

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

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

|||||

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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: THOMAS GABRIEL SAME AS C ABOVE	D Employer identification number 13-1997636 E Telephone number 914-997-6700 G Gross receipts \$ 10,619,304. 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		
J Website: ▶ WWW.UJWP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1962		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO CREATE A MORE EQUITABLE COMMUNITY BY ADVANCING EDUCATION, FINANCIAL STABILITY, AND HEALTH.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	4707
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	12,274,130.	9,431,587.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	962,937.	590,133.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	264,855.	316,484.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-25,503.	-58,113.
			13,476,419.	10,280,091.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,050,699.	6,465,869.
	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)	2,140,331.	2,080,493.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 479,149.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	846,505.	838,597.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,037,535.	9,384,959.
	19	Revenue less expenses. Subtract line 18 from line 12	438,884.	895,132.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	5,635,598.	5,306,671.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,132,871.	1,522,120.
			3,502,727.	3,784,551.

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 THOMAS GABRIEL, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Date 04/12/23	Check if self-employed <input type="checkbox"/> PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN ▶ 87-3231666
	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: UNITED WAY OF WESTCHESTER AND PUTNAM MOBILIZES STRATEGIC PARTNERSHIPS AND LEVERAGES RESOURCES TO CREATE A MORE EQUITABLE COMMUNITY BY ADVANCING EDUCATION, FINANCIAL STABILITY, AND HEALTH INITIATIVES.

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

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

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

4a (Code:) (Expenses \$ 7,103,639. including grants of \$ 6,458,079.) (Revenue \$ 0.) WHILE FAMILIES AND INDIVIDUALS WERE DEALING WITH THE ECONOMIC AFTERMATH OF THE COVID-19 PANDEMIC AND WERE RECOVERING FROM HURRICANE IDA IN THE 2021-22 FISCAL YEAR, UNITED WAY CONTINUED TO SUPPORT THE NEEDS OF THOUSANDS OF HOUSEHOLDS IN WESTCHESTER AND PUTNAM. WE ADMINISTRATED \$1,822,050 IN GRANTS TO NONPROFITS, DISTRIBUTED \$5,972,280 MILLION WORTH OF ESSENTIAL GOODS FOR BASIC NEEDS, AND HANDLED OVER 580,000 INTERACTIONS BY OUR 211 HELPLINE CALL SPECIALISTS.

OUR GRANT MAKING EFFORTS DURING THE 21-22 FISCAL YEAR TOTALED \$1,822,050. THROUGH THE DISASTER RECOVERY FUND, COMMUNITY IMPACT, AND EMERGENCY FOOD AND SHELTER GRANTS, WE SUPPORTED THE WORK OF 60 NONPROFIT ORGANIZATIONS IN WESTCHESTER AND PUTNAM THAT COLLECTIVELY

4b (Code:) (Expenses \$ 1,225,259. including grants of \$ 0.) (Revenue \$ 590,133.) DURING THE 21-22 FISCAL YEAR, UNITED WAY'S 2-1-1 HELPLINE WAS A VITAL RESOURCE FOR FAMILIES AND INDIVIDUALS IN NEED OF FINANCIAL ASSISTANCE. UNITED WAY'S 2-1-1 HELPLINE AND ONLINE REFERRAL DATABASE OFFERS FREE INFORMATION, REFERRAL, ASSESSMENT, AND CRISIS SUPPORT TO HELP PEOPLE ACCESS THE EDUCATION, HEALTH, AND HUMAN SERVICES THEY NEED TO ADDRESS EVERYDAY CHALLENGES. THE HELPLINE WAS ORIGINALLY ESTABLISHED TO HELP RESIDENTS APPLY FOR NEW YORK STATE'S EXCLUDED WORKERS FUND.

ADDITIONALLY, WITH THE HELP OF UNITED WAY STAFF, THE PROGRAM ALSO PROVIDED CASE MANAGEMENT FOR TENANTS APPLYING FOR THE NEW YORK STATE EMERGENCY RENTAL ASSISTANCE PROGRAM. UNITED WAY'S 2-1-1 HAS ALSO BEEN WORKING WITH LOCAL SOCIAL SERVICE DEPARTMENTS TO PROVIDE REFERRALS AND RESOURCES TO RESIDENTS. THESE RELATIONSHIPS HAVE BEEN VITAL TO SOLVING

4c (Code:) (Expenses \$ 7,790. including grants of \$ 7,790.) (Revenue \$ 0.) UNITED WAY'S RIDE UNITED PROGRAM HELPS RESIDENTS OVERCOME TRANSPORTATION BARRIERS THAT LIMIT THE ACCESSIBILITY OF ESSENTIAL RESOURCES SUCH AS FOOD AND THE MEANS OF SELF-SUFFICIENCY. THROUGH THE RIDE UNITED PROGRAM, UNITED WAY PROVIDES DELIVERY SERVICES, THROUGH THE USE OF DOORDASH, TO HOMEBOUND SENIORS AND INDIVIDUALS WITH DISABILITIES AS WELL AS ECONOMICALLY DISADVANTAGED FAMILIES. THE PROGRAM ALSO OFFERS FREE LYFT RIDES TO RESIDENTS WITHOUT ACCESS TO A VEHICLE OR PUBLIC TRANSPORTATION. THESE RIDES CAN BE USED FOR NON-EMERGENCY MEDICAL APPOINTMENTS, JOB INTERVIEWS, WORKFORCE DEVELOPMENT TRAINING, COURT APPEARANCES, AND OTHER HEALTH AND HUMAN SERVICE-RELATED MEETINGS.

DURING THE 21-22 FISCAL YEAR, UNITED WAY TEAMED UP WITH 25 PARTNERING

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

4e Total program service expenses 8,336,688.

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

Form 990 (2021)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
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		
	2a		29
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

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

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

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 on Schedule O.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
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, 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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on 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	
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 on Schedule O the process, if any, used by the organization to review this Form 990.		
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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
RICHARD MOORE, CFO - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) THOMAS GABRIEL PRESIDENT & CEO	50.00			X			167,253.	0.	39,247.	
(2) LINI JACOB CHIEF INFO AND REFERRAL OFFICER	50.00			X			91,445.	0.	49,104.	
(3) FAITH BUTCHER CHIEF IMPACT OFFICER	50.00			X			83,434.	0.	45,703.	
(4) RICHARD MOORE CHIEF FINANCIAL OFFICER	50.00			X			97,186.	0.	19,316.	
(5) MARGARET TRAMONTINE CHIEF DEVELOPMENT OFFICER	50.00			X			80,578.	0.	21,049.	
(6) BUD HAMMER CHAIR	6.00	X		X			0.	0.	0.	
(7) MICHAEL J. PIAZZA, JR. VICE CHAIR OF 2-1-1	2.00	X		X			0.	0.	0.	
(8) KENNETH J. GOULD, ESQ VICE CHAIR OF ADMINISTRATION	2.00	X		X			0.	0.	0.	
(9) MARJ CIUCCI VICE CHAIR OF ADMINISTRATION	2.00	X		X			0.	0.	0.	
(10) JOSHUA KIMERLING, ESQ. VICE CHAIR OF COMMUNITY IMPACT	2.00	X		X			0.	0.	0.	
(11) TIFFANY ZEZULA, ESQ. VICE CHAIR OF COMMUNITY IMPACT	2.00	X		X			0.	0.	0.	
(12) BERNADETTE SCHOPFER, CPA VICE CHAIR OF RESOURCE DEVELOPMENT	2.00	X		X			0.	0.	0.	
(13) WILLIAM MOONEY, III, ESQ. VICE CHAIR OF RESOURCE DEVELOPMENT	2.00	X		X			0.	0.	0.	
(14) MARIA TRUSA VICE CHAIR OF RESOURCE DEVELOPMENT	2.00	X		X			0.	0.	0.	
(15) WALTER HOSP VICE CHAIR OF AUDIT	2.00	X		X			0.	0.	0.	
(16) ALEIDA M. FREDERICO SECRETARY AND VICE CHAIR FOR DEI	2.00	X		X			0.	0.	0.	
(17) MICHELLE A. NICHOLAS VICE CHAIR FOR DEI	2.00	X		X			0.	0.	0.	

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

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ERIC D. ELLER VICE CHAIR OF FINANCE & TREASURER	2.00	X		X				0.	0.	0.
(19) JUNE BLANC PAST CHAIR	2.00	X						0.	0.	0.
(20) DAVID M. YAWMAN, ESQ. PAST CHAIR	2.00	X						0.	0.	0.
(21) CHRISTINA ARMENTANO DIRECTOR	2.00	X						0.	0.	0.
(22) DR. MARK P. BAIOTTO DIRECTOR	2.00	X						0.	0.	0.
(23) GREGORY D. BASSUK, ESQ. DIRECTOR, THRU NOV. 2021	2.00	X						0.	0.	0.
(24) JOHNATHON COCCHIOLA DIRECTOR	2.00	X						0.	0.	0.
(25) MARJORIE DE LA CRUZ DIRECTOR	2.00	X						0.	0.	0.
(26) JOHN FLANNERY DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								519,896.	0.	174,419.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								519,896.	0.	174,419.

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PROGRESSIVE COMPUTING INC. 51 SMART AVENUE, YONKERS, NY 10704	IT SERVICES	131,830.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	608,322.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,035,465.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,787,800.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,050,944.					
	h Total. Add lines 1a-1f		9,431,587.					
Program Service Revenue	2 a 2-1-1 HELPLINE SERVICES	Business Code						
		900099	590,133.	590,133.				
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f		590,133.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		57,383.			57,383.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	480,971.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	221,870.			
			c Gain or (loss)	7c	259,101.			
	d Net gain or (loss)		259,101.			259,101.		
	8 a Gross income from fundraising events (not including \$ 608,322. of contributions reported on line 1c). See Part IV, line 18	8a		59,230.				
			b Less: direct expenses	8b	117,343.			
c Net income or (loss) from fundraising events				-58,113.			-58,113.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions		10,280,091.	590,133.	0.	258,371.			

**UNITED WAY OF WESTCHESTER AND PUTNAM,
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,465,869.	6,465,869.		
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	643,907.	396,588.	106,684.	140,635.
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	1,034,237.	714,317.	158,215.	161,705.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,106.	40,758.	2,348.	
9 Other employee benefits	215,363.	156,767.	26,289.	32,307.
10 Payroll taxes	143,880.	99,638.	19,767.	24,475.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,275.		35,275.	
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.)	188,773.	114,759.	58,727.	15,287.
12 Advertising and promotion	68,358.	14,331.	106.	53,921.
13 Office expenses	147,239.	106,728.	30,632.	9,879.
14 Information technology	99,982.	76,825.	10,347.	12,810.
15 Royalties				
16 Occupancy	151,896.	71,803.	70,438.	9,655.
17 Travel	3,342.	1,795.	876.	671.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,880.	562.	3,318.	
20 Interest				
21 Payments to affiliates	35,122.	21,767.	5,268.	8,087.
22 Depreciation, depletion, and amortization	51,724.	32,063.	12,822.	6,839.
23 Insurance	45,178.	20,809.	21,559.	2,810.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISC OPERATING EXPENSES	7,828.	1,309.	6,451.	68.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,384,959.	8,336,688.	569,122.	479,149.
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,
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,327,099.	1	1,639,695.	
	2 Savings and temporary cash investments	448.	2	0.	
	3 Pledges and grants receivable, net	595,868.	3	711,708.	
	4 Accounts receivable, net	325.	4	317.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,399.	9	19,702.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,001,096.			
	b Less: accumulated depreciation	10b 1,748,988.	214,950.	10c	252,108.
	11 Investments - publicly traded securities	3,113,696.	11	2,351,701.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	380,813.	15	331,440.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,635,598.	16	5,306,671.		
Liabilities	17 Accounts payable and accrued expenses	208,291.	17	117,093.	
	18 Grants payable	345,379.	18	345,379.	
	19 Deferred revenue	16,225.	19	5,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,189,255.	23	1,015,760.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	373,721.	25	38,888.	
	26 Total liabilities. Add lines 17 through 25	2,132,871.	26	1,522,120.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	979,938.	27	1,821,922.	
	28 Net assets with donor restrictions	2,522,789.	28	1,962,629.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	3,502,727.	32	3,784,551.	
33 Total liabilities and net assets/fund balances	5,635,598.	33	5,306,671.		

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**UNITED WAY OF WESTCHESTER AND PUTNAM,
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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	10,280,091.
2 Total expenses (must equal Part IX, column (A), line 25)	2	9,384,959.
3 Revenue less expenses. Subtract line 2 from line 1	3	895,132.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,502,727.
5 Net unrealized gains (losses) on investments	5	-597,508.
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 on Schedule O)	9	-15,800.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,784,551.

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 on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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?	2b	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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a		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 on Schedule O and describe any steps taken to undergo such audits	3b		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7780819.	6560965.	4000074.	12034981.	9431587.	39808426.
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	7780819.	6560965.	4000074.	12034981.	9431587.	39808426.
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)						8959443.
6 Public support. Subtract line 5 from line 4.						30848983.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	7780819.	6560965.	4000074.	12034981.	9431587.	39808426.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,709.	60,133.	57,450.	62,359.	57,383.	293,034.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						40101460.
12 Gross receipts from related activities, etc. (see instructions)					12	4,972,432.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.93 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.55 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

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

Employer identification number

13-1997636

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM, INC.	Employer identification number 13-1997636
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,972,375.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,191,343.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>673,241.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>520,270.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>326,120.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>315,467.</u>	Person <input checked="" 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>277,621.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>199,728.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM, INC.	Employer identification number 13-1997636
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CLOTHING, HOUSEHOLD GOODS, ETC. _____ _____ _____	\$ <u>2,972,375.</u>	<u>06/30/22</u>
2	FACE MASKS _____ _____ _____	\$ <u>1,191,343.</u>	<u>06/30/22</u>
3	BABY FORMULA, FACE MASKS, AND PILLOWS _____ _____ _____	\$ <u>673,241.</u>	<u>06/30/22</u>
5	CLOTHING, HOUSEHOLD GOODS, ETC. _____ _____ _____	\$ <u>326,120.</u>	<u>06/30/22</u>
7	CLOTHING, HOUSEHOLD GOODS, ETC. _____ _____ _____	\$ <u>277,621.</u>	<u>06/30/22</u>
	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM, INC.	Employer identification number 13-1997636
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 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	2,630,597.	2,293,989.	2,270,773.	2,127,019.	2,036,428.
b Contributions	0.	56,398.	0.	6,500.	13,692.
c Net investment earnings, gains, and losses	-281,024.	592,086.	201,064.	236,737.	172,131.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	481,440.	311,876.	177,848.	99,483.	95,232.
f Administrative expenses	0.	0.	0.	0.	0.
g End of year balance	1,868,133.	2,630,597.	2,293,989.	2,270,773.	2,127,019.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 35.6100 %
 - b Permanent endowment 64.3900 %
 - c Term endowment .0000 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		1,138,298.	1,078,987.	59,311.
c Leasehold improvements				
d Equipment		762,798.	670,001.	92,797.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				252,108.

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 TRUST	291,405.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	40,035.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	331,440.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	35,481.
(3) BOND FUND PAYABLE	3,407.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	38,888.

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

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	9,810,554.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-597,508.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	151,561.	
e	Add lines 2a through 2d	2e	-445,947.	
3	Subtract line 2e from line 1	3	10,256,501.	
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	23,590.	
c	Add lines 4a and 4b	4c	23,590.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,280,091.	

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	9,528,730.
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	151,561.	
e	Add lines 2a through 2d	2e	151,561.	
3	Subtract line 2e from line 1	3	9,377,169.	
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	7,790.	
c	Add lines 4a and 4b	4c	7,790.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,384,959.	

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 117,343.

UNITED WAY OF WESTCHESTER AND PUTNAM, INC.

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))	
		IMAGINE GALA (event type)	DAY OF GOLF (event type)	1 (total number)		
Revenue	1	Gross receipts	536,256.	103,136.	28,160.	667,552.
	2	Less: Contributions	505,856.	77,036.	25,430.	608,322.
	3	Gross income (line 1 minus line 2)	30,400.	26,100.	2,730.	59,230.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,816.	6,230.	316.	8,362.
	6	Rent/facility costs	24,265.	30,793.		55,058.
	7	Food and beverages	14,981.	1,700.	2,900.	19,581.
	8	Entertainment	700.		186.	886.
	9	Other direct expenses	23,011.	4,353.	6,092.	33,456.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				117,343.
11	Net income summary. Subtract line 10 from line 3, column (d)				-58,113.	

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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, INC.

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

Name

Address

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Multiple horizontal lines for supplemental information.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMANI PUBLIC CHARTER SCHOOL 60 S. 3RD AVE. MOUNT VERNON, NY 10550	27-4508796	501(C)(3)	34,528.	0.			COMMUNITY IMPACT
ASCENSION FOOD PANTRY 104 PARK AVENUE MOUNT VERNON, NY 10550	13-1623985	501(C)(3)	0.	102,517.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BEHOLDASHAE, INC. 11 PROSPECT AVE. 3RD FLOOR YONKERS, NY 10705	82-1672972	501(C)(3)	0.	103,545.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BINDORA COMMUNITY SERVICES 1231 LAFAYETTE AVE, 2ND FL BRONX, NY 10474	46-5553436	501(C)(3)	0.	56,449.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BOYS & GIRLS CLUB OF MOUNT VERNON NY, INC. - 350 SOUTH 6TH AVENUE - MOUNT VERNON, NY 10550	13-1739925	501(C)(3)	0.	6,732.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BREWSTER CARES 31 PROSPECT STREET BREWSTER, NY 10509	85-1191244	501(C)(3)	10,000.	0.			COMMUNITY IMPACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 93.

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) 2021

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

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONX SDA CHURCH 1695 WASHINGTON AVE BRONX, NY 10458	52-0643036	501(C)(3)	0.	39,426.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CAMP HERRLICH/MT. TREMPER OUTDOOR MINISTRIES - 101 DEACON SMITH HILL ROAD - PATTERSON, NY 12563	13-2729777	501(C)(3)	0.	10,000.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CARDINAL MCCLOSKEY COMMUNITY SERVICES - 115 E. STEVENS AVENUE - VALHALLA, NY 10595	13-1740443	501(C)(3)	0.	105,350.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CEREBRAL PALSY OF WESTCHESTER 1186 KING STREET RYE BROOK, NY 10573	13-1690769	501(C)(3)	0.	20,688.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHILD CARE COUNCIL OF WESTCHESTER, INC. - 313 CENTRAL PARK AVENUE - SCARSDALE, NY 10583	13-3234987	501(C)(3)	0.	25,124.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHILDREN'S VILLAGE, THE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	0.	9,500.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	12,000.	0.			COMMUNITY IMPACT
COMMUNITY OUTREACH OF NEWBURGH P.O. BOX 1792 NEWBURGH, NY 12551	83-3978547	501(C)(3)	0.	23,828.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COVE CARE CENTER 1808 ROUTE SIX CARMEL, NY 10512	06-1485158	501(C)(3)	10,000.	0.			COMMUNITY IMPACT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE RESPONSE TO CONFLICT 145 COLLEGE ROAD SUFFERN, NY 10901	13-3714986	501(C)(3)	0.	6,857.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
DESTINY HELPERS HUMAN SERVICES 26 N. LEXOW AVENUE NANUET, NY 10954	82-4538015	501(C)(3)	0.	400,626.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
EL CENTRO HISPANO, INC. 346 SOUTH LEXINGTON AVENUE WHITE PLAINS, NY 10606	13-4149424	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
ELMSFORD UNION FREE SCHOOL DISTRICT - 98 SOUTH GOODWIN AVENUE - ELMSFORD, NY 10523	13-6007122	501(C)(3)	0.	6,000.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY SERVICE SOCIETY OF YONKERS (FSSY) - 30 SOUTH BROADWAY - YONKERS, NY 10701	13-1739956	501(C)(3)	0.	7,500.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY SERVICES OF WESTCHESTER WHITE PLAINS - 106 NORTH BROADWAY - WHITE PLAINS, NY 10603	13-1773419	501(C)(3)	0.	70,272.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY TIES OF WESTCHESTER 112 EAST POST RD, 3RD FLOOR WHITE PLAINS, NY 10601	26-0005881	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
FEEDING WESTCHESTER 200 CLEARBROOK RD ELMSFORD, NY 10523	13-3507988	501(C)(3)	10,000.	161,987.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FURNITURE SHAREHOUSE P.O. BOX 702 LARCHMONT, NY 10538	33-1137455	501(C)(3)	10,000.	0.			COMMUNITY IMPACT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVING FRIENDS, INC. 1434 CROSBY AVE BRONX, NY 10461	85-0609954	501(C)(3)	0.	10,464.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GOD BLESS YOU ALL INC 95-17 67TH AVENUE REGO PARK, NY 11374	82-3297166	501(C)(3)	0.	73,709.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREATER CENTENNIAL A.M.E. ZION CHURCH - 114 WEST 4TH STREET - MOUNT VERNON, NY 10550	13-1915126	501(C)(3)	0.	88,416.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREYSTON FOUNDATION 21 PARK AVENUE YONKERS, NY 10703	13-3717310	501(C)(3)	10,000.	1,160.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GUIDANCE CENTER 256 WASHINGTON STREET MOUNT VERNON, NY 10553	13-1839684	501(C)(3)	4,000.	127,404.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HISPANIC RESOURCE CENTER OF LARCHMONT & MAMARONECK, INC. - 134 CENTER AVE - MAMARONECK, NY 10543	31-1678682	501(C)(3)	5,500.	0.			COMMUNITY IMPACT
HOPE COMMUNITY SERVICES 50 WASHINGTON AVE NEW ROCHELLE, NY 10801	13-3477015	501(C)(3)	0.	77,889.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOPE'S DOOR 50 BROADWAY HAWTHORNE, NY 10532	13-3023259	501(C)(3)	0.	67,482.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOUSE OF REFUGE AP (HORAC MINISTRIES) - 81 CROTON AVE - OSSINING, NY 10562	51-0445850	501(C)(3)	0.	25,597.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN DEVELOPMENT SERVICES OF WESTCHESTER, INC. - 930 MAMARONECK AVENUE - MAMARONECK, NY 10543	13-3008872	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
JEWISH BOARD, THE 226 LINDA AVE HAWTHORNE, NY 10532	13-5564937	501(C)(3)	0.	52,510.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
KEEPING COMMUNITIES SAFE 23-25 SPRING STREET OSSINING, NY 10562	84-4496156	501(C)(3)	0.	9,099.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
KOOL NERD FOUNDATION 1627 WINFIELD AVENUE MAMARONECK, NY 10543	82-2518515	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
LIFE PROGRESSIVE SERVICES GROUP INC. - 47 SOUTH FIFTH AVENUE - MOUNT VERNON, NY 10550	30-0606197	501(C)(3)	0.	26,647.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
LOIS BRONZ CHILDREN'S CENTER (UNION CHILD DAYCARE CENTER) - 30 MANHATTAN AVENUE - WHITE PLAINS, NY 10607	13-2572276	501(C)(3)	0.	19,606.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
LOWER HUDSON VALLEY PERINATAL NETWORK-CHILDREN'S HEALTH AND RESEARCH FOUNDATION - 22 SAW MILL RIVER ROAD, STE 300 - HAWTHORNE,	27-2415391	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MENTAL HEALTH ASSOCIATION OF ROCKLAND COUNTY - 140 ROUTE 303 - VALLEY COTTAGE, NY 10989	13-2574845	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MOUNT KISCO INTERFAITH FOOD PANTRY, THE - 300 MAIN ST - MOUNT KISCO, NY 10549	13-3853887	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER - 107 W 4TH STREET - MOUNT VERNON, NY 10550	13-3315508	501(C)(3)	5,000.	17,142.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MOUNT VERNON UNITED TENANTS PO BOX 2107 MOUNT VERNON, NY 10551	13-3457202	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
MUNICIPAL HOUSING AUTHORITY FOR THE CITY OF YONKERS (MHACY) - 1511 CENTRAL PARK AVENUE - YONKERS, NY 10710	13-6007014	CITY OF YONKERS	0.	49,144.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MV STEAM ACADEMY (A.B.DAVIS MIDDLE SCHOOL PTA (PTA NEW YORK CONGRESS 501(C)(3)) - 350 GRAMATAN AVENUE - MOUNT VERNON, NY 10552	13-3773145	501(C)(3)	0.	18,732.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEW YORK CITY RELIEF 295 WALNUT ST ELIZABETH, NJ 07201	11-2974154	501(C)(3)	0.	42,125.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OLIVET GOSPEL CHURCH 3900 DYRE AVE NEW YORK, NY 10466	13-2885454	501(C)(3)	0.	513,467.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OPEN DOOR FAMILY MEDICAL CENTER, INC - 2 CHURCH STREET, SUITE 101 - OSSINING, NY 10562	13-3593184	501(C)(3)	5,000.	2,286.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING UNION FREE SCHOOL DISTRICT - 400 EXECUTIVE BLVD - OSSINING, NY 10562	13-6007160	VILLAGE OF OSSIN	0.	48,876.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PAMELA'S BIG HEART FOUNDATION INC 229 NORTH BROADWAY YONKERS, NY 10701	85-1206788	501(C)(3)	0.	27,500.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Schedule I (Form 990)

13-1997636

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEEKSKILL CITY SCHOOL DISTRICT 1031 ELM STREET PEEKSKILL, NY 10566	13-6007163	CITY OF PEEKSKIL	0.	38,733.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PETS ALIVE INC. 363 DERBY ROAD MIDDLETOWN, NY 10940	11-2975276	501(C)(3)	0.	10,000.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER CARVER CENTER 400 WESTCHESTER AVENUE PORT CHESTER, NY 10573	13-1832949	501(C)(3)	5,000.	7,398.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER COMMUNITY GARDENS 477 FRANKLIN STREET PORT CHESTER, NY 10573	82-3525660	501(C)(3)	0.	100,555.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER-RYE UNION FREE SCHOOL DISTRICT - 113 BOWMAN AVE - PORT CHESTER, NY 10573	13-6007173	VILLAGE OF PORT	0.	12,250.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PRO BONO PARTNERSHIP 237 MAMARONECK AVENUE WHITE PLAINS, NY 10605	06-1264823	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
REGIONAL FOOD BANK OF NORTHEAST NEW YORK - 965 ALBANY SHAKER RD - LATHAM, NY 12110	22-2470885	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
RIDGWAY ALLIANCE CHURCH FOOD PANTRY - 465 RIDGWAY - WHITE PLAINS, NY 10605	13-1996608	501(C)(3)	0.	105,350.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
RISING GROUND 463 HAWTHORNE AVENUE YONKERS, NY 10705	13-1860451	501(C)(3)	0.	6,857.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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SALVATION ARMY OF GREATER NEW YORK, THE - 120 W 14TH ST - NEW YORK, NY 10011	13-5562351	501(C)(3)	0.	121,592.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SCHOOL 21 PTA 100 LEE AVE YONKERS, NY 10705	13-6161217	501(C)(3)	0.	216,273.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SHILOH BAPTIST CHURCH 185 LINCOLN AVENUE NEW ROCHELLE, NY 10801	51-0201836	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ST. ANDREWS MEMORIAL CHURCH, IGLESIA MEMORIAL DE SAN ANDRES - 22 POST ST - YONKERS, NY 10705	13-1623985	501(C)(3)	0.	68,567.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ST. CHRISTOPHER'S INN 21 FRANCISCAN WAY GARRISON, NY 10524	13-3668321	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ST. JOHN THE EVANGELIST FOOD PANTRY - 221 E. LAKE BLVD - MAHOPAC, NY 10541	14-1428475	501(C)(3)	0.	22,851.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
STUDENT ADVOCACY 3 W MAIN ST #212 ELMSFORD, NY 10523	13-3104476	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
TEENS UNDER CONSTRUCTION, INC. 107WOODSIDE AVE WEST HARRISON, NY 10604	81-5232070	501(C)(3)	0.	30,613.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TEMPLE OF RESTORATION APOSTOLIC HOUSE INC. (TORAH) - 5 OAKWOOD DRIVE - PEEKSKILL, NY 10566	83-1920137	501(C)(3)	0.	15,217.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MATTHEW WALLACE FOUNDATION 10 CHURCHILL AVENUE YONKERS, NY 10704	47-1235286	501(C)(3)	5,000.	150,117.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE SHARING SHELF 47 PURDY AVENUE PORT CHESTER, NY 10573	84-4315667	501(C)(3)	5,000.	5,122.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TRINITY UNITED METHODIST CHURCH 130 S. LEXINGTON AVENUE WHITE PLAINS, NY 10606	13-3236187	501(C)(3)	0.	132,829.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNIQUE PEOPLE SERVICES, INC. 4234 VIREO AVENUE BRONX, NY 10470	13-3636555	501(C)(3)	0.	20,570.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED WAY OF ROCKLAND 135 MAIN STREET NYACK, NY 10960	13-2535262	501(C)(3)	0.	335,907.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED WAY OF THE DUTCHESS-ORANGE REGION - 75 MARKET ST - POUGHKEEPSIE, NY 12601	06-1045698	501(C)(3)	0.	97,579.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UPPER ROOM HOUSE OF WORSHIP 118 BETHUNE BLVD. SPRING VALLEY, NY 10977	13-4055100	501(C)(3)	0.	230,627.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UPPER ROOM YOUTH CENTER, THE 1635 ROUTE 32 HIGHLAND MILLS, NY 10930	83-0896925	501(C)(3)	0.	34,283.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
URBAN LEAGUE OF WESTCHESTER COUNTY, INC. - 61 MITCHELL PLACE - WHITE PLAINS, NY 10601	13-1740054	501(C)(3)	0.	93,506.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE PROSPER FAMILY ORGANIZATION PO BOX 1468 YONKERS, NY 10702	84-3108645	501(C)(3)	0.	118,396.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM - 2269 SAW MILL RIVER RD - ELMSFORD, NY 10583	13-2547122	501(C)(3)	4,000.	11,142.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE - 250 BRYANT AVE. - WHITE PLAINS, NY 10605	13-3736064	501(C)(3)	0.	9,800.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER PARKS FOUNDATION, INC./CAMP MORTY - 155 LAFAYETTE AVENUE - WHITE PLAINS, NY 10603	13-2937499	501(C)(3)	0.	82,929.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER RESIDENTIAL OPPORTUNITIES, INC. - 470 MAMARONECK AVE # 410 - WHITE PLAINS, NY 10605	13-2617705	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
WESTHAB, INC. 8 BASHFORD STREET YONKERS, NY 10701	06-1064281	501(C)(3)	0.	8,728.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WJCS 845 NORTH BROADWAY NORTH WHITE PLAINS, NY 10801	13-1740071	501(C)(3)	0.	205,021.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLD OF GIVING 1 COMMERCIAL PLACE NEWBURGH, NY 12550	61-1666555	501(C)(3)	0.	583,218.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLD VISION 310 TIFFANY STREET BRONX, NY 10474	95-1922279	501(C)(3)	0.	180,167.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLDWIDE VETERANS AND FAMILY SERVICES INC. - 2501 GRAND CONCOURSE - BRONX, NY 10468	81-0760602	501(C)(3)	0.	47,997.	APPRAISAL		COMMUNITY IMPACT
YMCA OF YONKERS, INC. 17 RIVERDALE AVENUE YONKERS, NY 10701	13-1740520	501(C)(3)	5,000.	57,643.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YOUTH COMMUNITY OUTREACH PROGRAM (YCOP) - 227 EAST LINCOLN AVE - MOUNT VERNON, NY 10553	13-3665501	501(C)(3)	0.	210,700.	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YOUTH SHELTER OF WESTCHESTER, INC 220 E 8TH ST MOUNT VERNON, NY 10550	13-2883065	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
YWCA WHITE PLAINS & CENTRAL WESTCHESTER - 515 NORTH STREET - WHITE PLAINS, NY 10605	13-1740519	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
YWCA YONKERS 87 SO. BROADWAY YONKERS, NY 10701	13-1740521	501(C)(3)	0.	94,483.	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 FINANCIAL/PRODUCT 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 WITH UWWP AND SUBMIT SIX MONTH AND YEAR END REPORTS. THE REPORTS DETAIL HOW THE FUNDS ARE SPENT/PRODUCTS ARE DISTRIBUTED, THE NUMBER OF INDIVIDUALS AND FAMILIES THAT WERE SERVED, AND THE DEMOGRAPHIC INFORMATION OF THOSE HELPED.

Part IV Supplemental Information

TO EQUITABLY DETERMINE WHERE THE ORGANIZATION PROVIDES CASH AND NONCASH ASSISTANCE, A VOLUNTARY-LED IMPACT COMMITTEE USES THE UNITED WAY'S ALICE REPORTS OF WESTCHESTER AND PUTNAM COUNTIES, AS WELL AS THE DATA COLLECTED FROM 211, TO IDENTIFY COMMUNITIES WITH DISPROPORTIONATE NEEDS AND MARGINALIZED POPULATIONS.

THE EMERGENCY FOOD AND SHELTER PROGRAM IN WESTCHESTER AND PUTNAM IS PART OF THE FEDERALLY FUNDED PROGRAM THAT IS MANAGED BY UNITED WAY WORLDWIDE. A LOCAL EMERGENCY FOOD AND SHELTER BOARD FOR EACH COUNTY, INVOLVING REPRESENTATIVES OF NINE ORGANIZATIONS, INCLUDING LOCAL UNITED WAYS AND OTHER PUBLIC AND COMMUNITY LEADERS, ALLOCATE FUNDS FROM THE TOTAL COUNTY-WIDE ALLOCATION, BASED ON SEVERAL NEEDS-ORIENTED FACTORS, INCLUDING EQUITY TO MARGINALIZED POPULATIONS, TO LOCAL 501(C)(3) AGENCIES REQUESTING EMERGENCY FUNDS TO EXPAND THEIR CAPACITY TO SERVE THE NEWLY HUNGRY AND HOMELESS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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? **2**

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

- | | |
|---|---|
| <input 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

13-1997636

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS GABRIEL PRESIDENT & CEO	(i)	158,230.	8,250.	773.	10,395.	28,852.	206,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A DISCRETIONARY BONUS
DURING CALENDAR YEAR 2021, AS REPORTED IN PART II, COLUMN B(II) HEREIN AND
WAS INCLUDED IN THEIR TAXABLE WAGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		67,325.	COST
5 Clothing and household goods	X		3,551,586.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	78,664.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9,782	16,483.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	22,134	1,281,945.	COST
26 Other ▶ (MISC)	X	1,210	948,881.	COST
27 Other ▶ (TOYS)	X	881	101,740.	COST
28 Other ▶ (ELECTRONICS)	X	2	4,320.	COST

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

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

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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 ITEMS CONTRIBUTED ON PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Employer identification number
13-1997636

FORM 990, PART III, LINE 1:

THESE INCLUDE THE 211 HELPLINE OPERATING 24/7 ACROSS THE HUDSON VALLEY,
EARLY LITERACY PROGRAMMING FOR PRESCHOOLERS IN UNDERSERVED COMMUNITIES,
JOB SKILLS TRAINING AND FINANCIAL EMPOWERMENT FOR FINANCIALLY
STRUGGLING ADULTS AND FAMILIES, AS WELL AS ACCESS TO HEALTH SERVICES
AND DISCOUNTS ON PRESCRIPTION DRUGS. UNITED WAY SUPPORTS HUNDREDS OF
LOCAL NONPROFITS WITH MILLIONS OF DOLLARS IN GRANTS AND ESSENTIAL GOODS
FOR BASIC NEEDS, AS WELL AS BY PROVIDING AFFORDABLE PROFESSIONAL
DEVELOPMENT AND CONNECTING NONPROFITS TO NEW RESOURCES. WE PARTNER WITH
CORPORATIONS, NONPROFITS, SCHOOLS, AND GOVERNMENTS TO FURTHER OUR
IMPACT BY LEVERAGING OUR COLLECTIVE STRENGTHS AGAINST THE STRONGHOLDS
OF POVERTY.

UNITED WAY HELPS LOCAL RESIDENTS IN WESTCHESTER AND PUTNAM BECOME
SELF-SUFFICIENT AND THRIVE IN A STRONGER COMMUNITY. IT DOES SO BY
STUDYING AND RESEARCHING THE ISSUES, SUCH AS WITH THE ALICE REPORT,
WHICH FOUND THAT 4 OUT OF 10 LOCAL HOUSEHOLDS ARE STRUGGLING TO MAKE
ENDS MEET. IT THEN DEVELOPS MEASURABLE SOLUTIONS THROUGH ITS PROGRAMS.
IT ALSO CREATES COMMUNITY PARTNERSHIPS WITH OTHER NONPROFITS,
FOR-PROFIT BUSINESSES, GOVERNMENT, SCHOOLS, AND UNIVERSITIES, AS WELL
AS INDIVIDUALS, BECAUSE TOGETHER WE CAN CREATE LASTING CHANGE.

UNITED WAY OF WESTCHESTER AND PUTNAM STARTS WHERE PEOPLE ARE MOST IN
NEED HELPING PEOPLE IN CRISIS OR WITH PRESSING NEEDS TO GET CONNECTED
TO SERVICES THROUGH UNITED WAY'S 2-1-1 HELPLINE.

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ADDITIONALLY, UNITED WAY FOCUSES ON FINANCIAL STABILITY FOR INDIVIDUALS AND FAMILIES BY PROVIDING ADULTS WITH JOB TRAINING SO THEY CAN BECOME EMPLOYED, HELP WITH PRESCRIPTION DRUG COSTS, TEACHING FINANCIAL EDUCATION AND PROVIDING THE TOOLS AND COACHING SO THEY CAN PREPARE FOR UNANTICIPATED EXPENSES.

UNITED WAY OF WESTCHESTER AND PUTNAM'S STAFF AND VOLUNTEERS ALSO TARGETS THE ROOT CAUSES OF POVERTY BY WORKING ON THE EDUCATION OF OUR YOUTH. IT CONCENTRATES ON EARLY LITERACY TO MAKE SURE ALL OF OUR CHILDREN ARE READING PROFICIENTLY AT THE END OF THIRD GRADE, A STRONG INDICATOR OF LATER SUCCESS. IT ALSO SUPPORTS CHARACTER EDUCATION, SOFT SKILL DEVELOPMENT AND THE MENTORING OF MIDDLE AND HIGH SCHOOL STUDENTS.

FINALLY, UNITED WAY SUPPORTS HUNDREDS OF NONPROFIT ORGANIZATIONS AND THEIR CLIENTS BY PROVIDING \$2-3 MILLION IN GIFTS-IN-KIND AND GRANTS EACH YEAR, AS WELL AS BY PROVIDING ONGOING AFFORDABLE PROFESSIONAL DEVELOPMENT AND CONNECTING NONPROFITS TO NEW RESOURCES.

SINCE 1962, UNITED WAY OF WESTCHESTER AND PUTNAM HAS MADE OUR LOCAL COMMUNITY STRONGER THROUGH THE HELP OF PEOPLE OF LIKE YOU. GIVE, ADVOCATE AND VOLUNTEER FOR UNITED WAY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HELPED 58,045 INDIVIDUALS AND FAMILIES WHO WERE DISPROPORTIONATELY IMPACTED WITH THE ECONOMIC AFTERMATH OF THE COVID-19 PANDEMIC AND WERE RECOVERING FROM HURRICANE IDA.

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THE EMERGENCY FOOD AND SHELTER PROGRAM IN WESTCHESTER AND PUTNAM IS PART OF THE FEDERALLY FUNDED PROGRAM THAT IS MANAGED BY UNITED WAY WORLDWIDE. A LOCAL EMERGENCY FOOD AND SHELTER BOARD FOR EACH COUNTY, INVOLVING REPRESENTATIVES OF THE NINE ORGANIZATIONS, INCLUDING LOCAL UNITED WAYS AND OTHER PUBLIC AND COMMUNITY LEADERS, ALLOCATE FUNDS FROM THE TOTAL COUNTY-WIDE ALLOCATION -- BASED ON SEVERAL NEEDS-ORIENTED FACTORS INCLUDING EQUITY TO MARGINALIZED POPULATIONS -- TO LOCAL 501(C)(3) AGENCIES REQUESTING EMERGENCY FUNDS TO EXPAND THEIR CAPACITY TO SERVE THE NEWLY HUNGRY AND HOMELESS. THE DISASTER RECOVERY AND COMMUNITY IMPACT GRANTS WERE FUNDED BY MONIES RAISED BY UWWP AND THE ALLOCATIONS WERE DETERMINED BY ITS IMPACT COMMITTEE MADE UP OF VOLUNTEER BOARD MEMBERS.

UWWP'S ESSENTIAL GOODS FOR BASIC NEEDS PROGRAM, FORMERLY KNOWN AS ITS GIFTS-IN-KIND PROGRAM, DISTRIBUTED \$5,972,280 WORTH OF GOODS, INCLUDING FOOD, MEALS, BEDDING, CLOTHING, DIAPERS, HYGIENE PRODUCTS, BOOKS, AND CHILDREN'S ACTIVITIES THROUGH 194 AGENCIES TO 128,286 HOUSEHOLDS DURING THE 21-22 FISCAL YEAR. THE GOODS FROM THE ESSENTIAL GOODS PROGRAM ARE EITHER DONATED FROM OUR RETAIL PARTNERS OR ARE ACQUIRED BY UNITED WAY AT BELOW MARKET PRICE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 VERY COMPLICATED SOCIAL SERVICE NEEDS.

2-1-1 IS A FREE, CONFIDENTIAL, MULTILINGUAL, AND COMPREHENSIVE INFORMATION AND REFERRAL SERVICE THAT CONNECTS PEOPLE TO ESSENTIAL HEALTH AND HUMAN SERVICES 24 HOURS A DAY, SEVEN DAYS A WEEK ONLINE AND OVER THE PHONE. TRAINED CALL SPECIALISTS ARE AVAILABLE TO MANAGE

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CONTACTS THROUGH THE UW'S 2-1-1 AND CAN ASSIST CALLERS IN 200+ LANGUAGES (THROUGH TRANSPERFECT) AS WELL AS THE HEARING-IMPAIRED. UNITED WAY'S 2-1-1 HELPLINE IS AN AIRS (ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS) ACCREDITED CALL CENTER. AIRS IS THE PROFESSIONAL ASSOCIATION FOR OVER 1,200 COMMUNITY INFORMATION AND REFERRAL (I &R) PROVIDERS. THE 2-1-1 HELPLINE MAINTAINS A RESOURCE DATABASE COMPRISED OF 3,360 AGENCIES AND 20,218 SERVICES THAT ARE UPDATED THROUGHOUT THE YEAR.

THIS DATABASE IS ORGANIZED ACCORDING TO THE AIRS PROBLEMS AND NEEDS CATEGORIES AND INCLUDES RESOURCE LISTINGS FOR SERVICES THAT RANGE FROM CHILDCARE TO FOOD PANTRIES; SHELTERS TO SPECIALIZED SERVICES FOR VETERANS AND MILITARY FAMILIES; AND MENTAL HEALTH TO TRANSPORTATION. THE DATABASE IS ALSO AVAILABLE ONLINE AT WWW.211HUDSONVALLEY.ORG AND SINCE 2019, TEXTING CAPABILITIES ARE AVAILABLE FROM 9 A.M. TO 5 P.M., MONDAY FRIDAY. TEXTING OFFERS OPTIONS FOR THOSE LESS LIKELY TO WANT TO MAKE A PHONE CALL AND IS PARTICULARLY HELPFUL IN SENDING OUTGOING MESSAGES TO CONFIRM TAX APPOINTMENTS; PROVIDE COVID-19 VACCINATION INFORMATION; REGISTER INDIVIDUALS FOR MEAL DELIVERY PROGRAMS; AND SO MUCH MORE. THE CALL CENTER, RUN BY UNITED WAY AND LOCATED IN WHITE PLAINS, NY, MANAGED OVER 279,000 INTERACTIONS DURING 2021 FROM TWELVE COUNTIES IN NEW YORK STATE. IT HANDLED OVER 13,000 TAX RELATED CALLS WHICH RESULTED IN REFUNDS AND CREDITS OF OVER \$13.7 MILLION TO RESIDENTS OF FOUR COUNTIES IN THE HUDSON VALLEY. 2-1-1 HUDSON VALLEY REGION AND 2-1-1 LONG ISLAND REGION OPERATE AS PROGRAMS OF THE UNITED WAY AND ARE UNDERWRITTEN BY LOCAL UNITED WAYS, GOVERNMENT AGENCIES, AND CORPORATE FOUNDATIONS. 2-1-1 HUDSON VALLEY AND 2-1-1 LONG ISLAND ESTABLISHED AND MAINTAINED RELATIONSHIPS WITH KEY LOCAL STAKEHOLDERS TO

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EXPAND THE USE OF 2-1-1 IN ADDRESSING CRITICAL HUMAN SERVICE AND CRISIS NEEDS. IT PARTNERED WITH STATE AND LOCAL GOVERNMENT AGENCIES TO ADDRESS COVID, FOOD INSECURITY, EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP), THE EXCLUDED WORKER FUND PROGRAM (EWF), AND THE CTC (ADVANCE CHILD TAX CREDIT) INITIATIVE.

UNITED WAY RUNS THE 2-1-1 HELPLINE FOR THE HUDSON VALLEY REGION, WHICH INCLUDES DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN, ULSTER, AND WESTCHESTER COUNTIES. IT ALSO RUNS THE 2-1-1 HELPLINE FOR THE LONG ISLAND REGION, WHICH INCLUDES NASSAU AND SUFFOLK COUNTIES. IN ADDITION, UNITED WAY CONTRACTED WITH THE UNITED WAY'S IN THE ADIRONDACK REGION TO PROVIDE CALL CENTER SERVICES IN SUPPORT OF THEIR 2-1-1 EFFORTS.

FUNDING SOURCES FOR 2-1-1 INCLUDE CONTRACTS & FEES FOR SERVICES FROM THE UNITED WAYS LOCATED IN THE HUDSON VALLEY (INCLUDING UWWP) AND GRANTS/CONTRACTS WITH LOCAL AND STATE GOVERNMENTAL ENTITIES.

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

AGENCIES, SUCH AS FEEDING WESTCHESTER, TO PROVIDE 37,000 DELIVERIES OF FOOD AND OTHER ESSENTIAL GOODS LIKE CLOTHING TO MORE THAN 2500 HOUSEHOLDS IN WESTCHESTER AND PUTNAM COUNTIES.

THE PROGRAM ALSO PARTNERED WITH 65 AGENCIES TO OFFER OVER 1,300 LYFT RIDES TO INDIVIDUALS WHO WOULD NOT OTHERWISE HAVE ACCESS TO RESOURCES SUCH AS WORKFORCE DEVELOPMENT OR LEGAL SERVICES. THE PROGRAM ALSO HELPS PREVIOUSLY UNEMPLOYED INDIVIDUALS WITH RIDES TO A NEW JOB FOR THE FIRST THREE WEEKS, SO THEY CAN EARN ENOUGH MONEY TO PAY FOR THEIR ONGOING TRANSPORTATION.

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

THE ORGANIZATION 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. THE ORGANIZATION'S OFFICERS (CEO, CFO, CIO, CDO, AND CRO), FINANCE COMMITTEE, AND FULL BOARD OF DIRECTORS EACH REVIEW THE FORM 990. A REVIEW OF THE FORM 990 IS DONE IN A FINANCE COMMITTEE MEETING TO PROVIDE THE OPPORTUNITY FOR QUESTIONS AND COMMENTS. A COMPLETE COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING, AND IT IS APPROVED FOR FILING VIA A BOARD VOTE.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES. ALL DIRECTORS, OFFICERS, AND KEY PERSONS ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH IS DELIVERED TO THE PRESIDENT AND CEO. ALL DISCLOSURES ARE BROUGHT BEFORE THE BOARD OF DIRECTORS OR AUTHORIZED COMMITTEE. ANY INDIVIDUAL WITH A POTENTIAL CONFLICT MUST WITHDRAW FROM THE MEETING DURING THE DISCUSSION, AND VOTE ON THE MATTER. THE BOARD OR AUTHORIZED COMMITTEE IS RESPONSIBLE FOR DETERMINING IF A CONFLICT OF INTERET EXISTS AND FOR MAKING THE DECISION AS TO WHETHER TO APPROVE THE TRANSACTION.

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

THE PROCESS IN PLACE FOR EVALUATING THE COMPENSATION PACKAGE OF THE PRESIDENT & CEO INCLUDES:

1. REVIEW BY THE CEO COMPENSATION AND PERFORMANCE COMMITTEE, COMPRISED OF SEVERAL MEMBERS OF THE BOARD OF DIRECTORS, AND REVIEW AND APPROVAL OF THE

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FULL BOARD OF DIRECTORS.

2. USE OF DATA OBTAINED THROUGH REPRESENTATIVE SAMPLES OF COMPENSATION LEVELS AND OTHER BENEFITS PROVIDE BY SIMILAR ORGANIZATIONS THROUGH THE REGION, INCLUDING COMPENSATION STUDIES AND FORMS 990 OF SIMILAR ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS REGARDING THE CEO'S COMPENSATION PACKAGE.

THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER OF 2021.

THE PROCESS IN PLACE FOR EVALUATING THE COMPENSATION PACKAGES, OF THE ORGANIZATION'S OTHER OFFICERS INCLUDES:

1. THE ADVICE OF THE CEO COMPENSATION AND PERFORMANCE COMMITTEE, WHICH IS COMPRISED OF SEVERAL MEMBERS OF THE BOARD OF DIRECTORS.

2. USE OF DATA OBTAINED THROUGH REPRESENTATIVE SAMPLES OF COMPENSATION LEVELS AND OTHER BENEFITS PROVIDE BY SIMILAR ORGANIZATIONS THROUGH THE REGION, INCLUDING COMPENSATION STUDIES AND FORMS 990 OF SIMILAR ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS.

THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER OF 2021.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED TO GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATIONS

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WEBSITE AT WWW.UWWP.ORG/ABOUT-US/FINANCIAL-INFO/. THE BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE ORGANIZATION'S OFFICE FOR PUBLIC INSPECTION.

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

CHANGE IN ALLOWANCE FOR PLEDGES RECEIVABLE -15,800.

FORM 990, PART XII, LINE 2C:

UNITED WAY OF WESTCHESTER AND PUTNAM, INC. HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.