

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** 7/01 , 2016, and ending 6/30 , 2017

<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>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>D</b> Employer identification number 11-6042392  <b>E</b> Telephone number (631) 940-3705  <b>G</b> Gross receipts \$ 16,777,730.
<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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>J</b> Website: WWW.UNITEDWAYLI.ORG		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1964 <b>M</b> State of legal domicile: NY

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: UNITED WAY OF LONG ISLAND, TOGETHER WITH COMMUNITY PARTNERS, ADVANCES THE COMMON GOOD BY INVESTING IN AND DEVELOPING PROGRAMS THAT ADDRESS LONG ISLANDERS' CRITICAL NEEDS IN EDUCATION, HEALTH AND FINANCIAL STABILITY.		
<b>Activities &amp; Governance</b>	<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) .....	<b>3</b>	44
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	44
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b>	95
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	100
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) .....	16,154,691.	16,429,761.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,218.	4,103.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	16,985.	23,692.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	16,174,894.	16,457,556.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	11,078,954.	12,123,448.
	<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) .....	3,531,091.	3,527,902.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	37,059.	18,000.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 782,680.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	875,117.	710,421.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	15,522,221.	16,379,771.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	652,673.	77,785.
	<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) .....	10,648,007.	11,038,039.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	5,389,619.	5,680,489.
			5,258,388.	5,357,550.

**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: <i>Theresa A. Regnante</i>	Date	03-14-2018
	Type or print name and title: <b>THERESA A. REGNANTE PRESIDENT &amp; CEO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<i>David M. Teller</i>	<i>David M. Teller CPA</i>	3/9/18
	Firm's name ▶ NAWROCKI SMITH LLP	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address ▶ 290 BROADHOLLOW RD STE 115E MELVILLE, NY 11747-4822	Firm's EIN ▶ 74-3216978	Phone no. 631-756-9500

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



## United Way of Long Island

### 2017 - A Year in Review

United Way of Long Island works across sectors to diagnose community challenges, design solutions to expand educational, income and health opportunities, deploy resources and volunteers and drive positive change guided by measurable results. In 2017, United Way of Long Island's network of care assisted more than 325,000 individuals, or approximately 1 person out of 10 on Long Island. The following data is a snapshot of outcomes achieved in partnership with United Way's 105 community-based organizations and programs helping people when they need it most.

#### IMPROVING EDUCATION

- 33,000 children participated in a United Way-supported early learning program and 95% showed an improvement in school-readiness.
- 8,000 children participated in a United Way-supported tutoring and homework assistance program. 80% improved their grades and showed advancement in science, technology, engineering and math (STEM).
- 6,000+ students received school supplies through the Stuff-A-Bus Campaign.
- 105 teens received a United Way DREAMS for Youth scholarship or other monetary award and 100% experienced greater success in school.

#### FINANCIAL STABILITY

- \$1.96 million in Earned Income Tax Credits (EITC) were returned to more than 1,775 low-income earners.
- 18,000 individuals received workforce training, completed high school equivalency diplomas and made progress toward a college degree.
- 9,200 people were provided with services in order to remain housed and 98% remained housed.
- 330 opportunity youths became "Ready to Work" and upskilled for better jobs.
- 1,119 families received emergency utility assistance through Project Warmth.
- 790 families on the brink of eviction were enrolled in homelessness prevention programs.
- 503 low-income families learned how to successfully manage their personal finances and began saving for college, homeownership or retirement.
- 109 veterans received emergency financial assistance, case management, PTSD counseling, and other services to maintain self-sufficiency.
- 77 young adults and veterans acquired career skills and credentials for better jobs by participating in YouthBuild and VetsBuild.

## **HEALTHY LIFESTYLES**

- 200,000 healthy meals were served by shelters or home delivery programs.
- 125,000 children, families and seniors accessed United Way-supported health related services including those for autism, home health care and pre-natal care.
- 130,000 clients received assistance from the Emergency Food & Shelter Program (EFSP).
- 50,000 counseling sessions gave people experiencing mental health challenges and addiction someone to turn to.
- 27,811 individuals received savings of \$3,471,683 through the FamilyWize Discount Prescription Program – an average saving of 39% in the areas of mental health, infections, heart disease, diabetes, asthma and others.
- 5,000 children participated in the Healthy Kids, Healthy Families Initiative to reduce obesity.
- 4,500 activities helped build connections and reduce isolation among people with disabilities.
- 3,000 families received important information through BeReadyLI to prepare before, during and after a disaster.
- 3,274 individuals received supportive services through the Ryan White Part A/MAI program, managed by United Way.
- 6 United Way-supported housing projects were built to address the health needs of families.

## **2-1-1 LONG ISLAND**

- 11,129 calls for help were answered by the 2-1-1 Long Island Call Center – a 6.4% increase from the previous year. The 2-1-1 Long Island website received 274,530 visits.

## **SUPER STORM SANDY, OPERATION RECOVERY & REBUILD**

- \$1.8 million in support and grants from the Robin Hood Foundation were deployed to community collaborations and impacted lower-income families on Long Island with continuing needs due to Super Storm Sandy.

*\* Individuals may participate in more than one program.*

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

4 Describe the 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 \$ 14,393,709. including grants of \$ ) (Revenue \$ )

SEE ATTACHED SCHEDULE

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

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

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

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

4e Total program service expenses ▶ 14,393,709.

**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 temporarily restricted endowments, permanent endowments, or 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**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 a</b> 33		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0		
<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? <b>1 c</b> X	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 95		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b> X	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>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b>		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4 a</b>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <b>6 a</b>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7 a</b>	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b>	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</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 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <b>9 a</b>		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>11 a</b>	Gross income from members or shareholders. <b>11 a</b>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>		
<b>13 c</b>	Enter the amount of reserves on hand. <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. . . . .	44	
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	44	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

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

**Section C. Disclosure**

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



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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA GRASSO BOARD CHAIR	5 0	X		X				0.	0.	0.
(2) JOHN R. DURSO CHAIR ELECT	5 0	X		X				0.	0.	0.
(3) ALEXANDER BATEMAN JR. DIRECTOR	1 0	X						0.	0.	0.
(4) LYNDY HULLSTRUNG TREASURER	5 0	X		X				0.	0.	0.
(5) ELLEN REDMOND SECRETARY	5 0	X		X				0.	0.	0.
(6) ROBERT ANDREW WILD GENERAL COUNSEL	5 0	X		X				0.	0.	0.
(7) DAVID CALONE DIRECTOR	1 0	X						0.	0.	0.
(8) PAUL FLEISHMAN DIRECTOR	1 0	X						0.	0.	0.
(9) RONNIE RENKEN DIRECTOR	1 0	X						0.	0.	0.
(10) NICHOLAS AULETTA DIRECTOR	1 0	X						0.	0.	0.
(11) LORRAINE AYCOCK DIRECTOR	1 0	X						0.	0.	0.
(12) RONALD BAUER DIRECTOR	1 0	X						0.	0.	0.
(13) JENNIFER CONA DIRECTOR	1 0	X						0.	0.	0.
(14) JOHN CONSTANZO 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			
(15) ROBERT DEMARINIS DIRECTOR	1 0	X					0.	0.	0.
(16) TRACEY EDWARDS DIRECTOR	1 0	X					0.	0.	0.
(17) GLORIA GARGANO DIRECTOR	1 0	X					0.	0.	0.
(18) KEVIN GATES DIRECTOR	1 0	X					0.	0.	0.
(19) THOMAS GILMARTIN DIRECTOR	1 0	X					0.	0.	0.
(20) PETER GOLDSMITH DIRECTOR	1 0	X					0.	0.	0.
(21) KEVIN M. HARVEY DIRECTOR	1 0	X					0.	0.	0.
(22) KATHERINE HEAVISIDE DIRECTOR	1 0	X					0.	0.	0.
(23) MARC HERBST DIRECTOR	1 0	X					0.	0.	0.
(24) SHANTEY HILL DIRECTOR	1 0	X					0.	0.	0.
(25) RICHARD S. HOAGLAND DIRECTOR	1 0	X					0.	0.	0.
<b>1 b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							959,480.	0.	234,767.
<b>d Total (add lines 1b and 1c)</b>							959,480.	0.	234,767.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**11-6042392**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LYNN JOHNSON DIRECTOR	1 0	X						0.	0.	0.
DR. KISHORE KUNCHAM DIRECTOR	1 0	X						0.	0.	0.
NICHOLAS LAMORTE DIRECTOR	1 0	X						0.	0.	0.
NANCY W. LARSON DIRECTOR	1 0	X						0.	0.	0.
ROY LABEL DIRECTOR	1 0	X						0.	0.	0.
STEVEN LIPPONER DIRECTOR	1 0	X						0.	0.	0.
ANTHONY MANETTA DIRECTOR	1 0	X						0.	0.	0.
LOUIS MASTRIANNI DIRECTOR	1 0	X						0.	0.	0.
GREGORY MAY DIRECTOR	1 0	X						0.	0.	0.
LYNDA NICOLINO DIRECTOR	1 0	X						0.	0.	0.
TERESA O'HALLORAN DIRECTOR	1 0	X						0.	0.	0.
JOSEPH PIRONE DIRECTOR	1 0	X						0.	0.	0.
HUMERA QAZI DIRECTOR	1 0	X						0.	0.	0.
BRANDON V. RAY DIRECTOR	1 0	X						0.	0.	0.
VICTORIA SCHNEPS DIRECTOR	1 0	X						0.	0.	0.
ERIC J. SCHONHOFF DIRECTOR	1 0	X						0.	0.	0.
BERNIE SENSALÉ DIRECTOR	1 0	X						0.	0.	0.
THOMAS VALENTI DIRECTOR	1 0	X						0.	0.	0.
VIRGINIA UMBREIT DIRECTOR	1 0	X						0.	0.	0.
THERESA REGNANTE PRESIDENT	40 0				X			274,748.	0.	58,748.
RICHARD WERTHEIM HOUSING DIRECTOR	40 0					X		157,888.	0.	46,465.

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			
CRAIG FLIGSTEIN ----- VP COMM IMPACT	40 0					X		133,173.	0.	43,179.
JAMES SANDS ----- CFO	40 0					X		150,224.	0.	25,413.
GEORGETTE BEAL ----- SR VP PLAN & GRANT	40 0					X		123,679.	0.	40,701.
DEVERA LYNN ----- SR VP MARKETING	40 0					X		119,768.	0.	20,261.
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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>1 b</b> Membership dues .....	<b>1 b</b>				
	<b>1 c</b> Fundraising events .....	<b>1 c</b> 761,916.				
	<b>1 d</b> Related organizations .....	<b>1 d</b>				
	<b>1 e</b> Government grants (contributions) .....	<b>1 e</b> 7,381,366.				
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 8,286,479.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	<b>h</b> 16,429,761.				
<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>g</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		4,103.		4,103.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	226,633.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	202,941.			
	<b>c</b> Rental income or (loss) .....	23,692.				
	<b>d</b> Net rental income or (loss) .....		23,692.		23,692.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including.. \$ 761,916. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 117,233.				
		<b>b</b> Less: direct expenses .....	117,233.			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>						
<b>11 a</b> -----	<b>Business Code</b>					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	<b>e</b>				
<b>12 Total revenue.</b> See instructions .....	<b>12</b>	16,457,556.	0.	0.	27,795.	

**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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,144,564.	11,144,564.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	978,884.	978,884.		
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.	274,748.	146,168.	78,910.	49,670.
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.	2,684,359.	1,428,101.	770,971.	485,287.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	117,821.	64,362.	32,136.	21,323.
9 Other employee benefits.	226,350.	123,648.	61,737.	40,965.
10 Payroll taxes.	224,624.	122,705.	61,267.	40,652.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	18,000.			18,000.
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.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	61,853.	32,906.	17,765.	11,182.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	22,020.	11,715.	6,324.	3,981.
20 Interest.	41,463.	22,650.	11,309.	7,504.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	79,340.	43,341.	21,640.	14,359.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL FEES	264,234.	144,343.	72,070.	47,821.
b EQUIP RENTAL AND MAINTENANCE	175,132.	93,172.	50,299.	31,661.
c MISCELLANEOUS	47,248.	27,018.	13,490.	6,740.
d AMORTIZATION	18,830.	10,018.	5,408.	3,404.
e All other expenses.	301.	114.	56.	131.
25 Total functional expenses. Add lines 1 through 24e.	16,379,771.	14,393,709.	1,203,382.	782,680.
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>	1	Cash – non-interest-bearing		1
	2	Savings and temporary cash investments	4,388,307.	2 4,761,001.
	3	Pledges and grants receivable, net	2,870,112.	3 3,003,546.
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	90,235.	9 69,507.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,614,461.	
	b	Less: accumulated depreciation	10b 2,640,186.	
	10c		3,090,980.	10c 2,974,275.
	11	Investments – publicly traded securities	208,373.	11 229,710.
	12	Investments – other securities. See Part IV, line 11		12
	13	Investments – program-related. See Part IV, line 11		13
	14	Intangible assets		14
15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,648,007.	16 11,038,039.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	579,347.	17 604,582.
	18	Grants payable	1,423,495.	18 1,484,491.
	19	Deferred revenue	1,127,264.	19 1,424,612.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	2,259,513.	23 2,166,804.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	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		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,389,619.	26 5,680,489.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	4,631,777.	27 4,814,218.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets	626,611.	29 543,332.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	5,258,388.	33 5,357,550.	
34	<b>Total liabilities and net assets/fund balances</b>	10,648,007.	34 11,038,039.	

BAA

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,457,556.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,379,771.
3	Revenue less expenses. Subtract line 2 from line 1	3	77,785.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,258,388.
5	Net unrealized gains (losses) on investments	5	21,377.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,357,550.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2016)



**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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	17043705.	18968337.	16541508.	16154691.	16431088.	85,139,329.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	17043705.	18968337.	16541508.	16154691.	16431088.	85,139,329.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						85,139,329.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4.	17043705.	18968337.	16541508.	16154691.	16431088.	85,139,329.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	48,992.	24,386.	3,035.	3,218.	4,103.	83,734.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.	195,685.	252,416.	239,281.			687,382.
11 <b>Total support.</b> Add lines 7 through 10.						85,910,445.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)).	14	99.10 %
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	98.76 %
16a <b>33-1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 <b>Total.</b> Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<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)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If 'Yes,' explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<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? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If 'Yes,' provide detail in <b>Part VI</b> .		
<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? If 'Yes,' provide detail in <b>Part VI</b> .		
<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? If 'Yes,' provide detail in <b>Part VI</b> .		
<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)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2016

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

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

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

NATURE AND SOURCE	2016	2015	2014	2013	2012
MISCELLANEOUS			\$ 239,281.	\$ 252,416.	\$ 195,685.
TOTAL	\$ 0.	\$ 0.	\$ 239,281.	\$ 252,416.	\$ 195,685.



**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.**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

11-6042392

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions **exclusively** for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

<b>Name of organization</b> UNITED WAY OF LONG ISLAND	<b>Employer identification number</b> 11-6042392
--	---

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 5,702,820.	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	\$ 1,294,546.	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	\$ 384,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

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

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

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

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

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

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

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

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

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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)	205,000.	
3 Aggregate value of grants from (during year)	310,817.	
4 Aggregate value at end of year	241,055.	

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	626,611.	560,031.	527,335.	467,679.	411,757.
b Contributions	239,913.	66,580.	32,696.	59,656.	93,247.
c Net investment earnings, gains, and losses	21,337.	7,308.	9,263.	23,069.	1,397.
d Grants or scholarships					
e Other expenditures for facilities and programs	344,529.	7,308.	9,263.	23,069.	38,722.
f Administrative expenses					
g End of year balance	543,332.	626,611.	560,031.	527,335.	467,679.

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		373,761.		373,761.
b Buildings		4,187,658.	1,630,182.	2,557,476.
c Leasehold improvements				
d Equipment		1,053,042.	1,010,004.	43,038.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,974,275.

BAA

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

N/A

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 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	16,277,462.
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	457,239.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	138,610.	
	e Add lines 2a through 2d	2e		595,849.
3	Subtract line 2e from line 1		3	15,681,613.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	775,943.	
	c Add lines 4a and 4b	4c		775,943.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,457,556.

**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	16,178,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	457,239.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	117,233.	
	e Add lines 2a through 2d	2e		574,472.
3	Subtract line 2e from line 1		3	15,603,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	775,943.	
	c Add lines 4a and 4b	4c		775,943.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,379,771.

**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 - FIN 48 FOOTNOTE**

UWLI ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION WHICH RECOGNIZES THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE



**Part XIII Supplemental Information** (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

SUSTAINED. THE IMPLEMENTATION OF THESE STANDARDS HAD NO IMPACT ON UWLI'S FINANCIAL STATEMENTS. UWLI DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN ITS FINANCIAL STATEMENTS. RETURNS FILED FOR TAX YEARS ENDED ON OR AFTER JUNE 30, 2014 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 EXPENSE.....	\$	117,233.
UNREALIZED GAIN.....		21,377.
	TOTAL \$	<u>138,610.</u>

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

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	978,884.
RENTAL EXPENSE.....		-202,941.
	TOTAL \$	<u>775,943.</u>

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

FUNDRAISING EXPENSE.....	\$	117,233.
	TOTAL \$	<u>117,233.</u>

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

AMOUNTS RAISED WITH DONOR DESIGNATION.....	\$	978,884.
RENTAL EXPENSE.....		-202,941.
	TOTAL \$	<u>775,943.</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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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 RESOURCE GROUP 4250 VETS HWY HOLBROOK NY 11741			X		18,000.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					18,000.	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.

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-----  
-----  
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**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LUNCHEON GALA (event type)	LI INSURANCE (event type)	NONE (total number)	(add column (a) through column (c))
	1	Gross receipts	673,130.	206,019.	879,149.
	2	Less: Contributions	612,564.	149,352.	761,916.
	3	Gross income (line 1 minus line 2)	60,566.	56,667.	117,233.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	29,095.	33,420.	62,515.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	31,471.	23,247.	54,718.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

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

**SCHEDULE I**  
**(Form 990)**

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

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**UNITED WAY OF LONG ISLAND**

**11-6042392**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE			11,144,564.	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 **1**
- 3** Enter total number of other organizations listed in the line 1 table **0**

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

TEEA3901L 11/03/16

**Schedule I (Form 990) (2016)**

**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 SEE ATTACHED SCHEDULE		978,884.			
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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF LONG ISLAND

Employer identification number

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 in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> 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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

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.

**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.

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

	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) 2016**

**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 are not 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) 254,748. (ii) 0.	(ii) 20,000. (iii) 0.	(iii) 0. (iii) 0.	58,748. 0.	0. 0.	333,496. 0.	0. 0.
2	RICHARD WERTHEIM HOUSING DIRECTOR	(i) 157,888. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	46,465. 0.	0. 0.	204,353. 0.	0. 0.
3	CRAIG FLIGSTEIN VP COMM IMPACT	(i) 133,173. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	43,179. 0.	0. 0.	176,352. 0.	0. 0.
4	JAMES SANDS CFO	(i) 150,224. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	25,413. 0.	0. 0.	175,637. 0.	0. 0.
5	GEORGETTE BEAL SR VP PLAN & GRANT	(i) 123,679. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	40,701. 0.	0. 0.	164,380. 0.	0. 0.
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

UNITED WAY OF LONG ISLAND

11-6042392

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

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

**FORM 990, PART 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.

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
2-1-1 Program 819 Grand Blvd Deer Park NY 11729	11-6042392	-	190,225
Adelante of Suffolk County 10 Third Ave Brentwood, NY 11717	11-2554522	575	23,040
Adults and Children w/ Learning & Developmental Disabilities 807 S Oyster Bay Rd Bethpage NY 11714	11-6042250	10,504	9,500
Aid for Africa 6909 Ridgewood Ave Chevy Chase MD 20815	06-1703295	1,320	-
ALS Association 42 Broadway Suite 1724 New York NY 10004	13-3616680	5,902	-
Alzheimer's Association 425 Broad Hollow Rd Suite 307 Melville NY 11747	13-3039601	14,947	-
American Cancer Society (Suffolk) 75 Davids Drive Hauppauge NY 11788	16-0743902	31,064	-
American Heart Association 125 E Bethpage Rd Plainview NY 11803	13-5613797	9,898	-
American Red Cross, Long Island Chapter 195 Willis Ave Mineola NY 11501	53-0196605	8,548	82,000
America's Charities 14150 Newbrook Dr Chantilly VA 20150	54-1517707	28,547	-
Animal Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3193389	28,883	-
ArchCare at Home (formerly Dominican Sisters) 299 N Highland Ave Ossining NY 10562	13-1740242	1,276	7,000
Ascent School 819 Grand Blvd Deer Park NY 11729	11-3486874	701	6,000
Association for Children with Downs Syndrome (ACDS) 4 Fern Place Plainview NY 11803	23-7175975	4,172	7,000
Association for Mental Health & Wellness 939 Johnson Ave Ronkonkoma NY 11779	11-3012392	4,293	6,000
Association for the Help of Retarded Children Nassau County 189 Wheatley Road Brookville NY 11545	11-1720254	925	13,500

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Association for the Help of Retarded Children Suffolk County 2900 Vets Memorial Hgwy Bohemia NY 11716	11-1845294	6,538	-
Autism Speaks 328 Main Street Port Washington NY 11050	20-2329938	19,523	-
B & F Friedman South Shore YJCC 15 Neil Court Oceanside NY 11572	11-2002556	-	7,000
Baldwin Community House POB 55 Baldwin NY 11510	11-9403705	53	6,000
Bank of America Summer Youth Program 819 Grand Blvd Deer Park NY 11729	116042392	-	60,000
Bellport Boys & Girls Club 471 Atlantic Ave Bellport NY 11713	23-7376060	1,095	6,000
Bellport, Hagerman, East Patchogue Alliance, Inc. 1492 Montauk Hgwy Bellport NY 11713	11-2529822	1,040	15,000
Belser Family Scholarship Fund 819 Grand Blvd Deer Park NY 11729	11-6042392	-	12,208
Black Girls Rock 48 Lexington Ave Brooklyn NY 11238	68-0635936	9,748	-
Boy Scouts of America, Suffolk Council 7 Scouting Way Medford NY 11763	11-1631834	6,393	10,000
Boy Scouts of America, Theodore Roosevelt Council 544 Broadway Massapequa NY 11758	11-1631798	-	10,000
Brookhaven Service Center Charities Foundation 1040 Waverly Ave Holtsville NY 11742	11-3448930	8,131	-
Cancer Care 20 Crossways Park Woodbury NY 11797	11-2254990	17,784	8,000
Cancer Cure of America 275 Seventh Ave New York NY 10001	13-1825919	9,772	-
Carol Baldwin Breast Cancer Research Fund PO Box 356 Camillus NY 13031	41-2026012	1,122	-
Catholic Charities Diocese of Rockville Centre 90 Cherry Lane Hicksville NY 11801	11-1843801	38,944	65,000

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Central Nassau Guidance and Counseling Services, Inc. 950 South Oyster Bay Road Hicksville NY 11801	11-2438388	1,650	13,000
Charles Thide Foundation PO Box 122 Mt Sinai NY 11766	03-0551494	27,310	-
Child Care Council of Nassau, Inc. 925 Hempstead Tnpk Franklin Square NY 11010	11-2254990	1,089	14,500
Child Care Council of Suffolk 60 Calvert Ave Commack NY 11725	11-2696681	1,240	12,500
Children's Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3148588	11,795	-
Children's Medical Charities of America 14150 Newbrook Dr Chantilly VA 20150	27-0093393	5,488	-
Christian Charities USA 1100 Larkspur Landing Larkspur CA 94939	94-3255961	8,383	-
Christian Service Charities 7620 Little River Tnpk Annadale VA 22003	94-3193374	11,764	-
Circulo de la Hispanidad 91 N Franklin St Hempstead NY 11551	11-2525327	120	405,795
CITI Prosperity Center 819 Grand Blvd Deer Park NY 11729	11-6042392	-	35,000
Coalition Against Child Abuse & Neglect, Inc. 229 Seventh St Garden City NY 11530	11-2630560	146	-
Colonial Youth and Family Services 1235 Montauk Hgwy Mastic Beach NY 11951	23-7271852	5,483	8,000
Community Development Corporation of Long Island, Inc. 2100 Middle Country Road Centereach NY 11720	11-2221341	101	10,000
Community Health Charities 200 North Glebe Road Arlington VA 22203	13-6167225	66,004	-
Concern for Independent Living 312 Expressway Drive South Medford NY 11763	23-7259687	-	6,000
COPAY 21 N Station Plaza Great Neck NY 11021	11-2212496	-	9,000

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Crohn's & Colitis Foundation 585 Stewart Ave Garden City NY 11530	13-6193105	6,764	-
Developmental Disabilities Institute 99 Hollywood Drive Smithtown NY 11787	11-6077347	5,661	10,000
Dreams for Youth Grants 819 Grand Blvd Deer Park NY 11729	11-6042392	-	136,102
E3 - Job Training Initiative 819 Grand Blvd Deer Park NY 11729	11-6042392	-	20,063
Earth Share 7735 Old Georgetown Rd Bethesda MD 20814	52-1601960	10,012	-
Economic Opportunity Council of Nassau, Inc. 124 Jackson St Hempstead NY 11550	11-2195458	47	18,000
Economic Opportunity Council of Suffolk, Inc. 475 E Main St Patchogue NY 11772	11-2141197	-	322,500
EAC Network 50 Clinton Ave Hempstead NY 11550	23-7175609	349	12,500
Eleanor Whitmore Early Childhood Center PO Box 63 East Hampton NY 11937	11-2202589	364	6,000
Emergency Food and Shelter Program 701 North Fairfax Ave Alexandria VA 22314		-	147,000
Epilepsy Foundation of Long Island 506 Steward Ave Garden City NY 11530	11-1821135	811	6,500
Family and Children's Association 129 Jackson Ave Hempstead NY 11550	11-3422018	2,664	54,000
Family Life Center 20 Andrews Ave Wyandanch NY 11798	11-2748571	385	6,000
Family Service League of Suffolk County 790 Park Ave Huntington NY 11743	11-1631827	12,241	230,585
Federation of Organizations/Foster Grandparents 1 Farmingdale Road West Babylon NY 11704	23-7237931	3,426	9,500
Gerald Ryan Outreach 1434 Straight Path Wyandanch NY 11798	11-3064802	495	6,000

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Girls Inc 819 Grand Blvd Deer Park NY 11729	13-4028433	-	3,750
Girl Scouts of Nassau County, Inc. 110 Ring Road West Garden City NY 11530	11-2041443	1,101	21,500
Girl Scouts of Suffolk County, Inc. 442 Moreland Road Commack NY 11725	11-2164434	1,863	21,500
Global Impact 66 Canal Center Plaza Alexandria VA 22314	52-1273585	24,024	-
Green Jobs Housing Programs 819 Grand Blvd Deer Park NY 11729	11-6042392	-	471,457
Guide Dog for the Blind 371 E Main St Smithtown NY 11787	11-1687477	4,290	-
Gurwin Jewish Nursing & Rehabilitation Center 68 Hauppauge Rd Commack NY 11725	11-3342472	1,963	6,000
Habitat For Humanity of Suffolk 643 Middle Country Rd Middle Island NY 11953	11-2840553	8,380	6,000
H.E.L.P. Services (Freeport Pride) 46 Pine St Freeport NY 11520	11-2234524	520	13,000
Hagedorn Little Village School 750 Hicksville Rd Seaford NY 11783	11-2222807	456	6,000
Harbor Day Care Center 999 Herricks Rd New Hyde Park NY 11040	11-2308879	52	12,500
Haven House/Bridges 840 Suffolk Ave Brentwood NY 11717	11-3084088	606	10,000
Health & Medical Research Charities of America 1100 Larkspur Landing Larkspur CA 94939	94-3217739	16,446	-
Health and Welfare Council of Long Island One Helen Keller Way Hempstead NY 11550	11-1858098	589	70,000
Health First - America's Charities 14150 Newbrook Dr Chantilly VA 20150	30-0186796	4,104	-
Health Research Inc. 150 Broadway Menands NY 12204	14-1412055	-	310,634

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Helen Keller Services for the Blind One Helen Keller Way Hempstead NY 11550	11-1630807	2,621	7,000
Hempstead Rebirth 179 N. Franklin St Hempstead NY 11550	11-1614994	2,912	-
Hicksville Boys & Girls Club 79 W Old Country Rd Hicksville NY 11801	11-2287963	1,629	17,000
Hispanic Brotherhood 59 Clinton Ave Rockville Centre NY 11570	11-3454056	-	18,000
Hispanic Counseling Center, Inc. 344 Fulton Ave Hempstead NY 11550	11-2592214	3,505	257,136
Hope House Ministries 1 High St Port Jefferson NY 11777	14-6050436	4,997	-
Housing Help 91 Broadway Greenlawn NY 11740	11-2356150	190	7,500
Housing Opportunities for People with AIDS (HOPWA) 819 Grand Blvd Deer Park NY 11729	11-6042392	-	1,179,691
Hudson River Health Care INC 1037 Main St Peekskill NY 10566	13-2828349	-	418,573
Human & Civil Rights Org of America 10 Chestnut St Salem MA 01970	94-3193388	2,424	-
Independent Charities of America PO Box 45694 San Francisco CA 94145	94-3067804	12,664	-
Interfaith Nutrition Network (INN) 211 Fulton Ave Hempstead NY 11550	11-2676892	3,542	-
Island Harvest, Ltd. 199 Second Street Mineola NY 11501	11-3136350	30,400	6,000
JCC of the Greater Five Towns 207 Grove Ave Cedarhurst NY 11516	11-2546437	-	7,000
Jewish Association for Services for the Aged 162 W Park Ave Long Beach NY 11561	13-2620896	3,912	10,000
John T. Mather Memorial Hospital 75 North Country Rd Port Jefferson NY 11777	11-1639818	130	-



ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
LaFuerza Unida 1 School Street Glen Cove NY 11542	11-2528786	-	12,960
Labor Education & Community Services 390 Rabro Dr Hauppauge NY 11788	23-7442181	-	45,000
Leukemia & Lymphoma Society 1324 Motor Parkway Hauppauge NY 11788	13-5644916	12,921	-
Life Enrichment Center of Oyster Bay (The) 45 East Main St Oyster Bay NY 11771	11-2496305	130	8,000
Life's WORC (The) 1501 Franklin Ave Garden City NY 11530	11-9403705	1,042	6,000
Littig House Charles Ave Port Washington NY 11050	11-2503507	49	12,000
Little Shelter Animal Rescue 33 Warner Rd Huntington NY 11743	11-6000821	7,750	-
Long Beach Reach, Inc. 2-12 W Park Ave Long Beach NY 11561	11-2225260	2,719	21,500
Long Island Alzheimer's Foundation 5 Channel Dr Port Washington NY 11050	11-2926958	3,205	6,000
Long Island Association for AIDS Care (LIAAC) PO Box 2859 Huntington Station NY 11746	11-2809739	1,050	4,000
Long Island Cares 10 David's Lane Hauppauge NY 11788	11-2524512	23,511	10,000
Long Island Child & Family Development Corp 98 Austin Street Patchogue NY 11772	11-2771919	52	6,000
Long Island Coalition for the Homeless 38 Old Country Road Garden City NY 11530	11-2770718	2,233	15,000
Long Island Council on Alcoholism & Drug Dependency 2805 Veterans Memorial Highway Ronkonkoma NY 11779	11-1833092	5,573	5,000
Long Island Crisis Center 2740 Martin Ave Bellmore NY 11710	11-2284823	1,451	6,000
Long Island Gay and Lesbian Youth 34 Park Ave Bay Shore NY 11706	11-3192966	-	80,925

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Long Island Housing Services 640 Johnson Ave Bohemia NY 11716	11-2494324	781	13,500
Lutheran Family & Community Services 311 Uniondale Ave Uniondale NY 11553	11-2574183	468	6,000
Make It Count Foundation Inc PO Box 370 West Islip NY 11795	27-2037456	5,000	-
Make-A-Wish Foundation of Suffolk 1 Comack Loop Ronkonkoma NY 11779	11-2666969	18,712	-
Medical Research Charities 8001 Braddock Road Springfield VA 22151	94-3148591	3,617	-
Mental Health Association of Nassau County 16 Main St Hempstead NY 11550	11-1710983	1,772	13,500
Mid-Island Y JCC 45 Manetto Hill Rd Plainview NY 11803	11-1841899	1,256	7,000
Middle Country Library 101 Eastwood Blvd Centereach NY 11720	11-3388626	52	-
Mission United 819 Grand Blvd Deer Park NY 11729	11-6042392	79,712	215,698
Molloy College "Green Homes" 1000 Hempstead Ave Rockville Center NY	11-1797182	-	110,328
Nassau Health Care Foundation 2201 Hempstead Tnpk East Meadow NY 11554	11-2033858	-	654,564
Nassau Suffolk Law Services Committee One Helen Keller Way Hempstead NY 11749	11-2125411	1,414	544,815
National Multiple Sclerosis Society-Long Island Chapter 40 Marcus Dr Melville NY 11747	11-1948311	10,470	6,000
Neighbor to Nation 7620 Little River Tnpk Annandale VA 22003	54-1879282	2,626	-
New York Bully Crew 1457 Montauk Highway Patchogue NY 11772	27-4846322	6,478	-
North Shore Animal League 25 Davis Ave Port Washington NY 11050	11-1666852	16,591	-

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
North Shore Child & Family Guidance Center 480 Old Westbury Rd Roslyn Heights NY 11577	11-1797183	536	9,000
North Shore University Hospital St. Andrew's Lane Glen Cove NY 11542	11-1562701	-	612,539
Options for Community Living 202 East Main St Smithtown NY 11787	11-2612035	747	228,795
Paul Snyder Memorial Foundation 67 Craig Road Islip Terrace NY 11752	26-4740228	13,899	-
Parent Child Home Program 1415 Kellum Place Garden City NY 11530	11-2495601	-	6,000
Peconic Community Council 554 E Main St Riverhead NY 11901	11-3392151	-	8,000
Pederson-Krag Center, Inc. 55 Herizon Dr Huntington NY 11743	11-1955477	634	16,000
Planned Parenthood Hudson Peconic Inc 70 Maple Ave Smithtown NY 11787	13-2673025	2,246	-
Port Counseling Center 225 Main St Port Washington NY 11050	23-7083552	-	8,000
Project Warmth 819 Grand Blvd Deer Park NY 11729	11-6042392	-	614,853
Pronto of Long Island 128 Pine Aire Dr Brentwood NY 11717	11-2317426	4,000	19,100
Prosperity Center 819 Grand Blvd Deer Park NY 11729	11-6042392	-	9,090
Restore 819 Grand Blvd Deer Park NY 11729	11-6042392	-	23,000
Ronald McDonald House One Kroc Drive Oak Brook IL 60523	36-2934689	7,919	-
Rosa Lee Young Childhood Center 180 N Village Ave Rockville Centre NY 11570	11-2279803	60	9,500
Roslyn After School Program 475 Round Hill Rd Roslyn NY 11577	26-4723346	-	6,000

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Safe Center 15 Grumman Road Bethpage NY 11714	11-2442377	1,423	22,800
Schaufeld Scholarship Grants 819 Grand Blvd Deer Park NY 11729	11-6042392	-	244,517
Selfhelp Community Services 50 Clinton Ave. Hempstead NY 11550	13-1624178	-	6,000
Sid Jacobsen JCC 300 Forest Dr East Hills NY 11548	11-1976051	300	7,000
Skills Unlimited 405 Locust Ave Oakdale NY 11769	11-1759110	775	14,500
Society of St.Vincent de Paul 249 Broadway Bethpage NY 11714	11-1884961	2,456	23,500
South Shore Child Guidance 17 W Merrick Rd Freeport NY 11520	11-1881881	-	8,000
Southampton Hospital 240 Meeting House Lane Southampton NY 11968	11-1667765	18	503,740
Southeast Nassau Guidance Center 2146 Jackson Ave Seaford NY 11783	11-1874531	18	6,000
Stephanie J. Kahn Listening Therapy 212 W Park Ave Long Beach NY 11561	51-0187771	-	9,000
Stony Brook Child Care Services Daniel Webster Dr Stony Brook NY 11794	11-2828494	3,261	-
Stony Brook Foundation 230 Administration SBU Sytony Brook NY 11794	11-6077945	6,902	-
Stony Brook University Hospital Hospital Rd Stony Brook NY 11794	11-6077945	4,935	336,090
Suffolk County Coalition Against Domestic Violence, Inc. PO Box 1269M Bay Shore NY 11706	11-2470902	937	11,500
Suffolk County Dept of Health Services 300 Center Dr Riverhead NY 11901	11-6000464	-	87,108
Suffolk County SPCA 363 Route 111 Smithtown NY 11787	11-2990626	7,905	-

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Suffolk Y Jewish Community Center 74 Hauppauge Rd Commack NY 11725	11-2435521	61	7,000
Superstorm Sandy Relief 819 Grand Blvd Deer Park NY 11729	11-6042392	-	936,975
The Rehabilitation Institute 123 Frost St Westbury NY 11590	11-2073672	-	7,000
The Retreat 13 Good Friend Dr East Hampton NY 11937	11-2862256	681	6,000
The Salvation Army 111 Willis Ave Mineola NY 11501	13-5562351	5,917	55,000
Thursday's Child 475 E Main St #209 Patchogue NY 11772	11-3068809	-	123,092
Timothy Hill Children's Ranch 298 Middle Road Riverhead NY 11901	11-2394864	970	6,000
United Cerebral Palsy Association of Suffolk, Inc. PO Box 18045 Hauppauge NY 11788	11-2568841	475	7,500
United Cerebral Palsy Association of Nassau, Inc. 454 Jerusalem Ave Uniondale NY 11575	11-1723782	1,605	7,500
United Veterans Beacon House 1715 Union Blvd Bay Shore NY 11706	11-3246402	12,222	6,000
United Way of New York City 2 Park Ave New York NY 10016	13-2617681	10,418	-
Variety Child Learning Center 476 Humphrey Dr Syosset NY 11791	11-2157326	4,027	11,000
VetsBuild 819 Grand Blvd Deer Park NY 11729	11-6042392	-	68,378
Victims Information Bureau of Suffolk (VIBS) PO Box 5483 Hauppauge NY 11788	11-2411984	5,815	14,000
Visiting Nurse Service & Hospice of Suffolk, Inc. 505 Main St Northport NY 11768	11-1722477	6,338	14,000
Wounded Warrior Project 4899 Belfort Rd Jacksonville FL 32256	20-2370934	33,163	-

ORGANIZATION NAME		Designated	Program
Organization Address	EIN	Gift	Investment
Women's Fund of Long Island 1740 Old Jericho Turnpike Jericho NY 11753	11-3280355	1,000	2,500
Woodward Childrens' Center 201 W Merrick Rd Freeport NY 11520	11-1867905	-	9,000
Wyandanch Homes and Property Development Corporation 819 Grand Blvd Deer Park NY 11729	11-2839526	818	9,750
YES Community Counseling 75 Grand Ave Massapequa NY 11758	11-9403705	1,088	10,000
YMCA of Long Island 200 W Main St Bay Shore NY 11706	11-1649914	9,676	47,500
Youth & Family Counseling Agency of Oyster Bay-East Norwich 193 South St Oyster Bay NY 11771	11-2516151	409	6,500
Youth Build Program 819 Grand Blvd Deer Park NY 11729	11-6042392	25,785	208,188
<b>TOTAL</b>		\$ 978,884	\$ 11,144,564