

## Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

2020

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729	<b>D</b> Employer identification number 11-6042392 <b>E</b> Telephone number (631) 940-3705 <b>G</b> Gross receipts \$ <u>15,008,557.</u>
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<b>F</b> Name and address of principal officer: <u>THERESA REGNANTE</u> <u>SAME AS C ABOVE</u>	<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> if "No," attach a list. See instructions
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <u>WWW.UNITEDWAYLI.ORG</u> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <input type="checkbox"/> <b>L</b> Year of formation: <u>1964</u> <b>M</b> State of legal domicile: <u>NY</u>
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**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF LONG ISLAND WORKS ACROSS SECTORS TO DIAGNOSE COMMUNITY CHALLENGES, DESIGN SOLUTIONS TO EXPAND EDUCATIONAL, INCOME AND HEALTH OPPORTUNITIES AND DEPLOYS RESOURCES TO DRIVE POSITIVE CHANGE GUIDED BY MEASURABLE RESULTS.</u>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 48
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 48
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 46
<b>6</b>	Total number of volunteers (estimate if necessary)	6 100
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 16,709,425. Current Year 14,696,556.
<b>9</b>	Program service revenue (Part VIII, line 2g)	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,659. 5,476.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,659. 22,124.
<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,787,743. 14,724,156.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,777,598. 9,449,652.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,880,448. 3,801,716.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>474,622.</u>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,005,579. 944,681.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,663,625. 14,196,049.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	124,118. 528,107.
<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 11,534,526. End of Year 14,213,576.
<b>21</b>	Total liabilities (Part X, line 26)	4,926,944. 7,077,887.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,607,582. 7,135,689.

**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.

<b>Sign Here</b>	Signature of officer: Date: <u>5/13/2022</u>	
	ANTHONY FULLINGTON Type or print name and title CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>DAVID TELLIER</u>	Preparer's signature <u>DAVID TELLIER</u>	Date <u>5/13/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01359581</u>
	Firm's name ▶ <u>NAWROCKI SMITH LLP</u>	Firm's EIN ▶ <u>74-3216978</u>		Phone no. <u>631-756-9500</u>	
	Firm's address ▶ <u>100 MOTOR PARKWAY, SUITE 580</u> <u>HAUPPAUGE, NY 11788</u>				

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ 5,522,675. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 5,396,388. 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 HEALTH CARE, 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 \$4.7M INVESTMENT TO THE RYAN WHITE PART A/MAI PROGRAM MANAGED BY UNITED WAY OF LONG ISLAND.

4c (Code: ) (Expenses \$ 1,144,205. 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 on Schedule O.) SEE SCHEDULE O

(Expenses \$ 370,195. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,433,463.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>		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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> 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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	

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

	Yes	No
<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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</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>25b</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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>35b</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	

**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?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</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>2a</b> 46		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>		
<b>4a</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)? . . . . . <b>4a</b>		X
<b>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>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</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? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>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? . . . . . <b>7a</b>	X	
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		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? . . . . . <b>8</b>		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b>		
<b>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>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>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>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, 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 on 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 3 columns: Question, Yes, No. Rows include: 1a (48), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 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 (1024 or 1024-A, 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 on 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.

See instructions for the order in which to list the persons above.

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	Former			
(1) THERESA REGNANTE PRESIDENT	40 0				X		291,139.	0.	46,889.	
(2) CRAIG FLIGSTEIN CDO	40 0					X	172,000.	0.	39,005.	
(3) RICHARD WERTHEIM HOUSING DIRECTOR	40 0					X	168,458.	0.	39,294.	
(4) GEORGETTE BEAL SR VP GRANTS ADMIN	40 0					X	145,000.	0.	38,314.	
(5) ANTHONY FULLINGTON CFO	40 0					X	162,536.	0.	20,661.	
(6) DEVERA LYNN SR VP MARKETING	40 0					X	111,722.	0.	15,157.	
(7) ALEXANDER G. BATEMAN, JR. BOARD CHAIR	5 0	X		X			0.	0.	0.	
(8) LYNDA NICOLINO VICE CHAIR	5 0	X		X			0.	0.	0.	
(9) DANIEL EICHHORN CHAIR ELECT	5 0	X		X			0.	0.	0.	
(10) LYNDA HULLSTRUNG TREASURER	5 0	X		X			0.	0.	0.	
(11) MARIA GRASSO SECRETARY	5 0	X		X			0.	0.	0.	
(12) ROBERT WILD GENERAL COUNSEL	5 0	X		X			0.	0.	0.	
(13) MATTHEW ARACICH DIRECTOR	1 0	X					0.	0.	0.	
(14) NICHOLAS AULETTA 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) DAVID L. CALONE DIRECTOR	1 0	X					0.	0.	0.	
(16) JOHN BRUCKNER DIRECTOR	1 0	X					0.	0.	0.	
(17) MICHAEL PATRICK CAPLICE DIRECTOR	1 0	X					0.	0.	0.	
(18) GREGORY CLARK DIRECTOR	1 0	X					0.	0.	0.	
(19) JENNIFER CONA DIRECTOR	1 0	X					0.	0.	0.	
(20) JOHN COSTANZO DIRECTOR	1 0	X					0.	0.	0.	
(21) JOANNE DEFINO DIRECTOR	1 0	X					0.	0.	0.	
(22) HOWARD DICKSTEIN DIRECTOR	1 0	X					0.	0.	0.	
(23) JOHN DURSO DIRECTOR	1 0	X					0.	0.	0.	
(24) TRACEY EDWARDS DIRECTOR	1 0	X					0.	0.	0.	
(25) PAUL FLEISHMAN DIRECTOR	1 0	X					0.	0.	0.	
<b>1 b Subtotal</b>							1,050,855.	0.	199,320.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,050,855.	0.	199,320.	
<b>2</b> 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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
<b>5</b> 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>		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 <b>UNITED WAY OF LONG ISLAND</b>	Employer Identification number <b>11-6042392</b>
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**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			
GLORIA GARGANO	1									
DIRECTOR	0	X					0.	0.	0.	
KEVIN GATES	1									
DIRECTOR	0	X					0.	0.	0.	
THOMAS GILMARTIN	1									
DIRECTOR	0	X					0.	0.	0.	
PETER GOLDSMITH	1									
DIRECTOR	0	X					0.	0.	0.	
JOHN GUADAGNO	1									
DIRECTOR	0	X					0.	0.	0.	
PATRICK GUIDICE	1									
DIRECTOR	0	X					0.	0.	0.	
KATHERINE HEAVISIDE	1									
DIRECTOR	0	X					0.	0.	0.	
MARC HERBST	1									
DIRECTOR	0	X					0.	0.	0.	
ERIKA HILL	1									
DIRECTOR	0	X					0.	0.	0.	
RICHARD KESSEL	1									
DIRECTOR	0	X					0.	0.	0.	
KISHORE KUNCHAM	1									
DIRECTOR	0	X					0.	0.	0.	
NICHOLAS LAMORTE	1									
DIRECTOR	0	X					0.	0.	0.	
ROY LEBEL	1									
DIRECTOR	0	X					0.	0.	0.	
JANET LENAGHAN	1									
DIRECTOR	0	X					0.	0.	0.	
BARRY LEVY	1									
DIRECTOR	0	X					0.	0.	0.	
JOHN MACKEY	1									
DIRECTOR	0	X					0.	0.	0.	
FRANK MAFFEI	1									
DIRECTOR	0	X					0.	0.	0.	
ANTHONY MANETTA	1									
DIRECTOR	0	X					0.	0.	0.	
GREGORY MAY	1									
DIRECTOR	0	X					0.	0.	0.	
DOUGLAS MCCROSSON	1									
DIRECTOR	0	X					0.	0.	0.	
DEIRDRE O'CONNELL	1									
DIRECTOR	0	X					0.	0.	0.	

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>UNITED WAY OF LONG ISLAND</b>	Employer Identification number <b>11-6042392</b>
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**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			
REBECCA O'CONNELL ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
TERESA O' HALLORAN ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
ELLEN REDMOND ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
FELIX RUIZ ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
KATHY RUSSELL ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
STEVEN SANTINO ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
VICTORIA SCHNEPS ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
JERMAINE WILLIAMS ----- DIRECTOR	1 0	<input checked="" type="checkbox"/>						0.	0.	0.
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**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> 117,215.					
	<b>d</b> Related organizations	<b>1 d</b>					
	<b>e</b> Government grants (contributions)	<b>1 e</b> 9,313,081.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 5,266,260.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1 g</b>					
	<b>h Total.</b> Add lines 1a-1f		14,696,556.				
	<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)		5,476.			5,476.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	<b>6 a</b> 270,221.				
		(ii) Personal	<b>b</b> Less: rental expenses	<b>6 b</b> 282,146.			
		<b>c</b> Rental income or (loss)	<b>6 c</b> -11,925.				
	<b>d</b> Net rental income or (loss)		-11,925.			-11,925.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7 a</b>				
		(ii) Other	<b>b</b> Less: cost or other basis and sales expenses	<b>7 b</b>			
		<b>c</b> Gain or (loss)	<b>7 c</b>				
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 117,215. of contributions reported on line 1c). See Part IV, line 18		<b>8 a</b>				
		<b>b</b> Less: direct expenses	<b>8 b</b> 2,255.				
<b>c</b> Net income or (loss) from fundraising events			-2,255.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>9 a</b>					
	<b>b</b> Less: direct expenses	<b>9 b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10 a</b>					
	<b>b</b> Less: cost of goods sold	<b>10 b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS		900099	35,164.		35,164.	
	<b>b</b> FEE FOR SERVICE		900099	1,140.		1,140.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			36,304.			
<b>12 Total revenue.</b> See instructions			14,724,156.	0.	0.	29,855.	

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,449,652.	9,449,652.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	368,523.	199,002.	106,872.	62,649.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,698,658.	1,791,077.	682,310.	225,271.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,997.	79,628.	29,522.	6,847.
9 Other employee benefits	410,974.	276,543.	105,947.	28,484.
10 Payroll taxes	207,564.	137,985.	53,917.	15,662.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	67,000.		67,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	349,819.	183,532.	109,119.	57,168.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	89,578.	65,076.	10,639.	13,863.
15 Royalties				
16 Occupancy	120,918.	85,915.	20,552.	14,451.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,369.	613.	1,190.	4,566.
20 Interest	32,088.		32,088.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,566.	50,389.	20,358.	13,819.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	74,660.	60,020.	6,995.	7,645.
b PUBLICITY AND EVENTS	53,504.	33,803.	4,125.	15,576.
c CREDIT CARD EXPENSE	33,665.		33,665.	
d EQUIP RENTAL AND MAINTENANCE	32,514.	20,228.	3,665.	8,621.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,196,049.	12,433,463.	1,287,964.	474,622.
26 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	5,606,451.	<b>2</b>	9,291,775.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	3,193,258.	<b>4</b>	2,273,960.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<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	32,808.	<b>9</b>	47,783.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,783,655.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,183,597.	2,702,009.	<b>10c</b> 2,600,058.
	<b>11</b> Investments – publicly traded securities		<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 33).		11,534,526.	<b>16</b>	14,213,576.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	489,428.	<b>17</b>	490,708.
	<b>18</b> Grants payable	1,125,912.	<b>18</b>	691,927.
	<b>19</b> Deferred revenue	1,209,099.	<b>19</b>	3,910,638.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	2,102,505.	<b>24</b>	1,984,614.
	<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.	4,926,944.	<b>26</b>	7,077,887.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	4,146,123.	<b>27</b>	4,030,798.
	<b>28</b> Net assets with donor restrictions	2,461,459.	<b>28</b>	3,104,891.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	6,607,582.	<b>32</b>	7,135,689.
<b>33</b> Total liabilities and net assets/fund balances	11,534,526.	<b>33</b>	14,213,576.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,724,156.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,196,049.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	528,107.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,607,582.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,135,689.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	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	
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits	X	

**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

**2020**

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	16431088.	16803286.	16996078.	16709425.	14696556.	81,636,433.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	16431088.	16803286.	16996078.	16709425.	14696556.	81,636,433.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						81,636,433.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	16431088.	16803286.	16996078.	16709425.	14696556.	81,636,433.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	4,103.	5,863.	16,087.	26,659.	5,476.	58,188.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI . . . . .			10,134.	40,220.	36,304.	86,658.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						81,781,279.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.
<b>13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). . . . .	<b>14</b>	99.82 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14. . . . .	<b>15</b>	99.87 %

**16a 33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶

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



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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

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

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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 <b>Part VI</b> 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.	<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**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 0.015 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 0.035.	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 0.85 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).		

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Schedule A (Form 990 or 990-EZ) 2020

**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . . . .			
<b>b</b> Excess from 2017 . . . . .			
<b>c</b> Excess from 2018 . . . . .			
<b>d</b> Excess from 2019 . . . . .			
<b>e</b> Excess from 2020 . . . . .			

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Schedule A (Form 990 or 990-EZ) 2020

**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**

<u>NATURE AND SOURCE</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
MISCELLANEOUS	\$ 35,164.	\$ 30,270.	\$ 10,134.		
FEE FOR SERVICE	1,140.	9,950.			
<b>TOTAL</b>	<u>\$ 36,304.</u>	<u>\$ 40,220.</u>	<u>\$ 10,134.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**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

**2020**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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).

Name of organization UNITED WAY OF LONG ISLAND	Employer identification number 11-6042392
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(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	\$ 5,456,894.	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	\$ 362,454.	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	\$ 846,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYS OFFICE OF TEMP. AND DIS. ASSIST 40 NORTH PEARL STREET ALBANY, NY 12243	\$ 301,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET WASHINGTON, DC 20416	\$ 613,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TOWN OF HEMPSTEAD ONE WASHINGTON STREET HEMPSTEAD, NY 11550	\$ 428,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UNITED WAY OF LONG ISLAND</b>	Employer identification number <b>11-6042392</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TOWN OF BROOKHAVEN 1 INDEPENDENCE HILL FARMINGVILLE, NY 11738	\$ 390,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYS OCFS 52 WASHINGTON STREET RENSSELAER, NY 12144	\$ 379,759.	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.)

Name of organization UNITED WAY OF LONG ISLAND	Employer identification number 11-6042392
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization <b>UNITED WAY OF LONG ISLAND</b>	Employer identification number 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		
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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

**2020**

**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) . . . . .	416,600.	
3 Aggregate value of grants from (during year) . . . . .	431,960.	
4 Aggregate value at end of year . . . . .	64,870.	

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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 FASB 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 FASB 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 FASB 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 make 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 program
- 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	2,461,459.	1,447,987.	867,147.	1,015,175.	626,611.
b Contributions	3,311,748.	3,126,254.	1,949,827.	11,900.	711,756.
c Net investment earnings, gains, and losses		6,723.	-21,483.	13,521.	21,337.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,668,316.	2,119,505.	1,347,504.	173,449.	344,529.
f Administrative expenses					
g End of year balance	3,104,891.	2,461,459.	1,447,987.	867,147.	1,015,175.

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  %
- c Term 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:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	X
(ii) Related organizations	<input type="checkbox"/>	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		826,239.	433,775.	392,464.
c Leasehold improvements		3,447,301.	1,658,125.	1,789,176.
d Equipment		122,366.	91,697.	30,669.
e Other		13,988.		13,988.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,600,058.

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.

1. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . **SEE 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	15,444,442.
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	435,885.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	284,401.	
	e Add lines 2a through 2d	2e		720,286.
3	Subtract line 2e from line 1		3	14,724,156.
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.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,724,156.

**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	14,916,335.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	435,885.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	284,401.	
	e Add lines 2a through 2d	2e		720,286.
3	Subtract line 2e from line 1		3	14,196,049.
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.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,196,049.

**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.

**PART X - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY SUCH LIABILITY. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE

**Part XIII Supplemental Information** (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

FINANCIAL STATEMENTS. RETURNS FILED FOR TAX YEARS ENDED ON OR AFTER JUNE 30, 2018,  
ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

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

FUNDRAISING EXPENSES.....	\$	2,255.
RENTAL EXPENSES.....		282,146.
	TOTAL	<u>\$ 284,401.</u>

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

FUNDRAISING EXPENSES.....	\$	2,255.
RENTAL EXPENSES.....		282,146.
	TOTAL	<u>\$ 284,401.</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 instructions and the latest information.

OMB No. 1545-0047

**2020**

**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	
		LI INSURANCE (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	117,215.		117,215.	
	2	Less: Contributions	117,215.		117,215.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,255.		2,255.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,255.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-2,255.

**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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. 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	13 a	%
b An outside facility	13 b	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15 a 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)**

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

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

- 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
- 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			5,910,288.	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

**2020**

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

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

**Part I Questions Regarding Compensation**

**1 a** 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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the 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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? ..... **4 a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4 b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4 c**  Yes  No
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? ..... **5 a**  Yes  No
- b** Any related organization? ..... **5 b**  Yes  No
- If 'Yes' on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? ..... **6 a**  Yes  No
- b** Any related organization? ..... **6 b**  Yes  No
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** 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. .... **7**  Yes  No

**8** 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. .... **8**  Yes  No

**9** If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**  Yes  No

	Yes	No
<b>1 a</b>		
<b>1 b</b>		
<b>2</b>		
<b>3</b>		
<b>4 a</b>		X
<b>4 b</b>		X
<b>4 c</b>		X
<b>5 a</b>		X
<b>5 b</b>		X
<b>6 a</b>		X
<b>6 b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

**Schedule J (Form 990) 2020**

**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)	291,139.	0.	0.	46,889.	0.	338,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD WERTHEIM HOUSING DIRECTOR	(i)	168,458.	0.	0.	39,294.	0.	207,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CRAIG FLIGSTEIN CDO	(i)	172,000.	0.	0.	39,005.	0.	211,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 GEORGETTE BEAL SR VP GRANTS ADMIN	(i)	145,000.	0.	0.	38,314.	0.	183,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ANTHONY FULLINGTON CFO	(i)	162,536.	0.	0.	20,661.	0.	183,197.	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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

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

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

**FORM 990, PART III, LINE 4A - 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 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS**

THERE WERE THREE DIRECTORS THAT PASSED AWAY DURING THE FISCAL YEAR THAT HAVE BEEN EXCLUDED FROM PART VII, SECTION A.

**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	482
Academy of Arts and Letters 225 Adelphi Street, 3rd Floor Brooklyn, NY 11205	13-0429640	-
Ada Howe Kent Memorial Shelter, Inc 2259 River Road Calverton, NY 11933		673
Adelante of Suffolk County 10 Third Ave Brentwood, NY 11717	11-2554522	9,018
Adults and Children w/ Learning & Developmental Disabilities 807 S Oyster Bay Rd Bethpage NY 11714	11-6042250	9,775
AHRC Suffolk 2900 Vets Memorial Hgwy Bohemia NY 11716	11-1845294	704
AIDS Research Foundation (AmFAR) 120 Wall Street 13th Floor New York, NY 10005-3908	13-3163817	-
All About Cats Rescue 111 East Sunrise Highway Freeport, NY 11520	45-2601858	1,028
All About Spay & Neuter 4209 Merrick Road Massapequa, NY 11758	26-0095027	66
Alpha Kappa Alpha Educational Advancement Foundation 5656 South Stony Island Avenue Chicago, IL 60637	36-3104692	791
ALS Association 42 Broadway Suite 1724 New York NY 10004	13-3616680	862
ALS Ride For Life C/O SB UNIV SSW HSC L2 NO 106 Stony Brook, NY 11794	11-3479051	-
Alzheimer's Association 425 Broad Hollow Rd Suite 307 Melville NY 11747	13-3039601	5,303
Alzheimer's Disease Resource Center 45 Park Avenue Bay Shore, NY 11706	23-7337229	1,166
Alzheimer's Foundation of America 322 8th Avenue - 6th Floor New York, NY 10001	91-1792864	2,390
American Breast Cancer Foundation 10400 Little Pattuxent Pkwy, Suite 480 Columbia, MD 21044	52-2031814	2,515

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
American Cancer Society Hudson Valley 121 Executive Drive New Windsor, NY 12553	81-2795984	-
American cancer Society - Making Strides 132 West 32nd Street New York, New York 10001	13-1788491	-
American Cancer Society- Eastern Division 45 Davids Drive Hauppauge NY 11788	16-0743902	3,961
American Dance Theatre of Long Island 587 Middle Road Bayport, NY 11705	11-3597501	845
American Diabetes Assoc of LI 160 Allens Creek Road Rochester, NY 14618	16-0778060	-
American Diabetes Association National Service Center VA 1701 N Beauregard Street Alexandria, VA 22314	13-1623888	-
American Diabetes Association NYC 333 7th Avenue, 17th Floor New York, NY 10001	54-1734511	738
American Foundation f/Suicide Prevention 25 Pepperide Road East Rockaway, NY 11518	13-3393329	-
American Heart Assoc. LI Chapter 125 E Bethpage Rd Plainview NY 11803	13-5613797	1,354
American Institute for Cancer Research 1560 Wilson Blvd Suite 1000 Arlington, VA 22209	52-1238026	51
American Legion Inc 160 Marvin Avenue Hempstead, NY 11550	35-0144250	-
American Liver Foundation, NY Chapter 39 Broadway, Suite 2700 New York, NY 10006	36-2883000	276
American Lung Association of Nassau and Suffolk 700 Veterans Memorial Highway Hauppauge, NY 11788	13-1632524	-
American Parkinson Disease Assoc 135 Parkinson Avenue Staten Island, NY 10305	13-1962771	301
American Red Cross, Long Island Chapter 195 Willis Ave Mineola NY 11501	53-0196605	45,776
American Society for the Prevention of Cruelty to Animals 520 Eight Avenue, 7th Floor New York, NY 10018	13-1623829	417

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
America's VetDogs 371 Jericho Tpke Smithtown, NY 11787	20-8814368	995
Amy Rose Grabina Foundation Inc. 365 Willis Avenue Mineola, NY 11501	81-3056608	204
Angela's House (ATDC) PO Box 5052 Hauppauge, NY 11788	11-3186856	2,176
Animal Care and Control Center of NYC 11 Park Plate Ste 805 New York, NY 10007	13-3788986	110
Animal Rescue Force Inc. 5 Pine Tree Road Farmingville, NY 11738	11-2549668	2,040
AnimalKind, Inc., 721 Warren Street Hudson, NY 12534	14-1820248	391
Arbor Day Foundation 100 Arbor Avenue Nebraska City, NE 68410	23-7169265	-
Ascent School 819 Grand Blvd Deer Park NY 11729	11-3486874	6,644
Association for Children with Downs Syndrome (ACDS) 4 Fern Place Plainview NY 11803	23-7175975	5,809
Association for Mental Health & Wellness 939 Johnson Ave Ronkonkoma NY 11779	11-3012392	5,947
Association for the Help of Retarded Children Nassau County 189 Wheatley Road Brookville NY 11545	11-1720254	9,009
At The Cross Church 69-29 Metropolitan Avenue Middle Village, NY 11379	20-1545595	434
Autism Speaks LI 328 Main Street Port Washington NY 11050	20-2329938	2,448
B & F Friedman South Shore YJCC 15 Neil Court Oceanside NY 11572	11-2002556	2,297
Babylon Breast Cancer Coalition 100 Montauk Highway Copiague, NY 11726	11-3191035	213
Babylon Village Youth Project 147 North Carll Avenue Babylon, NY 11702	11-2590032	391

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Baiting Hollow Farm Horse Rescue 2114 Sound Avenue Baiting Hollow, NY 11933	43-3216121	-
Baldwin Community House POB 55 Baldwin NY 11510	11-9403705	6,234
Bellport Boys & Girls Club 471 Atlantic Ave Bellport NY 11713	23-7376060	-
Bladder Cancer Advocacy Network, Inc 4915 Saint Elmo Ave., Suite 202 Bethesda, MD 20814	20-2897110	-
Bellport, Hagerman, East Patchogue Alliance, Inc. 1492 Montauk Hgwy Bellport NY 11713	11-2529822	442
Berkshire Farm and Family 13640 State Route 22 Canaan, NY 12029	14-1368125	867
Best Friends Animal Society 5001 Angel Canyon Road Kanab, UT 84741	23-7147797	-
Beth Salem Baptist Church 177-04 129th Avenue Jamaica, NY 11434	11-3186212	-
Bide-A-Wee Home Association-Animal Clinic 118 Old Country Road Westhampton, NY 11977	13-1655210	287
Big Brothers Big Sisters of Long Island 25 Carle Road Westbury, NY 11590	11-3464636	713
Black Girls Rock 48 Lexington Ave Brooklyn NY 11238	68-0635936	4,050
B'nai Israel Reform Temple Outreach Fund 67 Oakdale-Bohemia Road Oakdale, NY 11769	13-2572288	867
Bobbi and the Strays 2 Rider Place Freeport, NY 11520	11-3444285	-
Boots on the Ground 2184 Pond Road Unit A-4 Ronkonkoma, NY 11779	27-4279559	-
Box Out Bullying PO Box 8032 Lancaster, PA 17604	32-0483903	-
Boy Scouts of America Trailblazer 7 Scouting Boulevard Medford, NY 11763	11-1631834	-

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Boys Girls Club Bellport 471 Atlantic Avenue Bellport, NY 11713	23-7376060	5,096
Boys Girls Club of Queens 110-04 Atlantic Avenue South Richmond Hill, NY 11419	11-1966067	161
Brain Aneurysm Foundation 269 Hanover Street - Bldg. 3 Hanover, MA 02339	04-3243864	-
Brain Injury Association of America 1608 Spring Hill Road, Suite 110 Vienne, VA 22182	04-2716222	-
Breast Cancer Foundation Susan G Komen NY 246 W. 38th Street #503 New York, NY 10018	13-3727250	1,226
Brookville Center for Children's Services, Inc 189 Wheatley Road Brookville, NY 11545	73-1662897	-
Building Blocks Developmental Pre-School 29 Pinewood Drive Commack, NY 11725	11-2682219	-
C the Difference 30 Gifford Avenue Oceanside, NY 11572	46-4063414	523
Camp Sunshine at Sebago Lake 35 Acadia Rd Casco, ME 04015	22-2582877	-
Cancer Care 20 Crossways Park Woodbury NY 11797	11-2254990	7,212
Cancer Center for Kids 259 First Street Mineola, NY 11501	11-1633486	433
Canine Companions for Independence (CA) 2965 Dutton Ave Santa Rosa, CA 95402	94-2494324	-
Cardio Facio Cutaneous International 8720 W Bent Tree Drive Peoria, AZ 85383	16-1569293	21
Care Center-Soundview Pregnancy Services 1919 Middle Country Rd, Suite 100 Centereach, NY 11720	11-3001793	-
CaringKind 360 Lexington Ave., 4th Floor New York, NY 10017	13-3277408	-
Carol M. Baldwin Breast Cancer Research Fund, Inc. 14 Technology Drive, Suite 2 East Setauket, NY 11733-3469	11-3342286	-

**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Catholic Charities Diocese of Rockville Centre 90 Cherry Lane Hicksville NY 11801	11-1843801	53,510
Central Nassau Guidance and Counseling Services, Inc. 950 South Oyster Bay Road Hicksville NY 11801	11-2438388	8,938
Charles Thide Foundation, Inc. PO Box 122 Mt Sinai NY 11766	03-0551494	20,415
Child Care Council of Nassau, Inc. 925 Hempstead TnPk Franklin Square NY 11010	11-2254990	8,125
Child Care Council of Suffolk 60 Calvert Ave Commack NY 11725	11-2696681	8,302
Children International 2000 East Red Bridge Road Kansas City, MO 64121	44-6005794	1,148
Children's Tumor Foundation 120 Wall Street, 16th Floor New York, NY 10005	13-2298956	1,223
Child's Play 8151 164th Avenue, NE Redmond, WA 98052	20-3584556	1,020
Chionesu Bakari Program for Young Black Males 859 Hendrix St. Brooklyn, NY 11207	11-2453951	-
Choice for All 59 Babylon Turnpike Roosevelt, NY 11575	45-2685162	5,815
Christopher and Dana Reeve Foundation 636 Morris Turnpike - Ste 3A Short Hills, NJ 07078	22-2939536	-
Christian Cultural Center 12020 Flatlands Ave Brooklyn, NY 11207	11-2732579	400
Chronic Migraine Awareness Inc. 18 Lavender Lane Holtsville, NY 11742	80-0847761	425
Circulo de la Hispanidad 91 N Franklin St Hempstead NY 11551	11-2525327	355,394
Cleary School for the Deaf 301 Smithtown Blvd. Nesconset, NY 11767	01-0902150	1,418
Colon Cancer Alliance 1025 Vermont Avenue NW Suite 1066 Washington, DC 20005	86-0947831	442



**Column D on Sched I**

ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Colonial Youth and Family Services 1235 Montauk Hgwy Mastic Beach NY 11951	23-7271852	8,948
Community Solidarity PO Box 280 Huntington NY 11743	90-0653622	309
Community Chest of Port Washington 382 Main Street Port Washington, NY 11050	11-1614994	-
Community Development Corporation of Long Island, Inc. 2100 Middle Country Road Centereach NY 11720	11-2221341	7,313
Compassionate Action Inc. PO BOX 272 Selden NY 11784	20-2461875	575
Complete Girlz, Inc PO Box 340422 Jamaica, NY 11434	81-3346600	-
Concern for Independent Living 312 Expressway Drive South Medford NY 11763	23-7259687	4,875
Cooley's Anemia Foundation 330 Seventh Avenue, #200 New York, NY 10001	11-1971539	-
Coral Reef Alliance 2014 Shattuck Avenue Berkley, CA 94704	94-3211245	-
COPAY 21 N Station Plaza Great Neck NY 11021	11-2212496	7,313
Council on American Islamic Relations 453 New Jersey Ave., SE Washington, DC 20003	77-0646756	-
Cove Animal Rescue 40 Shore Road Glen Cove, NY 11542	47-2487205	553
Crohns and Colitis Foundation of America 733 Third Avenue, Suite 510 New York, NY 10017	13-6193105	1,857
Cue Center for Missing Persons PO Box 12714 Wilmington, NC 28405	56-1937823	153
Cure SMA Greater NY Chapter 4 Rutland Avenue Rockville Centre, NY 11570	36-3320440	535
Cystic Fibrosis Foundation LI Chapter 1 Huntington Quadrangle - Ste 2S13 Melville, NY 11747	13-1930701	17

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Danny's Wish 321 Evans Ave. Elmont, NY 11003	26-4595056	-
Dave Thomas Foundation for Adoption 716 Mt. Airyshire Blvd. Suite 100 Columbus, OH 43235	31-1356151	-
Dementia Friendly America c/o Nat'l Assoc of Area Agencies on Aging 1100 New Jersey Ave., SE, Suite 350 Washington, DC 20003	52-1052345	-
Developmental Disabilities Institute 99 Hollywood Drive Smithtown NY 11787	11-6077347	1,076
Devereux Foundation 40 Devereux Way Red Hook, NY 12571	23-1390618	44
Diabetes Research Institute Found- LI Reg 410 Jericho Turnpike - Suite 201 Jericho, NY 11753	59-1361955	1,836
Dian Fossey Gorilla Fund International 800 Cherokee Avenue SE Atlanta, GA 30315	52-1118866	-
Disabled American Veterans - Northport 79 Middleville Rd Northport, NY 11768	11-6101232	649
Disabled American Veterans (DAV) Charitable Service Trust 3725 Alexandria Pike Cold Spring, KY 41076	52-1521276	306
Doctors Without Borders USA 333 7th Avenue - 2nd Floor New York, NY 10001	13-3433452	332
Dorot, Inc. 171 W. 85th Street New York, NY 10024	13-3264005	712
Double D Bar Ranch, Inc. 344 Wading River Road Manorville, NY 11949	11-3531941	-
Double "H" Hole in the Woods Ranch 97 Hidden Valley Road Lake Luzerne, NY 12846	14-1752888	-
East Meadow Kiwanis Foundation PO Box 9 East Meadow, NY 11554	11-6043790	-
Economic Opportunity Council of Nassau, Inc. 124 Jackson St Hempstead NY 11550	11-2195458	12,188
Economic Opportunity Council of Suffolk, Inc. 475 E Main St Patchogue NY 11772	11-2141197	260,200

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
EAC Network 50 Clinton Ave Hempstead NY 11550	23-7175609	10,600
Ehlers-Danlos National Foundation 7918 Jones Branch Drive McLean, VA 22102	38-2813140	-
Eleanor Whitmore Early Childhood Center PO Box 63 East Hampton NY 11937	11-2202589	5,875
Elizabeth T. McNamee Memorial Fund PO Box 213 West Islip, NY 11795	11-3457122	442
Environmental Defense Fund Inc. 1875 Connecticut Avenue Suite 600 Washington, DC 20009	11-6107128	-
EPIC Long Island 1500 Hempstead Turnpike East Meadow, NY 11554	11-1821135	5,307
Epilepsy Foundation of Long Island 506 Steward Ave Garden City NY 11530	11-1821135	102
ERASE Racism 6800 Jericho Tpke., Suite 109W Syosset, NY 11791	65-1218069	4,178
Families in Support of Treatment PO Box 315 Wantagh, NY 11793	47-2440512	134
Family and Children's Association 129 Jackson Ave Hempstead NY 11550	11-3422018	35,490
Family Life Center 20 Andrews Ave Wyandanch NY 11798	11-2748571	4,428
Family Service League of Suffolk County 790 Park Ave Huntington NY 11743	11-1631827	41,058
Farmingdale Care, Inc. 101 N. Albany Ave N. Massapequa, NY 11758	11-2752185	1,443
Federation of Organizations/Foster Grandparents 1 Farmingdale Road West Babylon NY 11704	23-7237931	6,500
Feed the Children 333 North Meridian Avenue Oklahoma City, OK 73101-0036	73-6108657	796
First Presbyterian Church of Smithtown 175 East Main Street Smithtown, NY 11787	11-2014230	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Fisher House Foundation 111 Rockville Pike, Suite 420 Rockville, MD 20850	11-3158401	-
Fiver Children's Foundation 519 8th Avenue, 24th Floor New York, NY 10018	13-3993633	-
Folds of Honor Foundation 8551 N. 125th East Ave. Owasso, OK 74055	75-3240683	-
Food Bank for NYC 355 Food Center Drive Bronx, NY 10474	13-3179546	115
Food Bank of Western NY 91 Holt Street Buffalo, NY 14206	22-2470820	221
For the Kids Dance Marathon at UTSA One UTSA Circle San Antonio, TX 78249	46-1846844	-
Forgotten Friends of Long Island PO Box 710 Plainview, NY 11803	26-2288394	663
Frances Pope Memorial Foundation 401 East 81st Street Suite 20A New York, NY 10028	13-3605053	553
Frankie's Friends 2950 Busch Lake Blvd. Tampa, FL 33614	59-3581823	-
Freeport Little League Inc PO Box 6061 Freeport, NY 11520	11-2936106	535
Freeport Youth Outreach 46 Pine Street Freeport, NY 11520		-
Friends and Angels - The Tracy Vicere Foundation 22 Stanford Court Wantagh, NY 11793	45-2594680	102
Friends of Philly Fund 160-48 80th Street Howard Beach, NY 11414	71-1040179	-
Friends of the Earth 1101 15th Street NW 11th Floor Washington, DC 20005	23-7420660	-
Fur Babies Rescue 67 Waldo Ave East Rockaway, NY 11518	45-5506428	442
Gerald Ryan Outreach 1434 Straight Path Wyandanch NY 11798	11-3064802	4,875

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Gilda Rader Familial Ovarian Cancer Registry Elm & Carlton Streets Buffalo, NY 14263	46-1577595	-
Girls Inc 819 Grand Blvd Deer Park NY 11729	13-4028433	2,438
Girl Scouts of Nassau County, Inc. 110 Ring Road West Garden City NY 11530	11-2041443	14,065
Girl Scouts of Suffolk County, Inc. 442 Moreland Road Commack NY 11725	11-2164434	7,885
Girl Scouts of USA 420 5th Avenue New York, NY 10018	13-1624016	1,313
Give Kids Hope 112 Foxdale Lane Port Jefferson Station, NY 11777	45-4712128	-
Glen Cove Boys and Girls Club 113 Glen Cove Avenue Glen Cove, NY 11542	11-1673938	862
GMHC 446 W. 33rd Street New York, NY 10001	13-3130146	-
Golden Paw Sociey PO Box 4183 Huntington NY 11743	46-0868998	554
Greenpeace Fund Inc 702 H Street, NW Suite 300 Washington, DC 20001	52-1541501	268
Guardians of Rescue 34 E Main Street Smithtown, NY 11787	27-4205517	553
Guide Dog Foundation for the Blind 371 E Main St Smithtown NY 11787	11-1687477	1,196
Gurwin Jewish Nursing & Rehabilitation Center 68 Hauppauge Rd Commack NY 11725	11-3342472	2,161
Habitat for Humanity International, Inc 322 West Lamar Street Americus, GA 31709-3498	91-1914868	-
Habitat For Humanity of Nassau County 1400 Old Northern Blvd Roslyn, NY 11576	11-3063114	348
Habitat For Humanity of New York City 111 John Street, 23rd Floor New York, NY 10038	38-4028626	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Habitat For Humanity of Suffolk 643 Middle Country Rd Middle Island NY 11953	11-2840553	5,628
Hagedorn Little Village School 750 Hicksville Rd Seaford NY 11783	11-2222807	6,791
Haitian Sports Foundation 219-48 Jamaica Avenue Queens Village, NY 11428	20-5193154	208
H.E.L.P. Services (Freeport Pride) 46 Pine St Freeport NY 11520	11-2234524	483
Harbor Day Care Center 999 Herricks Rd New Hyde Park NY 11040	11-2308879	8,159
Haven House/Bridges 840 Suffolk Ave Brentwood NY 11717	11-3084088	7,313
Healing Haven Animal Fund PO Box 713 Mt. Sinai, NY 11766	46-0702515	-
Health and Welfare Council of Long Island One Helen Keller Way Hempstead NY 11550	11-1858098	41,441
Health Research Inc. 150 Broadway Menands NY 12204	14-1412055	95,043
HealthyPlanet PO Box 163 Huntington NY 11743	87-0742483	323
Helen Keller Foundation 2208 University Boulevard, Suite 101 Birmingham, AL 35233		663
Helen Keller Services for the Blind One Helen Keller Way Hempstead NY 11550	11-1630807	5,481
Hempstead Rebirth 10 Ingraham Street Hempstead, NY 11550	27-1863500	-
Henry Viscardi School 201 IU Willets Road Albertson, NY 11507	11-2024514	-
Hermansky-Pudlak Syndrome Network Inc One South Road Oyster Bay, NY 11771	11-3283268	1,160
Hicksville Boys & Girls Club 79 W Old Country Rd Hicksville NY 11801	11-2287963	12,440

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Hip Hop Has Heart Charity Hot 97 395 Hudson Street New York, NY 10014	20-1232767	-
Hispanic Brotherhood 59 Clinton Ave Rockville Centre NY 11570	11-3454056	13,813
Hispanic Counseling Center, Inc. 344 Fulton Ave Hempstead NY 11550	11-2592214	266,761
Home Sweet Home Animal Rescue PO Box 20554 Huntington Station, NY 11746	46-2211689	276
Hope House Ministries 1 High St Port Jefferson NY 11777	14-6050436	293
Hospice Care Network LI 99 Sunnyside Blvd. Woodbury, NY 11797	11-2925757	374
Housing Help 91 Broadway Greenlawn NY 11740	11-2356150	4,875
Hudson River Health Care INC 1037 Main St Peekskill NY 10566	13-2828349	418,319
Hugs from Cara, Inc. 107 Mary Street Auburn, NY 13021	45-2945739	66
Human Rights Campaign Foundation 1640 Rhode Island Avenue, NW Washington, DC 20036	52-1481896	-
Humane Society of America 4725 Panama Lane #D3-124 Bakersfield, CA 93313	36-4641308	811
Humane Society of New York 306 E. 59th Street New York, NY 10022	13-1624041	289
Huntington's Disease Society of America 505 Eighth Avenue Suite 902 New York, NY 10018	13-3349872	-
Hydrocephalus Association 4340 East West Hwy, Ste 905 Bethesda, MD 20814-4594	94-3000301	1,163
Ian Somerhalder Foundation PO Box 1760 Santa Monica, CA 90406	27-3968460	421
Immune Deficiency Foundation Inc. 110 West Road, Suite 300 Towson, MD 21204	52-1214782	765

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Interfaith Nutrition Network (INN) 211 Fulton Ave Hempstead NY 11550	11-2676892	-
International Rescue Committee 122 East 42nd Street, 12th Floor New York, NY 10168	13-5660870	-
Island Harvest, Ltd. 199 Second Street Mineola NY 11501	11-3136350	18,154
Jaam'e Masjid Bellmore 1425 Newbridge Road North Bellmore, NY 11710	11-3531960	-
Jamaica Center for Arts & Learning 161-04 Jamaica Avenue Jamaica, NY 11432	11-2478709	-
JCC of the Greater Five Towns 207 Grove Ave Cedarhurst NY 11516	11-2546437	4,875
Jewish Association for Services for the Aged (JASA) 162 W Park Ave Long Beach NY 11561	13-2620896	7,347
John Theissen Children's Foundation 1881 Wantagh Avenue Wantagh, NY 11793	11-3361248	571
Joseph Pizzurro Memorial Scholarship 2436 Vintage Drive Arlington, TX 76001-8469	47-0964664	-
Juvenile Diabetes Foundation LI 532 Broadhollow Road Suite 118 Melville, NY 11747	23-1907729	2,664
Kids Just Wanna Have Fun 79 Empress Pines Drive Nesconset, NY 11767	46-5691368	-
L.I. Against Domestic Violence, Inc. 320 Carleton Avenue, Suite 8000 Central Islip, NY 11722	11-2470902	7,687
LaFuerza Unida 1 School Street Glen Cove NY 11542	11-2528786	9,754
Labor Education & Community Services 390 Rabro Dr Hauppauge NY 11788	23-7442181	28,438
Last Chance Animal Rescue PO Box 1661 Southampton, NY 11969	26-4301077	1,066
Last Hope Animal Rescue & Rehabilitation 3300 Beltagh Ave. Wantagh, NY 11793	11-2618189	1,326



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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
LBCRS/Jaime Whelan Foundation 735 West Broadway Long Beach, NY 11561	11-2227363	536
Leadership Training Institute 50 Clinton Street Suite 607 Hempstead NY 11550	77-0395654	1,875
Leukemia & Lymphoma Society 1324 Motor Parkway Hauppauge NY 11788	13-5644916	5,435
Lexibean Foundation 46 Werman Court Plainview, NY 11803	30-0631431	332
LBGBT Network 34 Park Avenue Bay Shore, NY 11706	11-3192966	2,138
Life Enrichment Center of Oyster Bay (The) 45 East Main St Oyster Bay NY 11771	11-2496305	5,687
Life's WORC (The) 1501 Franklin Ave Garden City NY 11530	11-9403705	2,625
Lighthouse Mission 1543 Montauk Highway Bellport, NY 11713	20-5850026	204
Littig House Charles Ave Port Washington NY 11050	11-2503507	8,125
Little Shelter Animal Rescue 33 Warner Rd Huntington NY 11743	11-6000821	3,029
Living Faith Christian Church 25 Hempstead Turnpike Farmingdale, NY 11735	11-2945146	-
Long Beach Reach, Inc. 2-12 W Park Ave Long Beach NY 11561	11-2225260	14,240
Long Island Alzheimer's Foundation 5 Channel Dr Port Washington NY 11050	11-2926958	7,616
Long Island Association for Aids Care 60 Adams Avenue Hauppauge, NY 11788	11-2809739	-
Long island Autism Communities 724 Long Island Avenue Deer Park, NY 11729	47-3627259	-
Long Island Cares 10 David's Lane Hauppauge NY 11788	11-2524512	17,729

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Long Island Coalition for the Homeless 38 Old Country Road Garden City NY 11530	11-2770718	9,794
Long Island Community Hospital Women's Imaging Services 100 Hospital Road Patchogue, NY 11772	11-1704595	-
Long Island Council on Alcoholism & Drug Dependency 2805 Veterans Memorial Highway Ronkonkoma NY 11779	11-1833092	3,537
Long Island Crisis Center 2740 Martin Ave Bellmore NY 11710	11-2284823	5,521
Long Island Family & Elder Care 2034 Newbridge Road Bellmore, NY 11710	47-1826477	-
LIFQHC 1600 Stewart Ave, Suite 300 Westbury, NY 11590	27-0216316	107,564
Long Island Gay and Lesbian Youth 34 Park Ave Bay Shore NY 11706	11-3192966	57,762
Long Island Golden Retriever Rescue, Inc PO Box 566 Plainview, NY 11803	11-3479675	-
Long Island Head Start 98 Austin Street Patchogue NY 11772	11-2771919	7,906
Long Island Housing Services 640 Johnson Ave Bohemia NY 11716	11-2494324	8,938
Long Island Teen Challenge 329 Old Farmingdale Rd. West Babylon, NY 11704	11-3161238	1,163
Louis J. Acompora Memorial Foundation PO Box 767 Northport, NY 11768	11-3539342	867
Lupus Alliance of America of Long Island/Queens 3366 Park Avenue, Suite 212 Wantagh, NY 11793	11-2468104	789
Lupus Foundation of America (National) 2121 K Street, Suite 200 Washington, DC 20037	43-1131436	1,104
Lustgarten Foundation for Pancreatic Cancer 415 Crossway Park Dr. - Ste D Woodbury, NY 11797	31-1611837	213
Lutheran Family & Community Services 311 Uniondale Ave Uniondale NY 11553	11-2574183	4,063

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Make It Count Foundation, Inc. PO Box 370 West Islip, NY 11795	27-2037456	-
Make-A-Wish Foundation of America 4742 North 24th Street, Ste 400 Phoenix, AZ 85016	86-0481941	-
Make-A-Wish Foundation of Metro NY 1111 Marcus Ave. - Suite LL22 Lake Success, NY 11042	11-2645641	-
Make-A-Wish Foundation of Suffolk 1 Comack Loop Ronkonkoma NY 11779	11-2666969	1,582
March of Dimes Birth Defect Foundation LI 40 Marcus Drive - Suite 201 Melville, NY 11747	13-1846366	1,200
Masjid Noor 1032 Park Avenue Huntington, NY 11743	11-3526337	619
Massachusetts Down Syndrome Congress 20 Burlington Mall Rd., Ste 261 Burlington, MA 01803	22-2596246	-
Matthew K. Marin Foundation 5017 Shawnee Road Sanborn, NY 14132	45-5183718	-
Maureen's Haven Homeless Outreach 28 Lincoln Street Riverhead NY 11901	11-3392151	5,942
Meals on Wheels for Seniors 50 Clinton Street, Suite 107 Hempstead, NY 11550	23-7175609	213
Memorial Sloan Kettering at Mercy Medical Center 1000 North Village Avenue Rockville Centre, NY 11570	11-1635088	-
Memorial Sloan Kettering Cancer Center 1275 York Avenue New York, NY 10021	13-1924236	2,345
Mental Health Association of Nassau County 16 Main St Hempstead NY 11550	11-1710983	9,916
Mid-Atlantic Great Dane Rescue League PO Box 285 Hanover, MD 21076	52-1177018	85
Mid-Island Y JCC 45 Manetto Hill Rd Plainview NY 11803	11-1841899	4,953
Mohawk Hudson Humane Society 3 Oakland Avenue Menands, NY 12204	14-1338459	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Mondays at Racine 341 Main St. Islip, NY 11550	46-3264193	-
Mothers Against Drunk Driving (MADD)-Hunt 33 Walt Whitman Road - Ste 307 Huntington Station, NY 11746	94-2707273	-
Motivational Recovery Environments, Inc PO Box 305 Copiague, NY 11726	46-2975228	-
Multiple Sclerosis Foundation 6520 North Andrews Avenue Fort Lauderdale, FL 33309-2130	59-2792934	1,552
Muscular Dystrophy Association of Nassau 5 Dakota Drive, Suite 101 Lake Success, NY 11042	13-1665552	-
Myasthenia Gravis Foundation LI Chapter 214 Greengrove Avenue Uniondale, NY 11553	13-5672224	649
NAACP 4805 Mount Hope Drive Baltimore, MD 21215	13-1998814	290
NAMI New York State 99 Pine Street Suite 302 Albany, NY 12207	22-2571353	553
Nassau Charities 1980 Washington Street Merrick, NY 11566	26-1311189	553
Nassau County Police Activity League 167 Broadway Hicksville NY 11801	11-6002869	-
Nassau Health Care Foundation 2201 Hempstead Tnpk East Meadow NY 11554	11-2033858	773,571
Nassau Suffolk Autism Society (1057942) PO Box 7472 Wantagh, NY 11793	23-7438084	332
Nassau Suffolk Law Services Committee One Helen Keller Way Hempstead NY 11749	11-2125411	595,746
National Brain Tumor Society 55 Chapel St, Suite 200 Newton, MA 02458	04-3068130	44
National Keratoconus Foundation 6222 Wilshire Blvd #260 Los Angeles, CA 90048	95-4228653	555
National Kidney Foundation of Greater NY 30 East 33rd St. - Suite300 New York, NY 10016	13-1673104	513

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
National Multiple Sclerosis Society-Long Island Chapter 40 Marcus Dr Melville NY 11747	11-1948311	4,005
National Parkinson Foundation 200 SE 1st Street Miami, FL 33131	59-0968031	663
National Stroke Association 9707 East Easter Lane Centennial, CO 80112	74-2317104	-
National Urban League Inc 80 Pine Street, Rm 910 New York, NY 10005-1702	13-1840489	-
Navy SEAL Foundation 1619 D Street Virginia Beach, VA 23459	31-1728910	-
NephCure Kidney International 150 S. Warner Rd. - Suite 402 King of Prussia, PA 19406	38-3569922	-
Neurosurgery Research & Education Foundation 7661 Eagle Way Chicago, IL 60678	46-2905743	-
New York Bully Crew 1457 Montauk Highway Patchogue NY 11772	27-4846322	1,396
Newburgh Loaves & Fishes PO Box 2844 Newburgh, NY 12557	14-1804151	111
New York Cares 65 Broadway, Floor 19 New York, New York 10006-2513	13-3444193	-
New York Horse Rescue Corporation 15 South Street Manorville, NY 11949	11-3449108	-
New York State Weimaraner Rescue 4324 Cassadaga Stockton Rd. Cassadaga, NY 14718	20-3706322	-
New York Strangers Sports Organization 126 East 12th Street Ste #2B New York, NY 10003	45-4059492	-
North Fork Spanish Apostolate 546 St. John's Place Riverhead, NY 11901	11-1666887	619
North Shore Animal League 25 Davis Ave Port Washington NY 11050	11-1666852	5,695
Northport American Legion Post 694 7 Woodside Avenue Northport, NY 11768	11-6105056	268

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Northport Cat Rescue Association Inc 11 Warren Court Northport, NY 11768-3144	46-1233188	319
Northwell Health Cohen Children's 269-01 76th Avenue New Hyde Park, NY 11040	11-2965575	1,292
Northwell Health Huntington Hospital 270 Park Avenue Huntington, NY 11743	11-1630914	425
North Shore Child & Family Guidance Center 480 Old Westbury Rd Roslyn Heights NY 11577	11-1797183	6,500
North Shore University Hospital LIJ St. Andrew's Lane Glen Cove NY 11542	11-1562701	600,462
Ocular Immnology and Uveitis FNDN 348 Glen Road Weston, MA 02493	20-1891037	619
Operation Smile 3641 Faculty Blvd Virginia Beach, VA 23453	54-1460147	-
Options for Community Living 202 East Main St Smithtown NY 11787	11-2612035	244,862
Ovarian Cancer Research Fund 14 Pennsylvania Plaza - Ste 1400 New York, New York 10122	13-3806788	442
Pal-O-Mine Equestrian, Inc. 829 Old Nichols Road Islandia, NY 11749	11-3302338	-
Parents Association for the Bronx School of Science 75 W. 205th Street Bronx, NY 10468	13-6127163	-
Parent Child Home Program 1415 Kellum Place Garden City NY 11530	11-2495601	5,293
Pat M. Tallini Foundation 317 Van Brunt Street, Apt. 3 Brooklyn, NY 11231	84-4883720	553
Paul Snyder Memorial Foundation 67 Craig Road Islip Terrace NY 11752	26-4740228	13,809
Paws and Stripes 617 Truman Street NE Albuquerque NM 87110-6443	27-2908352	356
PAWS -Pioneers for Animal Welfare Society PO Box 861 Hicksville, NY 11802	11-2407756	425

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
PAWS-Pet Animal Welfare Society 504 Main Avenue Norwalk, CT 06851	06-6067445	726
Pay It Forward with Jackie Inc. PO Box 1951 West Babylon, NY 11704	80-0477544	-
PCOS Challenge Inc. 931 Monroe Drive NE Suite A-470 Atlanta, GA 30308	26-3827259	-
PETA 501 Front Street Norfolk, Virginia 23510	52-1218336	-
Pets4luv Foundation 1504 Old Country Road Westbury, NY 11590	94-3438053	460
PKD Foundation 1001 E 101st Terrace, Suite 220 Kansas City, MO 64131	43-1266906	310
Plainview Reformed Church-Feed the Need 560 Old Bethpage Road Plainview, NY 11803	11-2697766	867
Planned Parenthood of Nassau County 540 Fulton Avenue Hempstead NY 11550	11-1776035	-
Planned Parenthood Hudson Peconic Inc 4 Skyline Drive, Suite 7 Hawthorne, NY 10532	11-2454790	425
PLUTO Rescue of Richmond PO Box 140889 Staten Island, NY 10314	13-4173086	-
Police Athletic League (PAL) Brooklyn 985 Rockaway Avenue Brooklyn, NY 11212	13-5596811	553
Poor Clare's of Perpetual Adoration 4200 North Market Avenue Canton, OH 44714	83-0849842	553
Port Washington Children's Center 232 Main Street Port Washington, NY 11050	11-2462594	5,687
Poverello Center 2056 North Dixie Highway Wilton Manors FL 33305	65-0056218	619
Precious Dreams Foundation 116 E. 27th Street New York, NY 10016-8942	45-5456961	536
Pride for Youth 2050 Bellmore Avenue Bellmore, NY 11710	11-2284823	553

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Priests of the Sacred Heart PO Box 900 Hales Corners, WI 53130	39-1243521	-
Project Heal 199 Taunton Lake Road Marlton, NJ 08053	22-3676800	-
Pronto of Long Island 128 Pine Aire Dr Brentwood NY 11717	11-2317426	8,125
Prostate Cancer Research Institute 300 Corporate Pointe Suite 383 Culver City, CA 90230	95-4617875	268
PS 29 After School Program 425 Henry Street Brooklyn, NY 11201	11-2853020	135
PTA of PS 32 317 Hoyt Street Brooklyn, NY 11231	73-1721398	536
PULSE of NY PO Box 353 Wantagh, NY 11793	11-3549476	553
Puppies Behind Bars 263 West 38th Street, 4th Floor New York, NY 10018	13-3969389	-
Rachel's Dance for the Cure 10 Empire Court Commack, NY 11725	83-2164652	845
Rainbow Chimes Child Care Center 320 Broadway Greenlawn Huntington, NY 11743	11-2694198	-
Research Foundation SUNY PO Box 9 Albany, NY 12201-0009	14-1368361	291,652
Response of Suffolk County Inc. PO Box 300 Stony Brook, NY 11790-0300	11-2308470	-
Retreat inc. 13 Good Friend Dr East Hampton NY 11937	11-2862256	4,875
River of Life 45 Pine Aire Drive Bay Shore, NY 11706	11-3007733	-
Riverhead Foundation for Marine Research 467 East Main Street Riverhead, NY 11901	11-3343543	94
Rochester Lifetime Assistance, Inc 425 Paul Road Rochester, NY 14624	13-3754497	-



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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Ronald McDonald House Charities Rochester 333 Westmore Drive Rochester, NY 14620	16-1271311	-
Ronald McDonald House of the Greater Hudson Valley 80 Woods Road, PO Box 299 Valhalla, NY 10595	35-2181050	442
Ronald McDonald House of LI 267-07 76th Avenue New Hyde Park, NY 11042	11-2764747	3,876
Rory Staunton Foundation 135 West 50th St., Eurotech Suite New York, NY 10020	46-1021898	1,039
Rosa Lee Young Childhood Center 180 N Village Ave Rockville Centre NY 11570	11-2279803	6,500
Roslyn After School Program 475 Round Hill Rd Roslyn NY 11577	26-4723346	1,000
Roswell Park Comprehensive Cancer Center Elm and Carlton Street Buffalo, NY 14263	16-1391608	619
Ruff House Rescue, Inc. PO Box 365 Oceanside, NY 11572	27-0964354	1,176
Safe and Sound Sanctuary, Inc. PO Box 24 Islip Terrace NY 11752	80-0392284	-
Safe Center 15 Grumman Road Bethpage NY 11714	11-2442377	15,541
Safe Horizon 2 Lafayette Street, 3rd Floor New York, NY 10007	13-2946970	-
Saint Basil Academy 79 Saint Basil Road Garrison, NY 10524	13-1671150	43
Salvation Army of Greater New York 120 West 14th Street New York, NY 10011	11-3280492	18,350
Save the Animals Rescue (STAR) Foundation 77 S. Swezeytown Road Middle Island, NY 11953	11-3215886	-
Save-A-Pet Animal Rescue, Inc. 608 Route 112 Port Jefferson Station, NY 11776	11-3290684	204
Schomburg Center for Research in Black Culture-The New York Publ 515 Malcom X Blvd New York, NY 10037	13-1887440	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Second Chance Rescue PO 570701 Whitestone, NY 11357	26-4835303	499
Selfhelp Community Services 50 Clinton Ave. Hempstead NY 11550	13-1624178	4,875
Sensory Beans Inc PO Box 11 Merrick, NY 11566	47-3886249	-
Shriners Hospitals for Children - Florida PO BOX 31356 Tampa, FL 33631	36-2193608	1,538
Sid Jacobsen JCC 300 Forest Dr East Hills NY 11548	11-1976051	4,875
Sjogren's Syndrome Foundation Inc 6707 Democracy Blvd - Ste 325 Bethesda, MD 20817	11-2779073	442
Skills Unlimited 405 Locust Ave Oakdale NY 11769	11-1759110	5,250
Society of St.Vincent de Paul 249 Broadway Bethpage NY 11714	11-1884961	16,439
South Shore Child Guidance 17 W Merrick Rd Freeport NY 11520	11-1881881	5,687
Southampton Animal Shelter Foundation PO Box 696 Hampton Bays, NY 11946	27-1019073	-
Southampton Hospital 240 Meeting House Lane Southampton NY 11968	11-1667765	427,376
Southeast Nassau Guidance Center 2146 Jackson Ave Seaford NY 11783	11-1874531	4,875
Special Olympics - Schenectady 504 Balltown Road Schenectady, NY 12304	23-7061382	-
Spirit's Promise Horse Rescue Program 2746 Sound Avenue Riverhead, NY 11901	45-3660621	-
Ss. Cyril & Methodius Outreach Program 125 Half Hollow Rd Deer Park, NY 11729	11-1718012	94
St. Anthony of Padua 20 Cheshire Place East Northport, NY 11731	38-3778713	594

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
St. Baldricks Foundation 1333 South Mayflower Ave. Ste 400 Monrovia, CA 91016	20-1173824	-
St. Catherine of Siena 50 Route 25A Smithtown, NY 11787	06-1562701	204
St. Elizabeth of Hungary Church 175 Wolf Hill Road Melville, NY 11747	81-2486953	626
St. Francis Pediatric Cardiology 100 Port Washington Blvd. Roslyn, NY 11576	11-2916033	254
St. Joachim's R.C. Church 614 Central Ave Cedarhurst NY 11516	11-3460277	553
St. Jude Childrens Research Hospital 501 St. Jude Place Memphis, TN 38105	62-0646012	19,520
St. Killians Roman Catholic Church 485 Conklin Street Farmindale, NY 11735	61-1556589	919
St. Raymond's Parish 263 Atlantic Avenue East Rockaway, NY 11518	30-0470031	1,031
St. Rocco's Church 18 Third Street Glen Cove, NY 11542	45-2727532	-
St. Rose of Lima Parish Outreach 2 Bayview Avenue Massapequa NY 11758	11-1814003	597
Star Legacy Foundation 11305 Hawk High Court Eden Prairie, MN 55347	26-0227601	221
Stephen Siller Tunnel to Towers 2361 Hyland Blvd Staten Island NY 10306	02-0554654	972
Stony Brook University Hospital Hospital Rd Stony Brook NY 11794	11-6077945	-
Suffolk County AME Scholarship Fund 30 Orville Drive Suite A Bohemia, NY 11716	11-2730742	-
Suffolk County Dept of Health Services 300 Center Dr Riverhead NY 11901	11-6000464	85,789
Suffolk County SPCA 363 Route 111 Smithtown NY 11787	11-2990626	311

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
Suffolk Y Jewish Community Center 74 Hauppauge Rd Commack NY 11725	11-2435521	4,916
Summer Hope Foundation 750 Lido Blvd. #64B Lido Beach, NY 11561	61-1485649	276
SUNY Old Westbury PO Box 210 Westbury, NY 11590	11-2780554	425
Support The Kid for Cancer Inc 11 Paul Street Port Jefferson Station, NY 11776	27-3097170	-
Surfrider Foundation PO Box 6010 San Clemente, CA 92674-6010	95-3941826	-
Take This, Inc. 8311 Brier Creek Pkwy., Suite 105176 Raleigh, NC 27617	46-3882735	482
Tender Loving Cats, Inc. PO Box 827 Melville, NY 11747	81-5228818	800
Thank a Service Member 391 West 1st Street, Box 1010 Oswego, NY 13126	27-1795234	1,475
The Ability Experience 2015 Ayrslay Town Boulevard, Suite 200 Charlotte, NC 28273	58-1588777	-
The Carter Center 453 Freedom Parkway NE Atlanta, GA 30307	58-1454716	-
The Children's Theatre Company 11 West Jamaica Avenue Valley Stream, NY 11508	41-1254553	13
The Legacy Center 2212 Jordan Ln SW Huntsville, AL 38505-3370	47-3746786	-
The Marty Lyons Foundation 54 Veterans Memorial Hwy Commack, NY 11725	13-3146696	221
The Sunshine Center Inc. 468 Boyle Road Port Jefferson Station, NY 11776	11-3181597	1,631
The Rehabilitation Institute 123 Frost St Westbury NY 11590	11-2073672	3,250
The Salvation Army 111 Willis Ave Mineola NY 11501	13-5562351	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
The Spot Church, Inc. 121 Merrill Street Brentwood, NY 11717	30-0711548	-
The SUDC Foundation In Memory of Alexandria Richardson 12030 Sunrise Valley Drive No. 450 Reston, VA 20191	46-5008779	287
The Trevor Project 8704 Santa Monica Blvd Suite 200 West Hollywood, CA 90069	95-4681287	-
The Wilderness Society 1615 M Street NW Washington, DC 20036	53-0167933	-
Thursday's Child 475 E Main St #209 Patchogue NY 11772	11-3068809	167,726
Timothy Hill Children's Ranch 298 Middle Road Riverhead NY 11901	11-2394864	4,174
Town of Huntington Senior Center 423 Park Avenue Huntington, NY 11743	23-7423372	619
Transformative Educational Development Services (TEDS) 365 Middle Country Road, Suite 104 Coram, NY 11727	47-4194949	-
Tuff Tails Animal Rescue PO Box 117 Levittow, NY 11756	32-0373491	21
UJA Federation 6900 Jericho Turnpike, Suite 302E Syosset, NY 1171	51-0172429	15
UNICEF 125 Maiden Lane New York, NY 10038	13-1760110	-
Uniondale Community Council 806 Jerusalem Avenue Uniondale, NY 11553	11-2528802	680
United Cerebral Palsy Association of Suffolk, Inc. PO Box 18045 Hauppauge NY 11788	11-2568841	5,308
United Cerebral Palsy Association of Nassau, Inc. 454 Jerusalem Ave Uniondale NY 11575	11-1723782	4,875
United Cerebral Palsy Association of Queens 81-15 164th Street Jamaica, NY 11431	11-1665821	4
United Leukodystrophy Foundation Inc. 224 North 2nd St., Suite 2 DeKalb, IL 60115	35-1557361	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
United Veterans Beacon House 1715 Union Blvd Bay Shore NY 11706	11-3246402	6,298
United Way of Central New York PO Box 2129 Syracuse, NY 13220	15-0532073	-
United Way of Dutchess-Orange Region 75 Market Street Poughkeepsie, NY 12601	06-1045698	-
United Way of Greater Houston 50 Waugh Drive Houston, TX 77007	74-1167964	-
United Way of Greater Oswego County 1 S. First Street Fulton, NY 13069	15-0532224	-
United Way of Greater Richmond & Petersburg 2001 Maywill Street, Suite 201 Richmond, VA 23230	23-7375346	-
United Way of Greater Rochester 75 College Avenue Rochester, NY 14607	22-3105267	695
United Way of Harrisonburg & Rockingham County 100 South Mason Street, Suite A Harrisonburg, VA 22801	54-0632716	-
United Way of Metropolitan Nashville- Tornado Relief 250 Venture Circle Nashville, TN 37228	62-0533104	-
United Way of Miami Dade 3250 Southwest Third Avenue Miami, FL 33129-2712	59-0830840	-
United Way of Monmouth & Ocean Counties 4814 Outlook Drive, Suite 107 Wall Township, NJ 07753	22-1828435	-
United Way of New York City 2 Park Ave New York NY 10016	13-2617681	3,037
United Way of New York State 800 Troy Schenectady Rd Latham, NY 12110-2424	14-1705108	425
United Way of Rockland County 135 Main Street 2nd Floor Nyack, NY 10960	13-2535262	-
United Way of Schuyler County PO Box 270 Watkins Glen, NY 14891	22-1828435	-
United Way of Tompkins County 313 North Aurora Street Ithaca, NY 14850	15-0572883	-

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
United Way of Westchester and Putnam 336 Central Park Avenue White Plains, NY 10606	13-1997636	-
United Way Worldwide Irma/Maria Recovery Fund (Puerto Rico) 701 Fairfax Street Alexandria, VA 22314	13-1635294	-
Variety Child Learning Center 476 Humphrey Dr Syosset NY 11791	11-2157326	8,607
Venettes Cultural Workshop, Inc. 26 Seaman Neck Road Dix Hills, NY 11746	11-3596981	2,175
Vets & Pets 43 N. Clinton Street York, PA 17404	82-4934037	-
Victims Information Bureau of Suffolk (VIBS) PO Box 5483 Hauppauge NY 11788	11-2411984	12,719
Vietnam Veterans of America 8719 Colesville Road Silver Springs, MD 20910	13-2929110	1,116
Visiting Nurse Association of Long Island 100 Garden City Plaza, Suite 100 Garden City, NY 11530	11-2127785	-
Visiting Nurse Service & Hospice of Suffolk, Inc. 505 Main St Northport NY 11768	11-1722477	10,731
Volunteers for Wildlife Inc. 194 Bayville Road Locust Valley, NY 11560	11-2660135	66
Walk for Alzheimers 225 N. Michigan Avenue Chicago, IL 60601	36-2171730	-
Wantagh Fire Department 2995 Jerusalem Avenue Wantagh, NY 11793	27-4395261	966
Water for People 100 East Tennessee Avenue Denver, CO 80209	84-1166148	-
WE CARE Fund/Nassau County Bar Association 15th and West Streets Mineola NY 11501	23-7336685	276
WellLife Network 120 Commerce Drive, Suite 102 Hauppauge, NY 11788	11-2542430	11,255
West Islip Breast Cancer Coalition for LI PO Box 247 West Islip, NY 11795	11-3144555	268

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ORGANIZATION NAME		Amount of
Organization Address	EIN	Cash Grant
West York BARK 43 North Clinton Street York, PA 17404	46-3816931	890
Wikimedia Foundation 1 Montgomery Street, Suite 1600 San Francisco, CA 94104	20-0049703	-
WNYC Radio-NPR PO Box 1550 New York, NY 10116	13-3015230	845
Women of Integrity, Inc. PO Box 5312 Hempstead NY 11550	80-0682292	-
Woodward Childrens' Center 201 W Merrick Rd Freeport NY 11520	11-1867905	6,500
World Vision Inc. 34834 Weyerhauser Way South Federal Way, WA 98063	95-1922279	-
World Wildlife Fund 1250 24th Street, NW Washington, DC 20037	52-1693387	2,813
Wounded Warrior Project - New York 370 7th Avenue, Suite 1802 New York, NY 10001	20-2370934	8,587
Wyandanch Homes and Property Development Corporation 819 Grand Blvd Deer Park NY 11729	11-2839526	6,571
YES Community Counseling 75 Grand Ave Massapequa NY 11758	11-9403705	7,330
YMCA of Greater NYC 5 West 63rd Street, 6th Floor New York, NY 10023	13-1624228	3,644
YMCA of Long Island 200 W Main St Bay Shore NY 11706	11-1649914	27,409
Youth & Family Counseling Agency of Oyster Bay-East Norwich 193 South St Oyster Bay NY 11771	11-2516151	4,875
Zeldas K9 Rescue 5721 Gibson Shores Drive Lakeland, FL 33809	46-2006673	3,338
<b>TOTAL</b>		\$ 5,910,288