

PKF O'CONNOR DAVIES, LLP  
3001 SUMMER STREET, 5TH FLOOR, EAST  
STAMFORD, CT 06905

UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.  
336 CENTRAL PARK AVE  
WHITE PLAINS, NY 10606-1502

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# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

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**PREPARED FOR:**

UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.  
336 CENTRAL PARK AVE  
WHITE PLAINS, NY 10606-1502

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**PREPARED BY:**

PKF O'CONNOR DAVIES, LLP  
3001 SUMMER STREET, 5TH FLOOR, EAST  
STAMFORD, CT 06905

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE  
PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS  
HAS BEEN REMOVED.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<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> Name of organization <b>UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>336 CENTRAL PARK AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>WHITE PLAINS, NY 10606-1502</b> <b>F</b> Name and address of principal officer: <b>TOM GABRIEL</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1997636</b> <b>E</b> Telephone number <b>(914) 997-6700</b> <b>G</b> Gross receipts \$ <b>8,040,691.</b> <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>H(c)</b> Group exemption number <b>▶ 2574</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>▶ WWW.UJWP.ORG</b>		
<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: <b>1962</b>
<b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<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>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	<b>32</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>413</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 7,780,819.	<b>Current Year</b> 6,560,965.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,090,687.	1,235,330.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	128,264.	133,845.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-48,438.	-76,841.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	8,951,332.	7,853,299.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	5,537,871.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		2,409,221.	2,403,123.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 283,523.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		927,548.	910,669.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,874,640.	7,790,556.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	76,692.	62,743.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 4,822,471.	<b>End of Year</b> 5,254,808.
	<b>21</b> Total liabilities (Part X, line 26) .....	1,546,998.	2,016,805.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	3,275,473.	3,238,003.

**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 <b>TOM GABRIEL, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>
	Date <b>06/25/20</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00543209</b>
	Firm's name <b>▶ PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN <b>▶ 27-1728945</b>
	Firm's address <b>▶ 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905</b>	Phone no. <b>203-323-2400</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,771,222. including grants of \$ 2,771,222. ) (Revenue \$ ) IN ADDITION TO UNITED WAY'S CAMPAIGN IN WHICH DONORS CONTRIBUTE TO THE COMMUNITY IMPACT GENERAL FUND, OR A SPECIFIC INITIATIVE, UWWP WILL ALSO PROCESS CONTRIBUTIONS TO OTHER UNITED WAYS AND/OR 501(C)(3) AGENCIES PER DONOR REQUEST.

4b (Code: ) (Expenses \$ 2,523,065. including grants of \$ 1,705,542. ) (Revenue \$ ) UNITED WAY'S COMMUNITY IMPACT (CI) INITIATIVES ARE AT THE HEART OF OUR MISSION TO PUT PEOPLE AND FAMILIES IN WESTCHESTER AND PUTNAM ON A PATH TOWARD SELF-SUFFICIENCY. THE VOLUNTEER-LED BOARD OF DIRECTORS BELIEVES A DONATION DIRECTED TO UWWP'S COMMUNITY IMPACT FUND IS THE SINGLE BEST WAY TO MAKE A DIFFERENCE IN OUR COMMUNITIES. THROUGH OUR COMMUNITY IMPACT FUND, DONORS' GIFTS ARE TARGETED TO SPECIFIC INITIATIVES AND BASED ON COMMUNITY NEEDS THESE INITIATIVES ARE RESEARCHED AND MONITORED BY UNITED WAY STAFF AND OUR VOLUNTEERS. THESE INVESTMENTS ARE AIMED AT THE OBJECTIVES OF ENSURING THAT CHILDREN HAVE THE PREPARATION TO BE SUCCESSFUL IN SCHOOL AND THEIR FUTURES; THAT ADULTS ARE PREPARED TO FIND GOOD EMPLOYMENT TO CREATE STABLE HOUSEHOLDS AND THEREBY HELP CREATE AND CONTRIBUTE TO THE LARGER THRIVING COMMUNITY. EVERYTHING WE

4c (Code: ) (Expenses \$ 1,150,728. including grants of \$ ) (Revenue \$ 1,235,330. ) UNITED WAY'S 2-1-1 HELPLINE AND ONLINE REFERRAL DATABASE OFFERS FREE INFORMATION, REFERRAL, ASSESSMENT, AND CRISIS SUPPORT TO HELP PEOPLE ACCESS THE EDUCATION, HEALTH AND HUMAN SERVICES THEY NEED TO ADDRESS EVERYDAY CHALLENGES. OUR 2-1-1 SERVICE AND TEAM ALSO PLAY A CRUCIAL ROLE DURING TIMES OF DISASTER AND OTHER COMMUNITY EMERGENCIES BY SERVING AS GOVERNMENT'S DEDICATED "POINT OF INFORMATION" DIRECTING PEOPLE TO SAFE SHELTERS, DRY ICE, FOOD, AND OTHER BASIC NEEDS.

2-1-1 IS A CONFIDENTIAL, MULTILINGUAL AND COMPREHENSIVE SERVICE WITH A DATABASE OF MORE THAN 25,000 SERVICES AND PROGRAMS THAT ARE UPDATED THROUGHOUT THE YEAR. 2-1-1 CAN BE ACCESSED FROM ANY TYPE OF PHONE THROUGHOUT THE HUDSON VALLEY 24/7 365 DAYS A YEAR, TO QUICKLY SPEAK

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,445,015.

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<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> .....	<b>X</b>	

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

Form 990 (2018)

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>
<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> .....	<b>23</b>	<b>X</b>
<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> .....	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a 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> .....	<b>25a</b>	<b>X</b>
<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> .....	<b>25b</b>	<b>X</b>
<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> .....	<b>26</b>	<b>X</b>
<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> .....	<b>27</b>	<b>X</b>
<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> .....	<b>28a</b>	<b>X</b>
<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> .....	<b>28b</b>	<b>X</b>
<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> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<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> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<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> .....	<b>32</b>	<b>X</b>
<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> .....	<b>33</b>	<b>X</b>
<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> .....	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	<b>X</b>
<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>35b</b>	
<b>36 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> .....	<b>36</b>	<b>X</b>
<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> .....	<b>37</b>	<b>X</b>
<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 .....	<b>38</b>	<b>X</b>

**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>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	<b>4</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		32
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>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>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</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.		
	1a 26		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
<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>7a</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>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>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>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>11a</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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>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	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>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>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>16a</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>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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **RICHARD MOORE, CONTROLLER - (914) 997-6700**  
**336 CENTRAL PARK AVE, WHITE PLAINS, NY 10606-1502**



**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**

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

- 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 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) JUNE BLANC CHAIR	6.00	X		X				0.	0.	0.
(2) MICHAEL J. PIAZZA, JR. VICE CHAIR AT LARGE	2.00	X		X				0.	0.	0.
(3) KENNETH J. GOULD, ESQ VICE CHAIR ADMINISTRATION	2.00	X		X				0.	0.	0.
(4) GREGORY D. BASSUK VICE CHAIR COMMUNITY IMPACT	2.00	X		X				0.	0.	0.
(5) MARIA TRUSA CO-VICE CHAIR RESOURCE DEVELOPMENT	2.00	X		X				0.	0.	0.
(6) BUD HAMMER CO-VICE CHAIR RESOURCE DEVELOPMENT	2.00	X		X				0.	0.	0.
(7) ALEIDA M. FREDERICO SECRETARY	2.00	X		X				0.	0.	0.
(8) ERIC D. ELLER TREASURER	2.00	X		X				0.	0.	0.
(9) DAVID M. YAWMAN, ESQ PAST CHAIR	2.00	X						0.	0.	0.
(10) JEANNETTE WARNER, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(11) VINCENT D'AMBROSO DIRECTOR	2.00	X						0.	0.	0.
(12) NAN HAYWORTH DIRECTOR	2.00	X						0.	0.	0.
(13) STEPHEN K. HUNTER DIRECTOR	2.00	X						0.	0.	0.
(14) LAWRENCE A. RUGGIERI DIRECTOR, THRU NOV. 2018	2.00	X						0.	0.	0.
(15) GEORGE TROYANO DIRECTOR, THRU NOV. 2018	2.00	X						0.	0.	0.
(16) FREDERICK P. WIENER DIRECTOR	2.00	X						0.	0.	0.
(17) JOANNE E. WRIGHT DIRECTOR	2.00	X						0.	0.	0.

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
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**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 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			
(18) CHARLES DORST DIRECTOR	2.00	X					0.	0.	0.	
(19) MATTHEW LYNESS DIRECTOR	2.00	X					0.	0.	0.	
(20) JEFFREY PARASCHAC DIRECTOR	2.00	X					0.	0.	0.	
(21) DAVID STUTZ DIRECTOR, THRU NOV. 2018	2.00	X					0.	0.	0.	
(22) DONALD CALABRESE DIRECTOR	2.00	X					0.	0.	0.	
(23) TARYN DUFFY DIRECTOR	2.00	X					0.	0.	0.	
(24) KATE MCDONOUGH DIRECTOR	2.00	X					0.	0.	0.	
(25) MICHAEL GOLDRICK DIRECTOR, THRU NOV. 2018	2.00	X					0.	0.	0.	
(26) MECCA SANTANA DIRECTOR	2.00	X					0.	0.	0.	
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							495,421.	0.	88,116.	
<b>d Total (add lines 1b and 1c)</b> .....							495,421.	0.	88,116.	

**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 **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

UNITED WAY OF WESTCHESTER AND PUTNAM,  
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**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 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			
(27) WILLIAM MOONEY, III, ESQ DIRECTOR	2.00	X					0.	0.	0.	
(28) INGRID RICHARDS DIRECTOR	2.00	X					0.	0.	0.	
(29) VERIONICA SHIP DIRECTOR	2.00	X					0.	0.	0.	
(30) JANET WALKER DIRECTOR	2.00	X					0.	0.	0.	
(31) ALANA SWEENEY PRESIDENT & CEO, THRU JUNE 2019	45.00			X			158,380.	0.	16,258.	
(32) CARLENE GENTILESCO CHIEF OPERATING OFFICER	53.00				X		123,487.	0.	42,070.	
(33) ROSEANN WINTER SR VP FOR FINANCE, THRU JUNE 2019	46.00				X		110,980.	0.	24,607.	
(34) DREW COBURN CHEIF IMPACT OFFICER, THRU APR. 2019	53.00				X		102,574.	0.	5,181.	
<b>Total to Part VII, Section A, line 1c</b> .....							<b>495,421.</b>		<b>88,116.</b>	

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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>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	518,312.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6,042,653.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,621,825.				
	<b>h Total.</b> Add lines 1a-1f .....		6,560,965.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>2-1-1 HUDSON VALLEY RE</u> <u>NOT FOR PROFIT LEADERS</u>	<b>Business Code</b> 900099	1,157,170.	1,157,170.			
	<b>b</b> _____	900099	78,160.	78,160.			
	<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 .....		1,235,330.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		60,133.			60,133.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<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 .....		21,530.			
		<b>c</b> Gain or (loss) .....		73,712.			
	<b>d</b> Net gain or (loss) .....		73,712.			73,712.	
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>518,312.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	89,021.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	165,862.			
<b>c</b> Net income or (loss) from fundraising events .....			-76,841.			-76,841.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			7,853,299.	1,235,330.	0.	57,004.	

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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,476,764.	4,476,764.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	193,776.	112,389.	63,947.	17,440.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,489,010.	863,626.	491,373.	134,011.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,713.	145,414.	82,735.	22,564.
<b>9</b> Other employee benefits	326,572.	189,412.	107,768.	29,392.
<b>10</b> Payroll taxes	143,052.	82,970.	47,207.	12,875.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	32,375.		32,375.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	57,488.	33,343.	18,971.	5,174.
<b>12</b> Advertising and promotion	130,056.	130,056.		
<b>13</b> Office expenses	232,607.	140,073.	72,706.	19,828.
<b>14</b> Information technology	115,281.	66,864.	38,042.	10,375.
<b>15</b> Royalties				
<b>16</b> Occupancy	122,723.	56,099.	57,919.	8,705.
<b>17</b> Travel	17,052.	9,890.	5,627.	1,535.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	18,581.	10,777.	6,133.	1,671.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	84,177.	77,606.		6,571.
<b>22</b> Depreciation, depletion, and amortization	42,335.	21,457.	10,439.	10,439.
<b>23</b> Insurance	48,686.	18,967.	26,776.	2,943.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MISC OPERATING EXPENSES</b>	9,308.	9,308.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,790,556.	6,445,015.	1,062,018.	283,523.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,092,001.	<b>1</b>	1,071,565.	
	<b>2</b> Savings and temporary cash investments .....	88,995.	<b>2</b>	31,448.	
	<b>3</b> Pledges and grants receivable, net .....	511,509.	<b>3</b>	541,180.	
	<b>4</b> Accounts receivable, net .....	24,554.	<b>4</b>	44,929.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	116,087.	<b>9</b>		77,303.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,897,324.			
	<b>b</b> Less: accumulated depreciation .....	10b 1,623,404.	222,432.	<b>10c</b>	273,920.
	<b>11</b> Investments - publicly traded securities .....	2,445,206.	<b>11</b>		2,607,289.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	321,687.	<b>15</b>		607,174.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,822,471.	<b>16</b>		5,254,808.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	251,897.	<b>17</b>	208,826.	
	<b>18</b> Grants payable .....	421,228.	<b>18</b>	375,757.	
	<b>19</b> Deferred revenue .....	363.	<b>19</b>	1,500.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	390,599.	<b>23</b>		1,324,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	482,911.	<b>25</b>		106,722.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,546,998.	<b>26</b>		2,016,805.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,146,995.	<b>27</b>	1,000,343.	
	<b>28</b> Temporarily restricted net assets .....	553,662.	<b>28</b>	660,558.	
	<b>29</b> Permanently restricted net assets .....	1,574,816.	<b>29</b>	1,577,102.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	3,275,473.	<b>33</b>		3,238,003.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,822,471.	<b>34</b>		5,254,808.	

Form **990** (2018)

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	7,853,299.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	7,790,556.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	62,743.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	3,275,473.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	117,274.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-217,487.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	3,238,003.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		<b>X</b>
<b>b</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 .....	<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

<b>Name of the organization</b>	UNITED WAY OF WESTCHESTER AND PUTNAM, INC.	<b>Employer identification number</b>	13-1997636
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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		
<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9889637.	10715612.	9889982.	7780819.	6560965.	44837015.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9889637.	10715612.	9889982.	7780819.	6560965.	44837015.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						44837015.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	9889637.	10715612.	9889982.	7780819.	6560965.	44837015.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	66,424.	54,483.	55,801.	55,709.	60,133.	292,550.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	14,312.	43,456.				57,768.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						45187333.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,045,974.
<b>13 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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.22 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	99.26 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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"/>
<b>17a 10% -facts-and-circumstances test - 2018.</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 - 2017.</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"/>
<b>18 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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>		

**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>		(A) Prior Year	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).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

UNITED WAY OF WESTCHESTER AND PUTNAM,

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

Employer identification number

**13-1997636**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization <b>UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</b>	Employer identification number <b>13-1997636</b>
---------------------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,606,673.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>602,616.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</b>	Employer identification number <b>13-1997636</b>
---------------------------------------------------------------------------	-----------------------------------------------------

**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
2	BED LINENS, TOWELS _____ _____ _____	\$ 602,616.	06/30/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</b>	Employer identification number <b>13-1997636</b>
---------------------------------------------------------------------------	-----------------------------------------------------

**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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Name of the organization** UNITED WAY OF WESTCHESTER AND PUTNAM, INC. **Employer identification number** 13-1997636

**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 .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

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.

1a 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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	2,127,019.	2,036,428.	1,465,277.	2,204,149.	2,256,474.
b Contributions	6,500.	13,692.	451,156.	4,500.	189,299.
c Net investment earnings, gains, and losses	236,737.	172,131.	221,514.	107,357.	137,779.
d Grants or scholarships					
e Other expenditures for facilities and programs	99,483.	95,232.	101,519.	850,729.	379,403.
f Administrative expenses					
g End of year balance	2,270,773.	2,127,019.	2,036,428.	1,465,277.	2,204,149.

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

- a Board designated or quasi-endowment  34.13 %
- b Permanent endowment  56.64 %
- c Temporarily restricted endowment  9.23 %

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

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

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

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

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

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

**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
1a Land		100,000.		100,000.
b Buildings		306,128.	306,128.	0.
c Leasehold improvements		823,348.	743,651.	79,697.
d Equipment		667,848.	573,625.	94,223.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  273,920.

**Part VII Investments - Other Securities.**

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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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) <b>BENEFICIAL INTEREST IN TRUSTS</b>	291,034.
(2) <b>CASH SURRENDER VALUE OF LIFE INSURANCE POLICY</b>	35,304.
(3) <b>PENSION FUND</b>	280,836.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	607,174.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CAPITAL LEASES</b>	88,739.
(3) <b>MISC. OTHER LIABILITIES</b>	17,983.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	106,722.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,308,756.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	117,274.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	165,862.	
e	Add lines 2a through 2d	2e		283,136.
3	Subtract line 2e from line 1	3		5,025,620.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,827,679.	
c	Add lines 4a and 4b	4c		2,827,679.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,853,299.

**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	5,185,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	165,862.	
e	Add lines 2a through 2d	2e		165,862.
3	Subtract line 2e from line 1	3		5,019,334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,771,222.	
c	Add lines 4a and 4b	4c		2,771,222.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,790,556.

**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:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PRODUCE REVENUE TO HELP SUPPORT THE ORGANIZATION'S PROGRAMS AND INITIATIVES.

**PART X, LINE 2:**

UNITED WAY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT UNITED WAY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 165,862.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GRANTS, FUNDS RAISED ON BEHALF OF OTHERS	2,771,222.
ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES	56,457.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,827,679.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	165,862.
--------------------------------------------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GRANTS, DONOR CHOICE NET OF FEES	2,771,222.
---------------------------------------------------	------------



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF WESTCHESTER AND PUTNAM, INC.** Employer identification number **13-1997636**

**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

**2 a** 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**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.

**UNITED WAY OF WESTCHESTER AND PUTNAM,**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GOLF OUTING (event type)	3 (total number)	
Revenue	<b>1</b> Gross receipts .....	478,472.	91,679.	37,182.	607,333.
	<b>2</b> Less: Contributions .....	425,352.	66,103.	26,857.	518,312.
	<b>3</b> Gross income (line 1 minus line 2) .....	53,120.	25,576.	10,325.	89,021.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	2,000.	7,000.	304.	9,304.
	<b>6</b> Rent/facility costs .....	16,001.	18,498.	1,875.	36,374.
	<b>7</b> Food and beverages .....	41,512.	12,600.	14,014.	68,126.
	<b>8</b> Entertainment .....	8,368.		1,000.	9,368.
	<b>9</b> Other direct expenses .....	27,162.	11,916.	3,612.	42,690.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				165,862.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-76,841.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_

UNITED WAY OF WESTCHESTER AND PUTNAM,

Schedule G (Form 990 or 990-EZ) 2018 INC.

13-1997636 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation
Description of services provided

- Director/officer
Employee
Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

**Employer identification number  
13-1997636**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACACIA NETWORK HOUSING 1064 FRANKLIN AVENUE BRONX, NY 10456	26-0076866	501 (C) (3)	0.	364,050.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CAREERS FOR PEOPLE WITH DISABILITIES - 401 COLUMBUS AVE - VALHALLA, NY 10595	13-3424844	501 (C) (3)	15,000.	0.			COMMUNITY IMPACT
CHILDRENS VILLAGE ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501 (C) (3)	0.	47,925.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COMMUNITY OUTREACH PO BOX 1792 NEWS BURGH, NY 12251	83-3978547	501 (C) (3)	0.	15,065.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
EASTCHESTER CAP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523	13-2547122	501 (C) (3)	0.	5,978.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY SERVICE SOCIETY OF YONKERS PO BOX 437 YONKERS, NY 10703	13-1739956	501 (C) (3)	15,000.	0.			COMMUNITY IMPACT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **29.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2018)

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

Schedule I (Form 990)

13-1997636

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FIRST HATIAN CHURCH OF GOD OF MIDDLETOWN - 257 MONHAGEN AVE - MIDDLETOWN, NY 10940	80-0364383	501 (C) (3)	0.	18,062.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FORDHAM UNIVERSITY-SOCIAL WORK PROGRAM - LINCOLN CENTER CAMPUS - 113 W. 60TH STREET - NEW YORK, NY 10023	13-1740451	501 (C) (3)	7,000.	0.			SCHOLARSHIP FOR SOCIAL WORK STUDENT
GREENBURGH HEALTH CENTER (MOUNT VERON NEIGHBORHOOD HEALTH CENTER) - 330 TARRYTOWN RD - WHITE PLAINS, NY 10607	13-2897241	501 (C) (3)	0.	22,185.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOPE'S DOOR 50 BROADWAY HAWTHORNE, NY 10532	13-3023259	501 (C) (3)	5,000.	495.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HUNTER COLLEGE-SILBERMAN SCHOOL OF SOCIAL WORK - 695 PARK AVENUE - NEW YORK, NY 10065	13-3598671	501 (C) (3)	7,000.	0.			SCHOLARSHIP FOR SOCIAL WORK PROGRAM
JEWISH BOARD 135 WEST 50TH STREET NEW YORK, NY 10022	13-5564937	501 (C) (3)	0.	37,719.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MORNING STAR FULL GOSPEL ASSEMBLY 464 EAST TREMOMNT AVENUE BRONX, NY 10457	13-3695875	501 (C) (3)	0.	37,971.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PEEKSKILL ACADEMY / PEEKSKILL PRE K . PEEKSKILL SCHOOLS-PEEKSKILL EDUCATION - PO BOX 489 - PEEKSKILL, NY 10566	82-0566733	501 (C) (3)	0.	15,864.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
REGIONAL ECONOMIC COMMUNITY ACTION CENTER - 40 SMITH STREET - MIDDLETOWN, NY 10940	14-1493667	501 (C) (3)	0.	39,648.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.

Schedule I (Form 990)

13-1997636

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ROCKLAND COMMUNITY ACTION PROGRAM (WESTCOP) - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523	13-2547122	501 (C) (3)	0.	36,622.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SAINT JOHN BOSCO PARISH (CATHOLIC CHARITIES) - 1011 1ST AVENUE - NEW YORK, NY 10022	13-5562185	501 (C) (3)	0.	29,868.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SAINT PETER'S CHILD CARE CENTER 204 HAWTHORNE AVE YONKERS, NY 10705	13-2701041	501 (C) (3)	0.	6,080.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SHARING COMMUNITY PO BOX 657 YONKERS, NY 10701	13-3186666	501 (C) (3)	0.	13,450.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SPECIAL TENDER LOVING CARE (OPEN BIBLE CHURCH) - PO BOX 313 - STONY POINT, NY 10980	20-1908945	501 (C) (3)	0.	23,568.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SULLIVAN ARC 162 EAST BROADWAY MONTICELLO, NY 12701	27-1156441	501 (C) (3)	0.	7,634.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE GUIDANCE CENTER 256 WASHINGTON STREET MOUNT VERNON, NY 10553	13-1839684	501 (C) (3)	0.	375,662.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TURNING POINT MINISTRY, IT'S YOUR TURN, INC - 44 NORTH TERRACE AVENUE - MOUNT VERNON, NY 10550	46-4906533	501 (C) (3)	0.	11,864.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ULSTER COUNTY COMMUNITY ACTION COMMITTEE - 70 LINDSLEY AVE - KINGSTON, NY 12401	14-1491879	501 (C) (3)	0.	9,284.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

Schedule I (Form 990)

13-1997636

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNITED WAY OF MID HUDSON VALLEY D/B/A/UNITED WAY OF THE DUTCHESS-ORANGE REG - 75 MARKET ST - POUGHKEEPSIE, NY 12601	06-1045698	501 (C) (3)	0.	225,975.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635284	501 (C) (3)	9,121.	0.			COMMUNITY IMPACT
URBAN LEAGUE OF WESTCHESTER 61 MITCHELL PLACE WHITE PLAINS, NY 10601	13-1740054	501 (C) (3)	15,000.	32,594.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER COMMUNITY OPPORTUNITY PRGM - 2269 SAW MILL RIVER RD - ELMSFORD, NY 10523	13-2547122	501 (C) (3)	0.	5,152.	APPRAISAL	FURNITURE, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTHAB 85 EXECUTIVE BLVD ELMSFORD, NY 10523	06-1064281	501 (C) (3)	15,000.	22,687.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)



**UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.**

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

PARTNERS WHO RECEIVE GRANTS ARE REQUIRED TO SUBMIT TO UWWP A PROPOSAL WHICH INCLUDES A DESCRIPTION OF THE PROGRAM FOR WHICH THEY ARE SEEKING FUNDING AS WELL AS PROJECTED OUTCOMES (I.E. BENCHMARKS). PART OF THE AGREEMENT RELATED TO THE FUNDING TO THE PARTNERS IS THAT THEY MUST REGULARLY MEET IN GROUPS WITH UWWP AND SUBMIT SIX MONTH AND YEAR END REPORTS. THESE REPORTS ARE USED BY UWWP TO DETERMINE IF THE RECIPIENTS WILL MEET THEIR OBJECTIVES. BASED ON THESE REPORTS UWWP AND THE VOLUNTEER-LED COMMUNITY IMPACT (CI) COMMITTEE MAY RECOMMEND AN ADJUSTMENT OF THE FUNDING TO THE UWWP BOARD.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF WESTCHESTER AND PUTNAM, INC.** Employer identification number **13-1997636**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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 checked="" 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

UNITED WAY OF WESTCHESTER AND PUTNAM,  
INC.

13-1997636

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALANA SWEENEY PRESIDENT & CEO, THRU JUNE 2019	(i)	154,427.	0.	3,953.	10,500.	5,758.	174,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARLENE GENTILESCO CHIEF OPERATING OFFICER	(i)	120,494.	0.	2,993.	11,530.	30,540.	165,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF WESTCHESTER AND PUTNAM, INC.** Employer identification number **13-1997636**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,506,040.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	115,785.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF UWWP IS TO HELP LOCAL RESIDENTS BECOME SELF-SUFFICIENT  
AND THRIVE IN A STRONGER COMMUNITY.

THE UNITED WAY OF WESTCHESTER AND PUTNAM (UWWP) IS DEDICATED TO  
IMPROVING THE LIVES OF 40% OF OUR NEIGHBORS WHO LIVE IN POVERTY OR  
PAYCHECK TO PAYCHECK. THESE ARE OFTEN HARDWORKING FAMILIES STRUGGLING  
TO MAKE ENDS MEET AND PROVIDE A BETTER LIFE FOR THEIR CHILDREN.

WE DO THIS BY INVESTING IN EDUCATION AND TRAINING PROGRAMS WITH PROVEN  
RESULTS. BY PROVIDING DIRECT SERVICES TO THOSE WHO STRUGGLE. AND BY  
FOSTERING COLLABORATIONS WITH OTHER COMMUNITY STAKEHOLDERS, LEADERS AND  
PARTNERS.

OUR WORK POSITIVELY IMPACTS TENS OF THOUSANDS OF INDIVIDUALS AND  
FAMILIES EVERY YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UWWP HAS BEEN MEETING THE BASIC HUMAN NEEDS OF INDIVIDUALS, FAMILIES,  
AND THE COMMUNITY AT LARGE FOR 57 YEARS. OUR WORK IN WESTCHESTER AND  
PUTNAM FOCUSES ON THREE SPECIFIC AREAS:

-INCOME; THROUGH IMPROVED FINANCIAL LITERACY AND BETTER MONEY  
MANAGEMENT FOR HARDWORKING, FINANCIALLY STRUGGLING ADULTS AND FAMILIES.

-EDUCATION; THROUGH PARTNERSHIPS WITH EARLY CHILDHOOD EDUCATION AND

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LITERACY PROGRAMS IN UNDERPRIVILEGED COMMUNITIES.

-HEALTH; THROUGH OUR PARTNERSHIP WITH FAMILYWIZE PROVIDES DISCOUNTS ON  
PRESCRIPTION DRUGS.

UNITED WAY'S 2-1-1 HELPLINE (OPERATING 24/7) AND ONLINE REFERRAL  
DATABASE OFFERS FREE EDUCATION, HEALTH AND HUMAN SERVICES INFORMATION,  
REFERRAL, ASSESSMENT AND CRISIS SUPPORT TO HELP PEOPLE FIND THE  
ASSISTANCE THEY NEED TO ADDRESS THE EVERYDAY CHALLENGES OF LIVING. OUR  
2-1-1 SERVICE AND TEAM ALSO PLAY A CRUCIAL ROLE DURING TIMES OF  
DISASTER AND OTHER COMMUNITY EMERGENCIES BY DIRECTING PEOPLE TO SAFE  
SHELTERS, FOOD AND OTHER BASIC NEEDS. 2-1-1 HELPLINE IS A  
CONFIDENTIAL, MULTI-LINGUAL AND COMPREHENSIVE SERVICE WITH A DATABASE  
OF MORE THAN 25,000 SERVICES AND PROGRAMS THAT ARE UPDATED THROUGHOUT  
THE YEAR. (TRANSLATION SERVICES ARE AVAILABLE IN MORE THAN 200  
LANGUAGES.) 2-1-1 HAS LONG ALLOWED OTHER NOT-FOR-PROFIT AND GOVERNMENT  
AGENCIES TO REALIZE CONCRETE COST SAVINGS AND IMPROVED SERVICE TO THEIR  
CONSTITUENTS IN THE COMMUNITY. 2-1-1 HELPLINE, PROVIDING INFORMATION  
AND REFERRAL SERVICES TO RESIDENTS IN NEED 24/7, SERVING THE ENTIRE  
LOWER HUDSON VALLEY 365/YEAR.

UWWP RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE  
AND RESOURCES NEEDED TO HELP US IN OUR MISSION. THIS YEAR 413  
VOLUNTEERS PROVIDED 5,540 HOURS TO FURTHER OUR WORK.

UNITED WAY DEVELOPS INITIATIVES TO IMPROVE IN SUPPORT OF POSITIVE  
EDUCATION, INCOME AND HEALTH OUTCOMES AND HELPS NONPROFIT AGENCIES  
OPERATE MORE EFFECTIVELY.



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THESE INITIATIVES INCLUDE:

EDUCATION:

FROM CRADLE TO CAREER, UNITED WAY OF WESTCHESTER AND PUTNAM IS COMMITTED TO EDUCATION.

-46% OF CHILDREN ARE NOT READY TO SUCCEED IN SCHOOL BY THE AGE OF 5.

-61% OF LOW-INCOME HOUSEHOLDS DO NOT HAVE BOOKS IN THEIR HOME

LEARNING BEGINS AT BIRTH AND WE DEVELOPED TOOLS TO HELP PARENTS AND CAREGIVERS INTERACT WITH YOUNG CHILDREN IN A WAY THAT WILL STIMULATE CURIOSITY AND ENCOURAGE READING.

BORN LEARNING

EVERYDAY LIFE IS A LEARNING EXPERIENCE FOR CHILDREN. BORN LEARNING IS A PUBLIC ENGAGEMENT CAMPAIGN THAT HELPS PARENTS, GRANDPARENTS AND CAREGIVERS EXPLORE WAYS TO TURN EVERYDAY MOMENTS INTO FUN LEARNING OPPORTUNITIES.

BORNLEARNING.ORG

UNITED2READ

OVER THE PAST 3 YEARS, UNITED WAY OF WESTCHESTER AND PUTNAM (UWWP) COLLECTED AND DISTRIBUTED NEARLY 15,000 BOOKS ACROSS OUR REGION TO MORE THAN 3,000 UNDERPRIVILEGED CHILDREN, FROM BIRTH TO AGE FIVE. THIS IS A PART OF OUR EARLY LITERACY PROGRAM CALLED UNITED2READ, WHICH PROVIDES BOOKS AND READING KITS TO FAMILIES SO PARENTS CAN DO STIMULATING LEARNING ACTIVITIES WITH THEIR CHILDREN.

-63% OF CHILDREN ARE NOT READING AT OR ABOVE GRADE LEVEL BY THE END OF THIRD GRADE.

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A2I

UNITED WAY OF WESTCHESTER AND PUTNAM ADVOCATES SCHOOL DISTRICTS TO  
UTILIZE THE PROFESSIONAL SUPPORT SYSTEM THAT HELPS TEACHERS DETERMINE  
THE TYPE OF LEARNING AND NUMBER OF MINUTES EACH STUDENT NEEDS TO  
ACHIEVE ACADEMIC SUCCESS IN LITERACY.

-94% OF STUDENTS WHO USE A2I ARE ABLE TO READ AT, OR ABOVE, GRADE LEVEL  
BY THE END OF 3RD GRADE

CHARACTER PLAYBOOK

FOR MORE THAN 45 YEARS, UNITED WAY AND THE NATIONAL FOOTBALL LEAGUE  
(NFL) HAVE BEEN PARTNERS IN IMPROVING COMMUNITIES AND CHANGING LIVES.

THE PARTNERSHIP'S LATEST INNOVATION IS CHARACTER PLAYBOOKAN  
ALL-DIGITAL, IN-SCHOOL PROGRAM THAT TEACHES STUDENTS HOW TO BUILD  
HEALTHY RELATIONSHIPS, MAKE GOOD DECISIONS AND STAND UP WHEN THEY SEE  
QUESTIONABLE ACTIVITY.

SINCE THE PROGRAM BEGAN IN 2016, MORE THAN 350,000 STUDENTS NATIONWIDE  
HAVE USED CHARACTER PLAYBOOK AS A TOOL FOR PERSONAL DEVELOPMENT. THE  
DATA IS SHOWING THAT CHARACTER PLAYBOOK TEACHES STUDENTS NOT JUST HOW  
TO MANAGE THEIR OWN RELATIONSHIPS AND EMOTIONS, BUT HOW TO PLAY A  
POSITIVE ROLE IN THEIR SCHOOL COMMUNITIES. AFTER TAKING THE COURSE,  
STUDENTS HAVE EXPRESSED HIGH CONFIDENCE IN THEIR ABILITY TO NAVIGATE  
TOUGH CONVERSATIONS, RESOLVE CONFLICT IN A POSITIVE WAY AND COMMUNICATE  
EFFECTIVELY.

MENTORING

UNITED WAY BROUGHT A TEAM OF YOUNG WOMEN PROFESSIONALS TOGETHER WITH  
THE YOUNG LADIES OF ELMSFORD HIGH SCHOOL TO PROVIDE A SESSION ON RESUME  
WRITING AND CAREER ASPIRATIONS. A SECOND SESSION BROUGHT MORE THAN 100

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FEMALE HIGH SCHOOL STUDENTS TOGETHER WITH VOLUNTEERS FROM A MAJOR  
TECHNOLOGY COMPANY TO DISCUSS CYBER-BULLYING AND CAREERS IN  
CYBER-SECURITY.

WORKING IN PARTNERSHIP WITH THE PEEKSKILL SCHOOL DISTRICT, AND  
FOLLOWING A COMMUNITY-SCHOOL MODEL, THE SATURDAY ACADEMY HELD MONTHLY  
AT PEEKSKILL MIDDLE SCHOOL, OFFERED LOW-INCOME FAMILIES A PLACE TO COME  
FOR A DAY OF PROGRAMING AND SERVICES THAT THEY COULD SHARE TOGETHER.  
THE SESSIONS WERE MEANT TO ENCOURAGE INTERACTION BETWEEN CAREGIVERS AND  
CHILDREN, PROVIDE ACCESS TO FOOD AND BASIC NEED ITEMS SUCH AS CLOTHING,  
AND STIR THE IMAGINATION AND CURIOSITY OF THE CHILDREN BY OFFERING  
ACTIVITIES SUCH AS A PETTING ZOO WITH KANGAROOS.

#### INTERNSHIPS

UNITED WAY HAS PROVIDED REAL WORLD EXPERIENCE FOR COLLEGE STUDENTS WHO  
ARE INTERESTED IN NONPROFIT MANAGEMENT, COMMUNICATIONS, MARKETING,  
SOCIAL WORK, DATA ANALYSIS AND FINANCE THROUGH INTERNSHIPS WITH SEVERAL  
LOCAL COLLEGES.

#### SCHOLARSHIPS

UNITED WAY IS PROUD TO WORK WITH THE WESTCHESTER COUNTY DEPARTMENT OF  
SOCIAL SERVICES AND THE URBAN LEAGUE TO OFFER THE RUTH TAYLOR  
SCHOLARSHIP AWARDS TO ASPIRING PUBLIC SERVICE PROFESSIONALS.  
SCHOLARSHIPS ARE AWARDED FOR THE FALL SEMESTER. ELIGIBLE INDIVIDUALS  
MUST BE RESIDENTS OF WESTCHESTER COUNTY PURSUING GRADUATE-LEVEL  
EDUCATION ON A FULL-TIME BASIS AT ACCREDITED U.S. COLLEGES OR SCHOOLS  
IN SOCIAL WELFARE OR PUBLIC HEALTH. CRITERIA USED IN EVALUATING  
APPLICATIONS ARE PUBLIC SERVICE, FINANCIAL NEED, AND SCHOLASTIC  
CAPACITY.

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EACH YEAR UNITED WAY SUPPORTS THE AFRICAN AMERICAN MEN OF WESTCHESTER'S  
MARTIN LUTHER KING JR. LEGACY AWARDS BY FUNDING THE \$1,000 SCHOLARSHIP  
OF THE WILLIAM L. CARTER PERSEVERANCE AWARD.

INCOME

30% OF FAMILIES IN OUR REGION HAVEN'T HEARD ABOUT THE ECONOMIC RECOVERY  
THEY'RE THE "IN-BETWEENERS" WE CALL A.L.I.C.E (ASSET LIMITED, INCOME  
CONSTRAINED, EMPLOYED) THEY MAKE TOO MUCH TO RECEIVE PUBLIC SUPPORT  
AND TOO LITTLE TO SUSTAIN THEMSELVES. THEY TREAD WATER, AND TAKE ON  
WATER, DAILY.

WE HELP THEM WITH IMMEDIATE NEEDS OUR 2-1-1 HELPLINE, DISCOUNTED  
MEDICINES, GOODS AND MERCHANDISE REDIRECTED FROM DONORS BECAUSE YOU  
CAN'T THINK ABOUT A FUTURE IN THE MIDST OF A PANIC ABOUT TODAY.  
THEN WE HELP THEM TO CHANGE THEIR FUNDAMENTAL SITUATION, BEYOND  
BAND-AID SOLUTION, TO CHANGE FINANCIAL BEHAVIORS AND IMPROVE FINANCIAL  
LITERACY TO MOVE THEMSELVES AND THEIR FAMILIES TO FIRMER GROUND.

RESPONDING TO URGENT NEED WITH URGENT HELP IS CRITICAL. BUT WITHOUT  
FUNDAMENTAL CHANGE, ALL OF US, THE IN-BETWEENERS AND THE LARGER  
COMMUNITY, ARE JUST STUCK ON A PATH TO NOWHERE. ONE OF THE WAYS WE ARE  
MOST IMPACTFUL IS BY SCREENING CALLERS AND SETTING UP THE FREE TAX  
PREPARATION APPOINTS FOR VITA AND THE HUDSON CA\$H COALITION AND  
SCREENING INDIVIDUALS FOR THE EARNED INCOME TAX CREDIT. THROUGH THESE  
PROGRAMS, WE HELPED 3,991 RESIDENTS RECEIVE A COLLECTIVE \$9.8 MILLION  
FROM EITC-ELIGIBLE TAX REFUNDS.

WORKPLACE AND FINANCIAL EDUCATION INITIATIVES ARE DIRECTED TO AT RISK  
ADULT POPULATIONS, TO HELP INDIVIDUAL ADULTS AND PARENTS WITH FAMILIES,

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TO ADDRESS AND ELIMINATE INTERGENERATIONAL POVERTY. TEACH ME TO FISH  
 WORK SKILLS FOR LIFE GIVES CHRONICALLY UNEMPLOYED, AND/OR  
 HARD-TO-PLACE INDIVIDUALS SKILLS TRAINING TO ACCESS BETTER JOBS AND  
 STAY EMPLOYED.

FINANCIAL EDUCATION - CLIENTS OF OUR TEACH ME TO FISH PARTNERS,  
 RECEIVED FINANCIAL EDUCATION SESSIONS, USING THE FEDERALLY ISSUED  
 LESSON PLAN FROM THE CONSUMER FINANCIAL PROTECTION BUREAU.

BASIC NEEDS SUPPORT AND RESOURCES GETS FAMILIES THE EMERGENCY HELP  
 THEY NEED TO PUT FOOD ON THE TABLE AND AVOID HOMELESSNESS THROUGH  
 SEVERAL INITIATIVES:

- UNITED WAY'S 2-1-1 HELPLINE PROVIDING FREE AND CONFIDENTIAL  
 INFORMATION AND REFERRALS ON HEALTH AND HUMAN SERVICES 24/7/365.
- THE UNITED WAY OF WESTCHESTER AND PUTNAM ADMINISTERS THE LOCAL FUNDS  
 ALLOCATED FROM THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP). EFSP WAS  
 CREATED IN 1983 TO SUPPLEMENT AND EXPAND THE WORK OF LOCAL SOCIAL  
 SERVICE AGENCIES, BOTH NONPROFIT AND GOVERNMENTAL, IN AN EFFORT TO HELP  
 PEOPLE WITH ECONOMIC EMERGENCIES. EFSP FUNDS MUST BE USED TO SUPPLEMENT  
 FEEDING, SHELTERING (INCLUDING TRANSITIONAL SHELTERING) AND  
 RENT/MORTGAGE AND UTILITY ASSISTANCE EFFORTS ONLY. DURING THIS  
 FINANCIAL PERIOD, WE ADMINISTERED \$66,137 TO 10 NONPROFIT AGENCIES THAT  
 PROVIDED THE DIRECT SUPPORT TO FAMILIES IN NEED.
- OUR GIFTS-IN-KIND PROGRAM PROVIDED \$1.5 MILLION IN DONATED PRODUCTS  
 AND SERVICES TO HELP THE BASIC NEEDS OF CLIENTS FROM OUR PARTNERING  
 AGENCIES. WE SUPPLIED ITEMS SUCH AS WINTER COATS, UNDERGARMENTS,  
 TOWELS, BEDDING, PILLOWS, FURNITURE, AND SMALL APPLIANCES, AS WELL AS  
 CHILDREN'S TOYS, BOOKS, AND SCHOOL SUPPLIES.

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FAMILYWISE A FREE PRESCRIPTION DISCOUNT CARD, OFFERED THROUGH UNITED WAY HELPS REDUCE THE OFTEN UNEXPECTEDLY HIGH COSTS OF PRESCRIPTION MEDICINE FOR ALL. A SAVINGS OF APPROXIMATELY \$422,000 WAS REALIZED.

COMMUNITY AND NON-PROFIT SUPPORT:

STRENGTHENING NONPROFITS UWWP PROVIDED SUPPORT TO NONPROFITS IN THESE WAYS:

MORE THAN 600 NONPROFIT LEADERS ATTENDED LOW COST TRAINING TO ENHANCE THEIR SKILLS THROUGH OUR ANNUAL NOT-FOR-PROFIT LEADERSHIP SUMMIT FOR THE PAST 17 YEARS. THE THRUST OF THE SUMMIT IS TO GENERATE A VITAL EXCHANGE ON BEST PRACTICES AND EMERGING ISSUES IN THE NOT-FOR-PROFIT SECTOR, BUILDING PROFESSIONAL EXCELLENCE IN PURPOSE-DRIVEN ORGANIZATIONS.

\$1.5 MILLION IN DONATED PRODUCTS AND SERVICES DISTRIBUTED TO NON-PROFITS THROUGH UWWP'S GIFTS-IN-KIND PROGRAM.

UNITED WAY HELPS ORCHESTRATE COLLABORATIONS, FUNDING, PROFESSIONAL DEVELOPMENT, AND VOLUNTEER SUPPORT TO NONPROFITS IN WESTCHESTER AND PUTNAM SO THEY CAN CONTINUE PROVIDING VITAL SERVICES TO OUR NEIGHBORS.

NONPROFIT SUPPORTS INCLUDE:

VOLUNTEERISM GENERATING AND ACCOMMODATING THE VOLUNTEER SPIRIT OF OUR COMMUNITY IS CENTRAL TO OUR PURPOSE. OUR VOLUNTEERS COME FROM ALL WALKS OF LIFE, INCLUDING CORPORATIONS, OTHER NON-PROFITS, AND ACROSS VIRTUALLY EVERY DEMOGRAPHIC SEGMENT. VOLUNTEER ACTIVITIES, IN ADDITION

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TO OUR BOARD VOLUNTEERS, INCLUDE TUTORING, RESUME WRITING AND JOB  
COUNSELING, FINANCIAL EDUCATION AND OUR EARLY LITERACY EFFORT, IN THE  
FORM OF A YEARLY BOOK DRIVE AND DISTRIBUTION OF BOOK KITS.

CONSTITUENCY SERVICES INCLUDE TRAINING AND TECHNICAL ASSISTANCE  
PROVIDED TO NONPROFIT AGENCIES WITHIN WESTCHESTER AND PUTNAM. OUR AIM  
IS TO HELP THEM INCREASE THEIR EFFICIENCY AND EFFECTIVENESS. AS ONE OF  
THE LARGEST "IN KIND" PROGRAMS OF ANY LOCAL UNITED WAY IN THE COUNTRY,  
UNITED WAY OF WESTCHESTER AND PUTNAM SOLICITS DONATED MERCHANDISE AND  
SERVICES WHICH ARE DISTRIBUTED TO OUR NONPROFIT AGENCIES THROUGHOUT THE  
YEAR, TO SUPPORT THEIR CONSTITUENTS AND OPERATIONS.

NOT-FOR-PROFIT LEADERSHIP SUMMIT A CONFERENCE THAT UWWP FACILITATES TO  
BRING TOGETHER VOLUNTEERS AND PROFESSIONAL LEADERS IN THE NOT FOR  
PROFIT SECTOR TO IDENTIFY EMERGING CHALLENGES AND OPPORTUNITIES, SHAPE  
NEW LEADERSHIP STRATEGIES AND BUILD ORGANIZATIONS THAT EXCEL.

UWWP ALSO PROMOTES, ENCOURAGES AND PROVIDES OPPORTUNITIES FOR  
PHILANTHROPY:

1. TO SOLICIT FUNDS AND PROPERTY TO SUPPORT SUCH INITIATIVES;
2. TO ACQUIRE BY GIFT, LEGACY, DEVISE, PURCHASE, OR OTHERWISE, PROPERTY  
AS DESCRIBED IN UWWP'S GIFT ACCEPTANCE POLICY FOR SUCH INITIATIVES AND  
TO LEASE, MORTGAGE, IMPROVE, PLEDGE, SELL, CONVERT, AND OTHERWISE  
DISPOSE OF SUCH PROPERTY;
3. TO INVEST AND EXPEND FUNDS, AND TO DISTRIBUTE SUCH FUNDS IN SUPPORT  
OF EDUCATION, INCOME AND HEALTH INITIATIVES AS AGREED UPON AND DIRECTED  
BY THE BOARD OF DIRECTORS OF THIS CORPORATION.

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IN ADDITION, UNITED WAY PROMOTES, ENCOURAGES, AND PROVIDES OPPORTUNITIES FOR VOLUNTEERISM AND ADVOCACY. UNITED WAY ALSO OVERSEES THE OPERATION OF UNITED WAY'S 2-1-1 HELPLINE IN THE HUDSON VALLEY AND ITS COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES TO ACTIVELY SUPPORT THE AVAILABILITY OF INFORMATION AND REFERRAL SERVICES TO THOSE WHO LIVE AND/OR WORK IN OUR COMMUNITIES AND TO ASSIST IN THE COORDINATION OF DISASTER RELIEF WHEN THE NEED ARISES.

IN SUMMARY, UNITED WAY ENCOURAGES THE COMMUNITIES WE SERVE TO LIVE UNITED; TO GIVE, ADVOCATE AND VOLUNTEER SO THAT MORE PEOPLE BECOME SELF-SUFFICIENT AND THE LARGER COMMUNITY THRIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DO SUPPORTS THE BUILDING BLOCKS FOR BETTER LIVES AND THRIVING COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WITH A PROFESSIONALLY TRAINED CALL SPECIALIST (TRANSLATION SERVICES ARE AVAILABLE IN MORE THAN 200 LANGUAGES). THE COMMUNITY ALSO ACCESSES 2-1-1 RESOURCES THROUGH OUR WEBSITE AT WWW.HUDSON211.ORG. 2-1-1 MAINTAINS THE MOST UP TO DATE COMPREHENSIVE HEALTH AND HUMAN SERVICES DATABASE IN THE REGION AND IS UTILIZED FOR REFERRALS FOR CALLERS, SOCIAL SERVICES PROFESSIONALS. 2-1-1 HAS LONG ALLOWED OTHER NOT-FOR-PROFIT AND GOVERNMENT AGENCIES TO REALIZE CONCRETE COST SAVINGS AND IMPROVED SERVICE TO THEIR CONSTITUENTS IN THE COMMUNITY.

FOR FISCAL YEAR 18/19 UNITED WAY'S 211 HELPLINE FIELDLED A TOTAL OF



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75,929 PHONE CALLS FROM FOUR REGIONS (HUDSON VALLEY, ADIRONDACKS, NORTHEAST AND LONG ISLAND) ACROSS NEW YORK, OF WHICH 48,450 WERE FROM THE HUDSON VALLEY. DURING THE SAME PERIOD, THERE WERE 9,454 SEARCHES OF OUR DATABASE OF OVER 25,000 HEALTH AND HUMAN SERVICE RESOURCES, VIA WWW.HUDSON211.ORG.

FUNDING SOURCES FOR 2-1-1 INCLUDE CONTRACTS/FEE FOR SERVICE FROM THE UNITED WAYS IN THE HUDSON VALLEY (INCLUDING UWVP) AN GRANTS/CONTRACTS WITH LOCAL AND STATE GOVERNMENTAL ENTITIES.

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

WE EMPLOY A BROAD-BASED STRATEGY TO ENSURE THAT ALL CHILDREN ARE READING AT OR ABOVE GRADE LEVEL BY THE END OF THE 3RD GRADE. WE DO THIS THROUGH FOCUSING ON PARENT ENGAGEMENT, SCHOOL READINESS AND ALIGNMENT OF SCHOOL AND COMMUNITY RESOURCES AND PROGRAMS.

WE COMPLEMENT OUR EARLY PREPARATION FOCUS WITH MIDDLE SCHOOL CHARACTER DEVELOPMENT CURRICULUM, ADOPTED BY SOME 17 MIDDLE SCHOOLS IN WESTCHESTER AND PUTNAM. IT IS A PROGRAM DEVELOPED BY THE NFL, AND IMPLEMENTED BY UNITED WAYS ACROSS THE COUNTRY. ITS AIM IS TO RAISE AWARENESS OF SOCIAL DEVELOPMENT AND PERSONAL CHARACTER IN THE MIDDLE SCHOOL GRADES, WHERE RESEARCH INDICATES SOCIAL FALLOUT IS MOST LIKELY TO OCCUR.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN NOVEMBER, 2018. THE SIGNIFICANT CHANGES INCLUDED CHANGING FROM A MEMBERSHIP ORGANIZATION (DONORS TO THE CURRENT CAMPAIGN WERE CONSIDERED MEMBERS) TO A NON-MEMBERSHIP ORGANIZATION. THIS

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RESULTED IN THE REMOVAL OF THE ROLE OF MEMBERS IN THE ORGANIZATION'S GOVERNANCE, AND STRENGTHENS THE ROLE OF THE VOLUNTEER BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

UNITED WAY OF WESTCHESTER AND PUTNAM, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PRESENTED TO THE BOARD MEMBERS OF THE ORGANIZATION AT A BOARD MEETING FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, COMMITTEE VOLUNTEERS, AND STAFF MUST RETURN A SIGNED STATEMENT EACH YEAR WHICH REQUIRES THEM TO REVIEW AND DISCLOSE ANY CONFLICTS OF INTEREST THAT MAY EXIST. THE CHIEF OPERATING OFFICER MAINTAINS THE FILE FOR ALL VOLUNTEERS AND THE VICE PRESIDENT FOR OPERATIONS MAINTAINS THE SIGNED STAFF FORMS.

TO AVOID ANY CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST WHICH COULD TARNISH THE REPUTATION OF UWWP AND UNDERMINE THE PUBLIC'S TRUST IN ALL UNITED WAY ORGANIZATIONS, UWWP STAFF, BOARD OF DIRECTORS AND OTHER REPRESENTATIVES WILL ANNUALLY FILE WITH THE PRESIDENT A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST AND DISCLOSE ALL KNOWN CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST IN ANY MATTER ARE BROUGHT BEFORE THE BOARD OF DIRECTORS OR ANY COMMITTEE UPON WHICH THEY

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SERVE, AND THE INDIVIDUAL WITH THE CONFLICT MUST WITHDRAW FROM THE MEETING ROOM DURING ANY DISCUSSION, REVIEW AND VOTING IN CONNECTION WITH SUCH MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT AND CEO OF UWWP IS THE PRINCIPAL REPRESENTATIVE OF UWWP AND THE PERSON PRIMARILY RESPONSIBLE FOR THE EFFICIENT OPERATION OF THE ORGANIZATION. THEREFORE, IT IS THE DESIRE OF THE ORGANIZATION TO PROVIDE A FAIR AND REASONABLE BUT NOT EXCESSIVE COMPENSATION FOR THE PRESIDENT AND CEO AS WELL AS THE MEMBERS OF THE UWWP STAFF THAT QUALIFY UNDER THE IRS DEFINITION OF HIGHLY COMPENSATED EMPLOYEES.

UWWP FOLLOWED THE BOARD ADOPTED POLICY FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND CEO AS WELL AS UWWP'S HIGHLY COMPENSATED EMPLOYEES WHICH IS AS FOLLOWS:

1. CEO PERFORMANCE REVIEW: THE CHAIR OF THE BOARD SHALL ANNUALLY SOLICIT INPUT FROM BOARD MEMBERS AND SENIOR STAFF ON THE PRESIDENT AND CEO'S PERFORMANCE. THE CHAIR WILL ALSO ASK AND RECEIVE A SELF-APPRAISAL FROM THE CEO REGARDING HIS/HER PERFORMANCE. BASED ON THE INPUT, THE CHAIR OF THE BOARD AND THE EXECUTIVE COMMITTEE SHALL ANNUALLY EVALUATE THE PRESIDENT AND CEO ON HIS/HER PERFORMANCE AND DISCLOSE THE RESULTS TO THE BOARD.

2. CEO COMPENSATION DECISION: THE CHAIR WILL THEN ANALYZE THE PERFORMANCE REVIEW INFORMATION AS WELL AS THE FISCAL BUDGET, THE ANTICIPATED COMPENSATION DECISIONS IMPACTING OTHER UWWP STAFF MEMBERS, AND OTHER INTERNAL FISCAL DOCUMENTS TO SET A LEVEL OF COMPENSATION (INCLUDING THE BOARD APPROVED RESULTS OF THEIR REVIEW OF ANY RECENT EXTERNAL EXECUTIVE

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COMPENSATION REPORTS). THE CHAIR WILL THEN CONSULT WITH THE EXECUTIVE COMMITTEE AND SET THE CEO'S LEVEL OF COMPENSATION FOR THE NEXT YEAR NO LATER THAN THE DATE OF THE LAST BOARD MEETING OF THE CURRENT FISCAL YEAR.

3. OTHER UWWP EMPLOYEES: OTHER HIGHLY COMPENSATED EMPLOYEES (AT THE SAME TIME AS ALL OTHER EMPLOYEES) WILL RECEIVE AN ANNUAL PERFORMANCE REVIEW IN ACCORDANCE WITH THE PERSONNEL POLICIES. AS PART OF THIS PROCESS, THE PRESIDENT AND CEO WILL SEEK INPUT FROM SENIOR STAFF AND SELECT VOLUNTEERS THAT WORK WITH THESE EMPLOYEES. AN EXTERNAL COMPENSATION REVIEW WILL ALSO BE CONDUCTED TO ENSURE THAT THE COMPENSATION GIVEN TO EACH OF THESE EMPLOYEES IS FAIR AND REASONABLE. THIS COMPENSATION REVIEW WILL INCLUDE THE CONSIDERATION OF THE MOST RECENT REPORT OF THE EXTERNAL EXECUTIVE COMPENSATION SUB-COMMITTEE AS WELL AS THE PROJECTED FISCAL BUDGET. THIS INFORMATION IS AVAILABLE TO THE EXECUTIVE COMMITTEE AT ANY TIME THROUGH THE VICE PRESIDENT OF OPERATIONS.

4. BOARD APPROVAL: EVERY THREE YEARS, THE CHAIR OF THE BOARD WILL APPOINT AN AD HOC EXECUTIVE COMPENSATION SUB-COMMITTEE OF THE BOARD (AS WELL AS A CHAIR OF THIS SUB-COMMITTEE) AT LEAST THREE MONTHS PRIOR TO THE END OF THE FISCAL YEAR. IN THE ABSENCE OF ACTION TO THE CONTRARY, THE EXECUTIVE COMMITTEE SHALL BE THE EXECUTIVE COMPENSATION SUB-COMMITTEE. THIS SUB-COMMITTEE WILL BE TASKED TO PERFORM A MORE IN-DEPTH REVIEW OF THE EXECUTIVE COMPENSATION DATA IN ORDER TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE PRESIDENT AND CEO AS WELL AS OTHER HIGHLY COMPENSATED EMPLOYEES. THE SUB-COMMITTEE'S FINAL RECOMMENDATION REGARDING THE PRESIDENT AND CEO'S COMPENSATION MUST BE SUBMITTED TO THE BOARD FOR APPROVAL NO LATER THAN THE LAST REGULARLY SCHEDULED BOARD MEETING OF THE FISCAL YEAR.

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THE UWWP VICE PRESIDENT FOR OPERATIONS WILL WORK CLOSELY WITH THE SUB-COMMITTEE TO HELP SECURE THE APPROPRIATE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS, USING VARIOUS SOURCES OF DATA. THIS DATA MAY INCLUDE; 1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES; 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS; 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS; AND 4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS.

CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR THE PRESIDENT AND CEO AND OTHER HIGHLY COMPENSATED EMPLOYEES, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. DOCUMENTATION WILL INCLUDE: A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED; B) THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE; C) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA WAS OBTAINED; AND D) ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION OF BENEFITS.

INDEPENDENCE IN SETTING COMPENSATION: THE CHAIR OF THE BOARD, WHO IS A VOLUNTEER AND NOT COMPENSATED BY UWWP, WILL OPERATE INDEPENDENTLY WITHOUT UNDUE INFLUENCE FROM THE PRESIDENT AND CEO. NO MEMBER OF THE EXECUTIVE COMPENSATION SUB-COMMITTEE WILL BE A STAFF MEMBER, THE RELATIVE OF A STAFF

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MEMBER, OR HAVE ANY RELATIONSHIP WITH A STAFF MEMBER THAT COULD PRESENT A  
CONFLICT OF INTEREST

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, AND FORM 990 AND CHAR 500 ARE AVAILABLE  
AT WWW.UWWP.ORG AND PROVIDED TO 3RD PARTY ORGANIZATIONS SUCH AS GUIDESTAR  
AND CHARITY NAVIGATOR. IN ADDITION, AS REQUIRED BY THE STATE OF NEW YORK,  
PRINTED DONOR PLEDGE FORMS INFORM RECIPIENTS THAT OUR ANNUAL FINANCIAL  
INFORMATION MAY BE OBTAINED DIRECTLY FROM THE NYS CHARITIES INFORMATION  
BUREAU OR BY CONTACTING UWWP DIRECTLY. THE BY-LAWS AND CONFLICT OF INTEREST  
POLICY ARE AVAILABLE AT THE WHITE PLAINS OFFICE FOR PUBLIC INSPECTION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION LIABILITY ADJUSTMENT	-161,030.
ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES	-56,457.
TOTAL TO FORM 990, PART XI, LINE 9	-217,487.

FORM 990, PART XII, LINE 2C:

UWWP HAS A SEPARATE COMMITTEE WHICH IS ASSIGNED THE RESPONSIBILITY OF  
INTERFACING WITH THE AUDITORS. AT THE CONCLUSION OF THE AUDIT, THE  
COMMITTEE REVIEWS THE FINANCIAL STATEMENTS AND MANAGEMENT LETTER WITH  
THE AUDITORS AND MANAGEMENT. AFTER ALL QUESTIONS AND ISSUES HAVE BEEN  
ADDRESSED, THE COMMITTEE HOLDS AN EXECUTIVE SESSION WITH THE AUDITORS.  
AT THE CONCLUSION OF THE MEETING, THE COMMITTEE APPROVES THE AUDITED  
FINANCIAL STATEMENTS, ALONG WITH AUDITORS' PRESENTATION AND RECOMMENDS  
FINAL ADOPTION OF THESE STATEMENTS TO THE UWWP BOARD, WHICH THEN VOTES  
ON APPROVAL. ONCE AUDIT IS APPROVED BY THE BOARD, THE FINAL VERSION OF  
THE AUDITED FINANCIAL STATEMENTS IS POSTED ON WWW.UWWP.ORG

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Multiple horizontal lines for supplemental information.