

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017
Open to Public Inspection

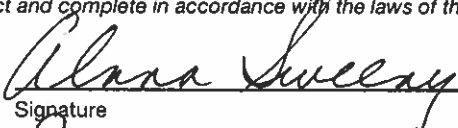
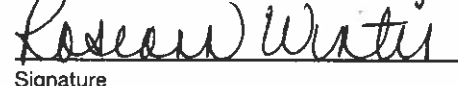
1. General Information

| | | |
|--|--|--|
| For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2017 and Ending (mm/dd/yyyy) 06/30/2018 | | |
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: UNITED WAY OF WESTCHESTER AND PUTNAM, IN | Employer Identification Number (EIN): 13-1997636 |
| | Mailing Address: 336 CENTRAL PARK AVE | NY Registration Number: 00-01-85 |
| | City / State / ZIP: WHITE PLAINS, NY 10606-1502 | Telephone: 914 997-6700 |
| | Website: WWW.UWWP.ORG | Email: |
| Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT- Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com. | | |

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | | |
|---------------------------------------|--|---|------------------------|
| President or Authorized Officer: |  | ALANA SWEENY PRESIDENT / CEO | <u>1/18/19</u> Date |
| Chief Financial Officer or Treasurer: |  | ROSEANN WINTER SR VP OF FINANCE | <u>1/18/19</u> Date |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

| | | |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |

5. Fee

| | | | | |
|---|---------------------------------|------------------------------------|------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: \$ <u>25.</u> | EPTL filing fee: \$ <u>250.</u> | Total fee: \$ <u>275.</u> | Make a single check or money order payable to: "Department of Law" |
|---|---------------------------------|------------------------------------|------------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

| | | |
|--|---|--|
| 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 | C Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 336 CENTRAL PARK AVE City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10606-1502 F Name and address of principal officer: ALANA SWEENEY SAME AS C ABOVE | D Employer identification number 13-1997636 E Telephone number (914)997-6700 G Gross receipts \$ 9,138,293. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 2574 |
| I 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 | | L Year of formation: 1962 M State of legal domicile: NY |
| J Website: ▶ WWW.UWWP.ORG | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |

Part I Summary

| | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------|--|---|------------|---|---|------------|--|--|-------------------|----------|--|----------|----------|--|--------------------|-------------------|---|--------------------|-------------------|--|-----------------|----------------|--|--|
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 492 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">9,889,982.</td> <td style="text-align: right;">7,780,819.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,308,819.</td> <td style="text-align: right;">1,090,687.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">173,452.</td> <td style="text-align: right;">128,264.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-64,600.</td> <td style="text-align: right;">-48,438.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">11,307,653.</td> <td style="text-align: right;">8,951,332.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 9,889,982. | 7,780,819. | 9 Program service revenue (Part VIII, line 2g) | 1,308,819. | 1,090,687. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 173,452. | 128,264. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -64,600. | -48,438. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,307,653. | 8,951,332. | | | | | | | | |
| | | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Expenses | | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">7,496,076.</td> <td style="text-align: right;">5,537,871.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,479,657.</td> <td style="text-align: right;">2,409,221.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 328,327.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,142,216.</td> <td style="text-align: right;">927,548.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">11,117,949.</td> <td style="text-align: right;">8,874,640.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">189,704.</td> <td style="text-align: right;">76,692.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 7,496,076. | 5,537,871. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,479,657. | 2,409,221. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 328,327. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,142,216. | 927,548. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,117,949. | 8,874,640. | 19 Revenue less expenses. Subtract line 18 from line 12 | 189,704. | 76,692. | | |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">4,964,452.</td> <td style="text-align: right;">4,822,471.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,713,250.</td> <td style="text-align: right;">1,546,998.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">3,251,202.</td> <td style="text-align: right;">3,275,473.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 4,964,452. | 4,822,471. | 21 Total liabilities (Part X, line 26) | 1,713,250. | 1,546,998. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,251,202. | 3,275,473. | | | | | | | | | | | | | | | |
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Part II Signature Block

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

| | | |
|------------------|--|---------------------|
| Sign Here | Signature of officer | Date 1/18/19 |
| | Type or print name and title ALANA SWEENEY, PRESIDENT / CEO | |

| | | | | | |
|-------------------------------|--|---|--------------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name GARRETT M. HIGGINS | Preparer's signature GARRETT M. HIGGINS | Date 01/16/19 | Check <input type="checkbox"/> if self-employed | PTIN P00543209 |
| | Firm's name ▶ PKF O'CONNOR DAVIES, LLP | | Firm's EIN ▶ 27-1728945 | | |
| | Firm's address ▶ 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905 | | Phone no. 203-323-2400 | | |

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? [X] Yes [] No

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

4a (Code:) (Expenses \$ 3,339,162. including grants of \$ 2,555,814.) (Revenue \$ 68,391.) 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

4b (Code:) (Expenses \$ 2,982,057. including grants of \$ 2,982,057.) (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.

4c (Code:) (Expenses \$ 1,352,001. including grants of \$) (Revenue \$ 1,022,296.) UNITED WAY'S 2-1-1 HELPLINE 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, 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. (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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,379. including grants of \$) (Revenue \$)

4e Total program service expenses 7,675,599.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

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

Form 990 (2017)

13-1997636 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | 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). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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 | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-----|----|
| 1a | 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 | 27 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 27 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | 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 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 7b | | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| 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 | |
| 10b | | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 11b | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| 15a | | X | |
| 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 |
| 15b | | | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," 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? | | |
| 16b | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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: **ROSEANN WINTER - (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) DAVID M. YAWMAN, ESQ. CHAIR | 6.00 | X | | X | | | | 0. | 0. | 0. |
| (2) JANET WALKER VICE CHAIR ADMINISTRATION | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DONALD CALABRESE VICE CHAIR AT LARGE | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) MICHAEL J. PIAZZA, JR. VICE CHAIR AT LARGE | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) KENNETH J. GOULD, ESQ CO-VICE CHAIR COMMUNITY INITIATIVES | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) JUNE BLANC VICE CHAIR RESOURCE DEVELOPMENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (7) ANGELA BROCK-KYLE CHAIR NOMINATING COMM. (THRU 09/2017) | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (8) INGRID RICHARDS SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) ERIC D. ELLER TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) GREGORY D. BASSUK PAST CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) JEANNETTE WARNER, ESQ. DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) VINCENT D'AMBROSO DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) NAN HAYWORTH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) STEPHEN K. HUNTER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) MEYER G. KOPLOW, ESQ. DIRECTOR (THRU 09/2017) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) LAWRENCE A. RUGGIERI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) GEORGE TROYANO DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) FREDERICK P. WIENER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) JOANNE E. WRIGHT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) CHARLES DORST DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) MATTHEW LYNESS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) JEFFREY PARASCHAC DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) DENISE POVOLNY DIRECTOR (THRU 09/2017) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) DAVID STUTZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) BUD HAMMER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) TARYN DUFFY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 387,643. | 0. | 82,156. |
| d Total (add lines 1b and 1c) | | | | | | | | 387,643. | 0. | 82,156. |

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 **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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

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 | | |
|---|--|--|--|---|---|--|----------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | | | | | |
| | b | Membership dues | | | | | | |
| | c | Fundraising events | 403,878. | | | | | |
| | d | Related organizations | | | | | | |
| | e | Government grants (contributions) | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 7,376,941. | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 2,456,517. | | | | | |
| | h | Total. Add lines 1a-1f | 7,780,819. | | | | | |
| | Program Service Revenue | 2 a | 2-1-1 HUDSON VALLEY RE NOT FOR PROFIT LEADERS | 900099 1,022,296. | 1,022,296. | | | |
| b | | | 900099 68,391. | 68,391. | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | 1,090,687. | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 55,709. | | | 55,709. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | b | Less: rental expenses | | | | |
| | | | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 99,517. | | | | |
| | | | (ii) Other | | | | | |
| | | | b | Less: cost or other basis and sales expenses | 26,962. | | | |
| | | | c | Gain or (loss) | 72,555. | | | |
| | d | Net gain or (loss) | 72,555. | | | 72,555. | | |
| | 8 a | Gross income from fundraising events (not including \$ 403,878. of contributions reported on line 1c). See Part IV, line 18 | a | 111,561. | | | | |
| | | | b | Less: direct expenses | 159,999. | | | |
| c | | | Net income or (loss) from fundraising events | -48,438. | | | -48,438. | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | | b | Less: direct expenses | | | | | |
| | | c | Net income or (loss) from gaming activities | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| | | b | Less: cost of goods sold | | | | | |
| | | c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See instructions. | | 8,951,332. | 1,090,687. | 0. | 79,826. | | |

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

Form 990 (2017)

13-1997636 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,537,871. | 5,537,871. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 176,745. | 111,853. | 46,793. | 18,099. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,512,316. | 957,075. | 400,378. | 154,863. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 251,064. | 158,873. | 66,482. | 25,709. |
| 9 Other employee benefits | 326,095. | 206,354. | 86,349. | 33,392. |
| 10 Payroll taxes | 143,001. | 90,499. | 37,859. | 14,643. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 33,750. | | 33,750. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 54,883. | 34,714. | 14,543. | 5,626. |
| 12 Advertising and promotion | 136,269. | 136,269. | | |
| 13 Office expenses | 224,750. | 146,426. | 56,478. | 21,846. |
| 14 Information technology | 113,786. | 71,968. | 30,154. | 11,664. |
| 15 Royalties | | | | |
| 16 Occupancy | 108,828. | 53,802. | 46,307. | 8,719. |
| 17 Travel | 13,904. | 8,852. | 3,644. | 1,408. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,343. | 6,541. | 2,743. | 1,059. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 94,329. | 86,691. | | 7,638. |
| 22 Depreciation, depletion, and amortization | 77,624. | 37,040. | 20,292. | 20,292. |
| 23 Insurance | 49,104. | 20,793. | 24,942. | 3,369. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISC OPERATING EXPENSES | 9,978. | 9,978. | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,874,640. | 7,675,599. | 870,714. | 328,327. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

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

Form 990 (2017)

13-1997636 Page 11

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 |
|------------------------------------|---|--------------------------|------------|--------------------|
| Assets | 1 | 1,169,489. | 1 | 1,092,001. |
| | 2 | 88,465. | 2 | 88,995. |
| | 3 | 580,669. | 3 | 511,509. |
| | 4 | 52,045. | 4 | 24,554. |
| | 5 | | | |
| | 6 | | 5 | |
| | 7 | | | |
| | 8 | | | |
| | 9 | 129,042. | 9 | 116,087. |
| | 10a | | | |
| | 10a | 1,949,885. | | |
| | 10b | 1,727,453. | | |
| | 10c | 280,332. | 10c | 222,432. |
| | 11 | 2,348,348. | 11 | 2,445,206. |
| | 12 | | 12 | |
| | 13 | | 13 | |
| 14 | | 14 | | |
| 15 | 316,062. | 15 | 321,687. | |
| 16 | 4,964,452. | 16 | 4,822,471. | |
| Liabilities | 17 | 252,112. | 17 | 251,897. |
| | 18 | 433,507. | 18 | 421,228. |
| | 19 | 53,958. | 19 | 363. |
| | 20 | | 20 | |
| | 21 | | 21 | |
| | 22 | | | |
| | 22 | | 22 | |
| | 23 | 417,576. | 23 | 390,599. |
| | 24 | | 24 | |
| | 25 | | | |
| 25 | 556,097. | 25 | 482,911. | |
| 26 | 1,713,250. | 26 | 1,546,998. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | 1,150,423. | 27 | 1,146,995. |
| | 28 | 530,082. | 28 | 553,662. |
| | 29 | 1,570,697. | 29 | 1,574,816. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | | 30 | |
| | 31 | | 31 | |
| | 32 | | 32 | |
| 33 | 3,251,202. | 33 | 3,275,473. | |
| 34 | 4,964,452. | 34 | 4,822,471. | |

Form 990 (2017)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,951,332. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,874,640. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 76,692. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,251,202. |
| 5 | Net unrealized gains (losses) on investments | 5 | 64,549. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -116,970. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,275,473. |

Part XII Financial Statements and Reporting

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|-----------|----------|-----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10164868. | 9889637. | 10715612. | 9889982. | 7780819. | 48440918. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10164868. | 9889637. | 10715612. | 9889982. | 7780819. | 48440918. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 48440918. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|-----------|----------|-----------|----------|----------|------------|
| 7 Amounts from line 4 | 10164868. | 9889637. | 10715612. | 9889982. | 7780819. | 48440918. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 64,497. | 66,424. | 54,483. | 55,801. | 55,709. | 296,914. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 6,437. | 14,312. | 43,456. | | | 64,205. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 48802037. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 5,970,255. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.26 | % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 99.07 | % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a 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 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> | | |
| c 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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 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> | | |
| 9a 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 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> | | |
| c 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> | | |
| 10a 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 Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |
| 3b | | |

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

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

| Section A - Adjusted Net Income | | (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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

Schedule A (Form 990 or 990-EZ) 2017

UNITED WAY OF WESTCHESTER AND PUTNAM,

Schedule A (Form 990 or 990-EZ) 2017 INC.

13-1997636 Page 8

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 for the latest information.

OMB No. 1545-0047

2017

| | |
|--|---|
| 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 | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

UNITED WAY OF WESTCHESTER AND PUTNAM, INC.

Employer identification number

13-1997636

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 | | \$ 2,673,726. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

UNITED WAY OF WESTCHESTER AND PUTNAM, INC.

Employer identification number

13-1997636

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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

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 |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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) 2017

732051 10-09-17

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 | 2,036,428. | 1,465,277. | 2,204,149. | 2,256,474. | 2,011,006. |
| b Contributions | 13,692. | 451,156. | 4,500. | 189,299. | 62,227. |
| c Net investment earnings, gains, and losses | 172,131. | 221,514. | 107,357. | 137,779. | 353,074. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 95,232. | 101,519. | 850,729. | 379,403. | 169,833. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,127,019. | 2,036,428. | 1,465,277. | 2,204,149. | 2,256,474. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 33.16 %
 - b Permanent endowment 60.46 %
 - c Temporarily restricted endowment 6.38 %
- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- 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. | 731,586. | 91,762. |
| d Equipment | | 720,409. | 689,739. | 30,670. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 222,432. |

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) | | |
| Total. (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) | | |
| Total. (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) BENEFICIAL INTEREST IN TRUSTS | 288,744. |
| (2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY | 32,943. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 321,687. |

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) CAPITAL LEASES | 19,208. |
| (3) PENSION LIABILITY COST | 439,738. |
| (4) MISC. OTHER LIABILITIES | 23,965. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 482,911. |

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 | 6,088,897. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 64,549. | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 159,999. | |
| | e Add lines 2a through 2d | | 2e | 224,548. |
| 3 | Subtract line 2e from line 1 | | 3 | 5,864,349. |
| 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 | 3,086,983. | |
| | c Add lines 4a and 4b | | 4c | 3,086,983. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 8,951,332. |

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 | 6,052,582. |
| 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 | 159,999. | |
| | e Add lines 2a through 2d | | 2e | 159,999. |
| 3 | Subtract line 2e from line 1 | | 3 | 5,892,583. |
| 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 | 2,982,057. | |
| | c Add lines 4a and 4b | | 4c | 2,982,057. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 8,874,640. |

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 159,999.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|------------|
| DONOR DESIGNATED GRANTS, FUNDS RAISED ON BEHALF OF OTHERS | 2,982,057. |
| ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES | 104,926. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 3,086,983. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B | 159,999. |
|--|----------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|------------|
| DONOR DESIGNATED GRANTS, DONOR CHOICE NET OF FEES | 2,982,057. |
|---|------------|

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) | 4 (total number) | |
| Revenue | 1 | 356,250. | 94,982. | 64,207. | 515,439. |
| | 2 | 263,590. | 82,640. | 57,648. | 403,878. |
| | 3 | 92,660. | 12,342. | 6,559. | 111,561. |
| Direct Expenses | 4 | | | | |
| | 5 | | | | |
| | 6 | 43,843. | 31,800. | 10,164. | 85,807. |
| | 7 | | | | |
| | 8 | | | | |
| | 9 | 41,067. | 22,085. | 11,040. | 74,192. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -48,438. |

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 | 1 | | | | |
| | 2 | | | | |
| Direct Expenses | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| 6 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

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

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) 2017 INC.

13-1997636 Page 3

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

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (ii) 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 for the latest information.

OMB No. 1545-0047

2017

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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ACACIA NETWORK HOUSING 1064 FRANKLIN AVENUE BRONX, NY 10456 | 26-0076866 | 501 (C) (3) | 0. | 451,005. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| AISLING IRISH COMMUNITY CENTER 990 MCLEAN AVENUE YONKERS, NY 10704 | 13-3919126 | 501 (C) (3) | 0. | 5,412. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CAMP COMBE (YMCA CENTRAL & NO WESTCHESTER) - 250 MAMARONECK AVENUE - WHITE PLAINS, NY 10605 | 13-1740518 | 501 (C) (3) | 0. | 6,955. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CAREERS FOR PEOPLE WITH DISABILITIES - 401 COLUMBUS AVE - VALHALLA, NY 10595 | 13-3424844 | 501 (C) (3) | 18,842. | 0. | | | COMMUNITY IMPACT |
| CATHOLIC CHARITIES OF ORANGE & SULLIVAN - 1011 FIRST AVENUE - NEW YORK, NY 10022 | 32-0151827 | 501 (C) (3) | 0. | 32,523. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CHILDRENS VILLAGE ECHO HILLS DOBBS FERRY, NY 10522 | 13-1739945 | 501 (C) (3) | 0. | 192,004. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **43.**

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) (2017)**

UNITED WAY OF WESTCHESTER AND PUTNAM, INC.

13-1997636

Schedule I (Form 990)

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 |
| COACHMAN FAMILY CENTER (WESTHAB) 85 EXECUTIVE BOULEVARD ELMSFORD, NY 10523 | 06-1064281 | 501 (C) (3) | 0. | 9,511. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| EASTCHESTER CAP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523 | 13-2547122 | 501 (C) (3) | 0. | 42,668. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| FAMILY OF WOODSTOCK 39 JOHN ST KINGSTON, NY 12401 | 14-1537663 | 501 (C) (3) | 0. | 27,754. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| FAMILY SERVICE OF WESTCHESTER ONE GATEWAY PLAZA PORT CHESTER, NY 10573 | 13-1773419 | 501 (C) (3) | 202. | 8,163. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT |
| FAMILY SERVICE SOCIETY OF YONKERS PO BOX 437 YONKERS, NY 10703 | 13-1739956 | 501 (C) (3) | 15,000. | 0. | | | COMMUNITY IMPACT |
| GREENBURGH HEALTH CENTER (MOUNT VERON NEIGHBORHOOD HEALTH CENTER) - 330 TARRYTOWN RD - WHITE PLAINS, NY 10607 | 13-2897241 | 501 (C) (3) | 0. | 140,903. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| GREENBURGH/ELMSFORD CAP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523 | 13-2547122 | 501 (C) (3) | 0. | 87,837. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| GREYSTON FAMILY INN FOUNDATION 21 PARK AVE YONKERS, NY 10703 | 13-3407079 | 501 (C) (3) | 0. | 98,095. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| HOPE'S DOOR 50 BROADWAY HAWTHORNE, NY 10532 | 13-3023259 | 501 (C) (3) | 3,500. | 5,850. | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HOUSE OF REFUGE APOSTOLIC CHURCH (HORAC) - 81 CROTON AVENUE - OSSINING, NY 10562 | 51-0445850 | 501 (C) (3) | 0. | 5,473. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| INFANT TODDLER LEARNING CENTER OF WJCS - 845 NORTH BROADWAY, SUITE 2 - WHITE PLAINS, NY 10603 | 13-1740071 | 501 (C) (3) | 0. | 16,791. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| JEWISH BOARD 135 WEST 50TH STREET NEW YORK, NY 10022 | 13-5564937 | 501 (C) (3) | 0. | 131,892. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| MORNING STAR FULL GOSPEL ASSEMBLY 464 EAST TREMONT AVENUE BRONX, NY 10457 | 13-3695875 | 501 (C) (3) | 0. | 51,015. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| NORTH AMERICAN FAMILY INSTITUTE 90 MAPLE STREET, UNIT 2 STONEHAM, MA 02180 | 04-2921507 | 501 (C) (3) | 0. | 6,399. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| OASIS SHELTER (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10550 | 13-2547122 | 501 (C) (3) | 0. | 99,285. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| PEEKSKILL AREA COMMUNITY ACTION PROGRAM (WESTCOP) - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523 | 13-2547122 | 501 (C) (3) | 0. | 9,301. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| PELHAM ART CENTER 155 FIFTH AVENUE PELHAM, NY 10803 | 51-0164630 | 501 (C) (3) | 0. | 5,000. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| PORT CHESTER CARVER CENTER 400 WESTCHESTER AVENUE WHITE PLAINS, NY 10605 | 13-1832949 | 501 (C) (3) | 0. | 8,040. | 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 |
| REGIONAL ECONOMIC COMMUNITY ACTION CENTER - 40 SMITH STREET - MIDDLETOWN, NY 10940 | 14-1493667 | 501 (C) (3) | 0. | 15,957. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| ROCKLAND COMMUNITY ACTION PROGRAM (WESTCOP) - 2 WESTCHESTER PLAZA - ELMSPORD, NY 10523 | 13-2547122 | 501 (C) (3) | 0. | 16,958. | 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. | 92,248. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| SHARING COMMUNITY PO BOX 657 YONKERS, NY 10701 | 13-3186666 | 501 (C) (3) | 0. | 9,465. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| SHEPHERD'S FLOCK (CALVARY CENTER) 57 LOCUST HILL AVENUE YONKERS, NY 10701 | 13-2909743 | 501 (C) (3) | 0. | 70,317. | 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. | 86,053. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| TARRYTOWN COMMUNITY OPPORTUNITY CENTER - 2269 SAW MILL RIVER RD - ELMSPORD, NY 10523 | 13-2547122 | 501 (C) (3) | 0. | 70,751. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| THE GUIDANCE CENTER 256 WASHINGTON STREET MOUNT VERNON, NY 10553 | 13-1839684 | 501 (C) (3) | 0. | 75,105. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| THE UPPER ROOM HOUSE OF WORSHIP 118 BETHUNE BOULEVARD SPRING VALLEY, NY 10977 | 13-4055100 | 501 (C) (3) | 0. | 43,499. | 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 |
| THOMAS H. SLATER CENTER 2 FISHER COURT WHITE PLAINS, NY 10601 | 13-3058584 | 501 (C) (3) | 0. | 32,122. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| TURNING POINT MINISTRY, IT'S YOUR TURN, INC - 44 NORTH TERRACE AVENUE - MOUNT VERNON, NY 10550 | 46-4905533 | 501 (C) (3) | 0. | 53,660. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| UNITED COMMUNITY CENTER OF WESTCHESTER - 173 UNION AVE - NEW ROCHELLE, NY 10801 | 84-1715929 | 501 (C) (3) | 0. | 18,390. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| UNITED WAY OF MID HUDSON VALLEY D/B/A/UNITED WAY OF THE DUTCHESS-ORANGE REGION - 75 MARKET ST - POUGHKEEPSIE, NY 12601 | 06-1045698 | 501 (C) (3) | 0. | 43,957. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT |
| URBAN LEAGUE OF WESTCHESTER 61 MITCHELL PLACE WHITE PLAINS, NY 10601 | 13-1740054 | 501 (C) (3) | 11,250. | 32,594. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| WEST HELP MOUNT VERNON (USA HELP) 240 FRANKLIN AVE MOUNT VERNON, NY 10550 | 13-3449085 | 501 (C) (3) | 0. | 54,339. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| WESTCHESTER JEWISH COMMUNITY SERVICES - 845 BROADWAY - WHITE PLAINS, NY 10603 | 13-1740071 | 501 (C) (3) | 96. | 11,852. | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | FUNDS RAISED ON BEHALF OF OTHERS/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 |
| WORLD PEACE NY CHAPTER ONE FALAPEL AT A TIME - 3801 HUDSON MANOR TERRACE - RIVERDALE, NY 10463 | 90-0519465 | 501 (C) (3) | 0. | 8,638. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YONKERS FAMILY YMCA 17 RIVERDALE AVE YONKERS, NY 10701 | 13-1740520 | 501 (C) (3) | 0. | 49,639. | 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

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 for instructions and the latest information.

2017

Open to Public Inspection

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 | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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 for 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 | X | 1 | 96,000. | APPRAISAL |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 2,360,517. | COST |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 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**

| | Yes | No |
|---|-----|----|
| 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? | | 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? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2017

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.

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

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

Employer identification number
13-1997636

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

**TO PROVIDE A PATH TOWARD SELF-SUFFICIENCY FOR PEOPLE AND FAMILIES SO
THEY MAY THRIVE IN A STRONGER COMMUNITY.**

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

**UWWP HAS BEEN MEETING HUMAN CARE NEEDS FOR 55 YEARS, TO THE BENEFIT OF
INDIVIDUALS, FAMILIES, AND THE COMMUNITY AT LARGE. TODAY UWWP IS
INTENT ON MAKING A POSITIVE IMPACT IN WESTCHESTER AND PUTNAM BY
FOCUSING ON BUILDING BLOCKS FOR A BETTER LIFE.**

**1. EARLY PREPARATION TO BE ACADEMICALLY AND PERSONALLY SUCCESSFUL IN
ONE'S LIFE AND FUTURE.**

**2. FINANCIAL AND WORKFORCE PREPARATION THAT LEADS TO STABLE EMPLOYMENT
AND A STABLE HOUSEHOLD.**

**3. ACCESS TO OTHER HEALTH AND RESOURCE NEEDS TO SUPPORT RESIDENTS
MEETING LIFE'S CHALLENGES.**

**4. IN ADDITION UWWP PROVIDES SUPPORT, PROFESSIONAL DEVELOPMENT AND
TRAINING AND CAPACITY BUILDING OPPORTUNITIES FOR NOT-FOR-PROFIT
ORGANIZATIONS SO THEY CAN BETTER SERVE THE COMMUNITY.**

**UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION,
EXPERTISE AND RESOURCES NEEDED TO HELP US IN OUR MISSION. THIS YEAR
492 VOLUNTEERS PROVIDED 3,970 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.**

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

Employer identification number
13-1997636

THESE INITIATIVES INCLUDE:

**WORKPLACE AND FINANCIAL EDUCATION INITIATIVES ARE DIRECTED TO AT RISK
ADULT POPULATIONS, TO HELP INDIVIDUAL ADULTS AND PARENTS WITH FAMILIES,
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 WELLNESS PROGRAM INDIVIDUALS AND FAMILIES LEARN TO MANAGE
THEIR MONEY THROUGH AN ANNUAL SCHEDULE OF FINANCIAL EDUCATION
WORKSHOPS.**

**BASIC NEEDS SUPPORT AND RESOURCES GETS FAMILIES THE EMERGENCY HELP
THEY NEED TO PUT FOOD ON THE TABLE AND AVOID HOMELESSNESS.**

**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 \$213,662 WAS REALIZED.**

**STRENGTHENING NONPROFITS UWWP PROVIDED SUPPORT TO NONPROFITS IN THESE
WAYS:**

**MORE THAN 800 NONPROFIT LEADERS ATTENDED LOW COST TRAINING TO ENHANCE
THEIR SKILLS THROUGH**

1. OUR FINANCIAL EDUCATION WORKSHOPS FOR CASEWORKERS.

**2. OUR ANNUAL NOT-FOR-PROFIT LEADERSHIP SUMMIT CO-CONVENED BY UWWP FOR
THE PAST 16 YEARS. THE THRUST OF THE SUMMIT IS TO GENERATE A VITAL**

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

Employer identification number
13-1997636

**EXCHANGE ON BEST PRACTICES AND EMERGING ISSUES IN THE NOT-FOR-PROFIT
SECTOR.**

**3. \$2.3 MILLION IN DONATED PRODUCTS AND SERVICES DISTRIBUTED TO
NON-PROFITS THROUGH UWWP'S GIFTS-IN-KIND PROGRAM.**

**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
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:**

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

Employer identification number
13-1997636

- 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 LEAVE, 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.**

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 3, CHANGES IN PROGRAM SERVICES:

AS OF JULY 1, 2017 THE CITY OF YONKERS NO LONGER PROVIDED FUNDING FOR THE YONKERS THRIVES PROGRAM; THE PROGRAM ENDED ON JUNE 30, 2017.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DO SUPPORTS THE BUILDING BLOCKS FOR BETTER LIVES AND THRIVING

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

Employer identification number
13-1997636

COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

2-1-1 CAN BE ACCESSED FROM ANY TYPE OF PHONE THROUGHOUT THE HUDSON VALLEY AREA TO QUICKLY SPEAK WITH A PROFESSIONALLY TRAINED CALL SPECIALIST. THE COMMUNITY ALSO ACCESSES 2-1-1 RESOURCES THROUGH OUR WEBSITE. THE COMMUNITY ACCESS TO NEEDED RESOURCES IMPROVED AS THE CENTER'S HOURS WERE EXPANDED TO 24/7 ON AUGUST 1, 2017. 2-1-1 MAINTAINS THE MOST UP-TO-DATE COMPREHENSIVE HEALTH AND HUMAN SERVICES DATABASE IN THE REGION. THIS IS UTILIZED FOR REFERRALS FOR CALLERS, SOCIAL SERVICES PROFESSIONALS, AND IN ADDITION, IS ALWAYS AVAILABLE TO THE PUBLIC AT WWW.HUDSON211.ORG.

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

FOR THE FISCAL YEAR 2017/18 UNITED WAY'S 2-1-1 HELPLINE FIELDDED A TOTAL OF 91,033 PHONE CALLS FROM FOUR REGIONS (HUDSON VALLEY, ADIRONDACKS, NORTHEAST, LONG ISLAND) ACROSS NEW YORK, OF WHICH 55,589 WERE FROM THE HUDSON VALLEY. DURING THE SAME PERIOD, THERE WERE 16,682 SEARCHES OF OUR DATABASE OF OVER 25,000 HEALTH AND HUMAN SERVICE RESOURCES, VIA WWW.HUDSON211.ORG.

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

YONKERS THRIVES WAS SET IN MOTIONS IN OCTOBER 2015 THROUGH A CONTRACT WITH THE CITY OF YONKERS. UNITED WAY SERVED AS PART OF THE BLENDED

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

Employer identification number
13-1997636

**BACKBONE STRUCTURE BY ACTING AS THE YONKERS THRIVES PARTNERSHIP'S
FISCAL AGENT AS WELL AS PROVIDE EXTERNAL COMMUNICATION AND MARKETING
SERVICES. AS OF JULY 1, 2017 THE CITY OF YONKERS NO LONGER PROVIDED
FUNDING AND THE PROGRAM ENDED ON JUNE 30, 2017.**

**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.**

EXPENSES \$ 2,379. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

**ANY PERSON WHO HAS CONTRIBUTED TO THE UNITED WAY OF WESTCHESTER AND PUTNAM
ITSELF, ANY FUND AFFILIATED WITH THE UNITED WAY OF WESTCHESTER AND PUTNAM,
OR ANY COMMUNITY SERVED BY THE UNITED WAY OF WESTCHESTER AND PUTNAM IS A
MEMBER OF THE CORPORATION FOR THE YEAR IN WHICH THE CONTRIBUTION IS
INTENDED AND IS ELIGIBLE TO ATTEND THE ANNUAL MEETING AND VOTE.**

FORM 990, PART VI, SECTION A, LINE 7A:

AT THE ANNUAL MEETING, THE NOMINATING COMMITTEE RECOMMENDS NEW MEMBERS OF

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

Employer identification number
13-1997636

THE BOARD OF DIRECTORS AND THEIR TERMS OF OFFICE FROM COMMUNITIES THAT ARE SERVED BY UWWP, AS WELL AS AT-LARGE BOARD MEMBERS, WHO ARE THEN ELECTED BY THE MEMBERSHIP ASSEMBLY. IN ADDITION, MEMBERS OF THE COMING YEAR'S NOMINATING COMMITTEE ARE ALSO ELECTED BY THE MEMBERSHIP ASSEMBLY.

AT THE FIRST MEETING OF THE BOARD OF DIRECTORS FOLLOWING THE ANNUAL MEETING, THE NOMINATING COMMITTEE RECOMMENDS A SLATE OF OFFICERS FOR THE COMING YEAR AS WELL AS A SLATE OF ADDITIONAL BOARD MEMBERS AND THEIR TERMS OF SERVICE TO THE BOARD FOR ITS APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BY-LAWS OF THE CORPORATION MAY BE AMENDED IN FULL OR IN PART, BY TWO-THIRDS VOTE OF THE MEMBERS AT A MEETING OF MEMBERS OR AT THE ANNUAL MEETING, OR BY TWO-THIRDS VOTE OF THE MEMBERS OF THE BOARD PRESENT AT A MEETING OF THE BOARD, IN ANY CASE WHERE SUCH ACTION HAS BEEN SET FORTH AS A PROPOSAL IN THE NOTICE OF SUCH MEETING. ANY AMENDMENT OF THE BY-LAWS SHALL BE PROVIDED TO, AND AVAILABLE FOR REVIEW BY, THE MEMBERS OR BOARD MEMBERS, AS APPLICABLE, IN ADVANCE OF THE MEETING AT WHICH THE MEMBERS OR BOARD SHALL BE ASKED TO VOTE ON SUCH AMENDMENT.

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

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

Employer identification number
13-1997636

**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 CONFIDENTIAL EXECUTIVE ASSISTANT
TO THE PRESIDENT AND CEO 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
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.**

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

Employer identification number
13-1997636

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 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

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

Employer identification number
13-1997636

**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.**

**THE UWVP 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.**

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

Employer identification number
13-1997636

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 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.

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

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

| | |
|---|------------------|
| PENSION LIABILITY ADJUSTMENT | 65,678. |
| ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES | -104,926. |
| RETURN OF UNEXPECTED PROGRAM FUNDS | -77,722. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -116,970. |

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