Rm 910 New York, NY 10005-1702	13-1840489	863
Navy SEAL Foundation 1619 D Street Virginia Beach, VA 23459	31-1728910	147
Neighbor to Nation 7620 Little River Tnpk Annandale VA 22003	54-1879282	1,796
NephCure Kidney International 150 S. Warner Rd. - Suite 402 King of Prussia, PA 19406	38-3569922	863
New York Bully Crew 1457 Montauk Highway Patchogue NY 11772	27-4846322	2,685
New York Cares 65 Broadway, Floor 19 New York, New York 10006-2513	13-3444193	770
New York State Weimaraner Rescue 4324 Cassadaga Stockton Rd. Cassadaga, NY 14718	20-3706322	792
New York Strangers Sports Organization 126 East 12th Street Ste #2B New York, NY 10003	45-4059492	770
North Fork Spanish Apostolate 546 St. John's Place Riverhead, NY 11901	11-1666887	988
North Shore Animal League 25 Davis Ave Port Washington NY 11050	11-1666852	4,850
Northport Cat Rescue Association Inc 11 Warren Court Northport, NY 11768-3144	46-1233188	359

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Northwell Health Cohen Children's 269-01 76th Avenue New Hyde Park, NY 11040	11-2965575	3,342
North Shore Child & Family Guidance Center 480 Old Westbury Rd Roslyn Heights NY 11577	11-1797183	9,000
North Shore University Hospital St. Andrew's Lane Glen Cove NY 11542	11-1562701	551,298
Ocular Immnology and Uveitis FNDN 348 Glen Road Weston, MA 02493	20-1891037	863
Options for Community Living 202 East Main St Smithtown NY 11787	11-2612035	236,305
Our Lady of Mercy Academy 815 Convent Road Syosset, NY 11791	11-1633519	147
Ovarian Cancer Research Fund 14 Pennsylvania Plaza - Ste 1400 New York, New York 10122	13-3806788	1,548
Parish of the Holy Cross 95 Nichols Road Nesconset, NY 11767	11-2927709	770
Paul Snyder Memorial Foundation 67 Craig Road Islip Terrace NY 11752	26-4740228	14,945
Parent Child Home Program 1415 Kellum Place Garden City NY 11530	11-2495601	7,770
Paws and Stripes 617 Truman Street NE Albuquerque NM 87110-6443	27-2908352	2,483
PAWS-Pet Animal Welfare Society 504 Main Avenue Norwalk, CT 06851	06-6067445	863
PAWS-Progressive Animal Welfare Society PO Box 1037 Lynnwood, WA 98046	91-6073154	2,712
Pay It Forward with Jackie Inc. PO Box 1951 West Babylon, NY 11704	80-0477544	863

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
PETA 501 Front Street Norfolk, Virginia 23510	52-1218336	1,766
Peconic Community Council 554 E Main St Riverhead NY 11901	11-3392151	9,102
Pederson-Krag Center, Inc. 55 Herizon Dr Huntington NY 11743	11-1955477	16,000
Pietros Fight Inc. 50 Blackhorse Ct. Staten Island, NY 10306	46-1031527	583
PKD Foundation 1001 E 101st Terrace, Suite 220 Kansas City, MO 64131	43-1266906	2,083
Planned Parenthood Hudson Peconic Inc 70 Maple Ave Smithtown NY 11787	13-2673025	495
PLUTO Rescue of Richmond PO Box 140889 Staten Island, NY 10314	13-4173086	792
Port Washington Children's Center 232 Main Street Port Washington, NY 11050	11-2462594	1,237
Port Counseling Center 225 Main St Port Washington NY 11050	23-7083552	8,000
Poverello Center 2056 North Dixie Highway Wilton Manors FL 33305	65-0056218	1,018
Project Picture Day 2-B Hudson Road Floral Park, NY 11001	47-2295452	863
Pronto of Long Island 128 Pine Aire Dr Brentwood NY 11717	11-2317426	12,100
Prostate Cancer Research Institute 300 Corporate Pointe Suite 383 Culver City, CA 90230	95-4617875	614
PULSE of NY PO Box 353 Wantagh, NY 11793	11-3549476	770

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Rainbow Chimes Child Care Center 320 Broadway Greenlawn Huntington, NY 11743	11-2694198	721
Rape Abuse and Incest Nat'l Network 1220 L Street, NW Washington, DC 20005	52-1886511	770
River of Life 45 Pine Aire Drive Bay Shore, NY 11706	27-1320903	863
Riverhead Foundation for Marine Research 467 East Main Street Riverhead, NY 11901	11-3343543	770
Ronald McDonald House Charities Rochester 333 Westmore Drive Rochester, NY 14620	16-1271311	54
Ronald McDonald House of LI 267-07 76th Avenue New Hyde Park, NY 11042	11-2764747	5,543
Rory Staunton Foundation 135 West 50th St., Eurotech Suite New York, NY 10020	46-1021898	770
Rosa Lee Young Childhood Center 180 N Village Ave Rockville Centre NY 11570	11-2279803	9,500
Roslyn After School Program 475 Round Hill Rd Roslyn NY 11577	26-4723346	7,000
Safe Center 15 Grumman Road Bethpage NY 11714	11-2442377	25,530
Saint Basil Academy 79 Saint Basil Road Garrison, NY 10524	13-1671150	583
Salvation Army of Greater New York 120 West 14th Street New York, NY 10011	11-3280492	2,734
Samaritans Purse PO Box 3000 Boone, NC 28607	58-1437002	521
Saratoga Bridges 16 Saratoga Bridges Blvd. Ballston Spa, NY 12020	14-1465932	479

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Save-A-Pet Animal Rescue, Inc. 608 Route 112 Port Jefferson Station, NY 11776	11-3290684	3,781
Second Chance Rescue PO 570701 Whitestone, NY 11357	26-4835303	1,642
Selfhelp Community Services 50 Clinton Ave. Hempstead NY 11550	13-1624178	7,000
Sensory Beans Inc PO Box 11 Merrick, NY 11566	47-3886249	381
Shriners Hospitals for Children - Florida PO BOX 31356 Tampa, FL 33631	36-2193608	1,287
Sid Jacobsen JCC 300 Forest Dr East Hills NY 11548	11-1976051	7,000
Sjogren's Syndrome Foundation Inc 6707 Democracy Blvd - Ste 325 Bethesda, MD 20817	11-2779073	334
Skills Unlimited 405 Locust Ave Oakdale NY 11769	11-1759110	16,377
Society of Saint Pius X 11485 N. Farley Road Platte City, MO 64079	45-6499963	926
Society of St.Vincent de Paul 249 Broadway Bethpage NY 11714	11-1884961	25,013
South Shore Child Guidance 17 W Merrick Rd Freeport NY 11520	11-1881881	8,000
Southampton Hospital 240 Meeting House Lane Southampton NY 11968	11-1667765	496,353
Southeast Nassau Guidance Center 2146 Jackson Ave Seaford NY 11783	11-1874531	7,000
Special Olympics Long Island 560 Broadhollow Rd., Ste 106 Melville, NY 11747	23-7061382	1,521

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Spirit's Promise Horse Rescue Program 2746 Sound Avenue Riverhead, NY 11901	45-3660621	1,237
St. Anthony of Padua 20 Cheshire Place East Northport, NY 11731	38-3778713	1,831
St. Baldricks Foundation 1333 South Mayflower Ave. Ste 400 Monrovia, CA 91016	20-1173824	1,362
St. Cyril and Methodius Outreach Program 125 Half Hollow Road Deer Park 11729	90-1075693	147
St. Elizabeth of Hungary Church 175 Wolf Hill Road Melville, NY 11747	81-2486953	68
St. Francis Pediatric Cardiology 100 Port Washington Blvd. Roslyn, NY 11576	11-2916033	380
St. Joachim's R.C. Church 614 Central Ave Cedarhurst NY 11516	11-3460277	801
St. Joseph School - Ronkonkoma 45 Church Street Ronkonkom, NY 11779	11-1666890	2,171
St. Jude Childrens Research Hospital 501 St. Jude Place Memphis, TN 38105	62-0646012	23,171
St. Killians Roman Catholic Church 485 Conklin Street Farmindale, NY 11735	61-1556589	770
St. Raymond's Parish 263 Atlantic Avenue East Rockaway, NY 11518	30-0470031	2,291
St. Rocco's Church 18 Third Street Glen Cove, NY 11542	45-2727532	645
Star Legacy Foundation 11305 Hawk High Court Eden Prairie, MN 55347	26-0227601	770
Stephen Siller Tunnel to Towers 2361 Hyland Blvd Staten Island NY 10306	02-0554654	922

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Stephanie J. Kahn Listening Therapy 212 W Park Ave Long Beach NY 11561	51-0187771	750
Stony Brook Child Care Services Daniel Webster Dr Stony Brook NY 11794	11-2828494	1,437
Stony Brook Gen'l Scholarship Fund 221 Administration Building Stony Brook, NY 11794	11-1986378	2,566
Stony Brook University Hospital Hospital Rd Stony Brook NY 11794	11-6077945	310,104
Suffolk County AME Scholarship Fund 30 Orville Drive Suite A Bohemia, NY 11716	11-2730742	427
Suffolk County Coalition Against Domestic Violence, Inc. PO Box 1269M Bay Shore NY 11706	11-2470902	13,957
Suffolk County Dept of Health Services 300 Center Dr Riverhead NY 11901	11-6000464	87,108
Suffolk County SPCA 363 Route 111 Smithtown NY 11787	11-2990626	323
Suffolk Y Jewish Community Center 74 Hauppauge Rd Commack NY 11725	11-2435521	7,158
Summer Hope Foundation 750 Lido Blvd. #64B Lido Beach, NY 11561	61-1485649	521
SUNY Farmingdale Child Care Cente 2350 Broadhollow Road Farmingdale, NY 11735	23-7046497	359
Support The Kid for Cancer Inc 11 Paul Street Port Jefferson Station, NY 11776	27-3097170	333
Surfrider Foundation PO Box 6010 San Clemente, CA 92674-6010	95-3941826	770
Take This, Inc. 8311 Brier Creek Pkwy., Suite 105176 Raleigh, NC 27617	46-3882735	770

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
The Marty Lyons Foundation 54 Veterans Memorial Hwy Commack, NY 11725	13-3146696	770
The Sunshine Center Inc. 468 Boyle Road Port Jefferson Station, NY 11776	11-3181597	1,310
The Rehabilitation Institute 123 Frost St Westbury NY 11590	11-2073672	7,000
The Retreat 13 Good Friend Dr East Hampton NY 11937	11-2862256	7,000
The Salvation Army 111 Willis Ave Mineola NY 11501	13-5562351	25,000
Thursday's Child 475 E Main St #209 Patchogue NY 11772	11-3068809	129,689
Timothy Hill Children's Ranch 298 Middle Road Riverhead NY 11901	11-2394864	6,435
Tuff Tails Animal Rescue PO Box 117 Levittow, NY 11756	32-0373491	1,462
Union of Concerned Scientists 2 Brattle Sq - Ste 6 Cambridge, MA 02138-3780	04-2535767	178
United Cerebral Palsy Association of Suffolk, Inc. PO Box 18045 Hauppauge NY 11788	11-2568841	7,500
United Cerebral Palsy Association of Nassau, Inc. 454 Jerusalem Ave Uniondale NY 11575	11-1723782	8,883
United Cerebral Palsy Association of Queens 81-15 164th Street Jamaica, NY 11431	11-1665821	1,455
United Leukodystrophy Foundation Inc. 224 North 2nd St., Suite 2 DeKalb, IL 60115	35-1557361	147
United Veterans Beacon House 1715 Union Blvd Bay Shore NY 11706	11-3246402	12,048

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
United Way Harvey Recover Fund 701 N. Fairfax Street Alexandria, VA 22314	13-1635294	5,366
United Way Irma/Maria Recovery Fund 701 N. Fairfax Street Alexander, VA 22314	13-1635294	2,346
United Way of Broome County PO Box 550 Binghamton, NY 13902	15-0564074	54
United Way of Buffalo & Erie County 742 Delaware Avenue Buffalo, NY 14209	16-0743969	459
United Way of Central New York PO Box 2129 Syracuse, NY 13220	15-0532073	147
United Way of Greater Capital Region PO Box 13865 Albany, NY 12212	14-1364505	240
United Way of Greater Niagara 6420 Inducon Dr. - Ste B2 E. Sanborn, NY 14132	27-2320588	54
United Way of Greater Oswego County 1 S. First Street Fulton, NY 13069	15-0532224	770
United Way of Greater Rochester 75 College Avenue Rochester, NY 14607-1009	16-1015782	145
United Way of New York City 2 Park Ave New York NY 10016	13-2617681	2,793
USO of Metropolitan New York 625 Eight Ave., North Wing, 2nd Fl. New York, NY 10018	13-2500122	863
Variety Child Learning Center 476 Humphrey Dr Syosset NY 11791	11-2157326	13,874
Venettes Cultural Workshop, Inc. 26 Seaman Neck Road Dix Hills, NY 11746	11-3596981	2,346
Vets & Pets 43 N. Clinton Street York, PA 17404	82-4934037	1,204

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Victims Information Bureau of Suffolk (VIBS) PO Box 5483 Hauppauge NY 11788	11-2411984	17,772
Vietnam Veterans of America 8719 Colesville Road Silver Springs, MD 20910	13-2929110	1,178
Visiting Nurse Association of Long Island 100 Garden City Plaza Garden City, NY 11530	11-2127785	926
Visiting Nurse Service & Hospice of Suffolk, Inc. 505 Main St Northport NY 11768	11-1722477	16,413
Volunteers for Wildlife Inc. 194 Bayville Road Locust Valley, NY 11560	11-2660135	1,299
Walk for Alzheimers 225 N. Michigan Avenue Chicago, IL 60601	36-2171730	2,015
Water for People 100 East Tennessee Avenue Denver, CO 80209	84-1166148	279
WellLife Network 142-02 20th Avenue, 3rd Floor Flushing, NY 11351	11-2542430	885
West Islip Breast Cancer Coalition for LI PO Box 247 West Islip, NY 11795	11-3144555	770
WNYC Radio-NPR PO Box 1550 New York, NY 10116	13-3015230	4,905
World Wildlife Fund 1250 24th Street, NW Washington, DC 20037	52-1693387	180
Wounded Warrior Project - New York 370 7th Avenue, Suite 1802 New York, NY 10001	20-2370934	17,753
Woodward Childrens' Center 201 W Merrick Rd Freeport NY 11520	11-1867905	9,000
Wyandanch Homes and Property Development Corporation 819 Grand Blvd Deer Park NY 11729	11-2839526	9,349

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
YES Community Counseling 75 Grand Ave Massapequa NY 11758	11-2451332	10,364
YMCA of Greater NY 5 West 63rd Street, 6th Floor New York, NY 10023	13-1624228	5,039
YMCA of Long Island 200 W Main St Bay Shore NY 11706	11-1649914	43,727
Youth & Family Counseling Agency of Oyster Bay-East Norwich 193 South St Oyster Bay NY 11771	11-2516151	<u>7,000</u>
<b>TOTAL</b>	<u>\$</u>	<u><u>6,969,349</u></u>