

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 AVENUE
WHITE PLAINS, NY 10606-1502

|||||

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 336 CENTRAL PARK AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10606-1502</p> <p>F Name and address of principal officer: THOMAS GABRIEL SAME AS C ABOVE</p>	<p>D Employer identification number 13-1997636</p> <p>E Telephone number 914-997-6700</p> <p>G Gross receipts \$ 10,255,152.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number 2574</p>
<p>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</p>		
<p>J Website: WWW.UJWP.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
<p>L Year of formation: 1962</p>		<p>M State of legal domicile: NY</p>

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF WESTCHESTER AND PUTNAM WORKS TO CREATE A MORE EQUITABLE COMMUNITY BY ADVANCING		
	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 2022 (Part V, line 2a)	5	38
	6	Total number of volunteers (estimate if necessary)	6	475
	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)	9,431,587.	9,026,693.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	590,133.	626,487.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	316,484.	113,191.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-58,113.	-71,922.
			10,280,091.	9,694,449.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,465,869.	6,541,592.
	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)	2,080,493.	2,256,095.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	691,322.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	838,597.	776,587.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,384,959.	9,574,274.
	19	Revenue less expenses. Subtract line 18 from line 12	895,132.	120,175.
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)	5,306,671.	5,992,994.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,522,120.	1,977,327.
		3,784,551.	4,015,667.	

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	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Date 04/17/24
	Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905	Check if self-employed <input type="checkbox"/> PTIN P00543209
		Firm's EIN 87-3231666
		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 \$ 7,301,517. including grants of \$ 6,538,622.) (Revenue \$ 0.) AS FAMILIES AND INDIVIDUALS CONTINUED TO RECOVER FROM INFLATION BROUGHT ON BY THE COVID-19 PANDEMIC AND SUPPLY CHAIN SHORTAGES, UNITED WAY CONTINUED TO SUPPORT THE NEEDS OF THOUSANDS OF HOUSEHOLDS IN WESTCHESTER AND PUTNAM. WE ADMINISTARTED \$6,538,622 IN GRANTS AND GOODS IN THE 2022-23 FISCAL YEAR.

OUR GRANT MAKING EFFORTS DURING THE 22-23 FISCAL YEAR TOTALED \$464,601. THROUGH THE CAPACITY BUILDING, COMMUNITY IMPACT, AND EMERGENCY FOOD AND SHELTER GRANTS, WE SUPPORTED THE WORK OF 30 NONPROFIT ORGANIZATIONS IN WESTCHESTER AND PUTNAM THAT COLLECTIVELY HELPED 29,023 INDIVIDUALS AND FAMILIES WHO WERE DISPROPORTIONATELY IMPACTED WITH THE ECONOMIC AFTERMATH OF THE COVID-19 PANDEMIC, SUPPLY CHAIN SHORTAGES, AND

4b (Code:) (Expenses \$ 990,000. including grants of \$ 0.) (Revenue \$ 626,487.) DURING THE 22-23 FISCAL YEAR, UNITED WAY'S 211 HELPLINE WAS A VITAL RESOURCE FOR FAMILIES AND INDIVIDUALS IN NEED OF FINANCIAL ASSISTANCE. UNITED WAY'S 211 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. UW'S 211 HAS ALSO BEEN WORKING WITH LOCAL SOCIAL SERVICE DEPARTMENTS TO PROVIDE REFERRALS AND RESOURCES TO RESIDENTS. THESE RELATIONSHIPS HAVE BEEN VITAL TO SOLVING VERY COMPLICATED SOCIAL SERVICE NEEDS.

211 IS A CONFIDENTIAL, MULTILINGUAL, AND COMPREHENSIVE SERVICE WITH A DATABASE OF MORE THAN 25,000 SERVICES AND PROGRAMS THAT ARE UPDATED

4c (Code:) (Expenses \$ 2,970. including grants of \$ 2,970.) (Revenue \$ 0.) UWWP LAUNCHED THE EDUCATION UNITED AFTER-SCHOOL ACADEMIC AND ENRICHMENT PROGRAM DURING THE 2022-23 FISCAL YEAR AT BROOKSIDE ELEMENTARY SCHOOL IN OSSINING. THE INCLUSIVE PROGRAM WAS DESIGNED TO PROVIDE CHILDREN WITH A SAFE AND SUPPORTIVE ENVIRONMENT TO LEARN, GROW, AND HAVE FUN AFTER SCHOOL HOURS. THE FREE PROGRAM OFFERS A RANGE OF ACTIVITIES TO SUPPORT ACADEMIC ACHIEVEMENT, INCLUDING HOMEWORK HELP, ARTS AND CRAFTS, FITNESS AND WELLNESS ACTIVITIES, SOCIAL-EMOTIONAL LEARNING ACTIVITIES, STEM ACTIVITIES, AND MORE IN BOTH ENGLISH AND SPANISH. THERE IS ALSO A RANGE OF SERVICES FOR PARENTS OF THE PROGRAM PARTICIPANTS, INCLUDING FREE LYFT TRANSPORTATION, WORK READINESS AND CAREER AWARENESS, AND ACCESS TO UNITED WAY'S ESSENTIAL GOODS DISTRIBUTION. IN ADDITION, PARENTS DO NOT NEED TO WORRY ABOUT AFTER-SCHOOL CARE OR SNACKS WHILE

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

4e Total program service expenses 8,294,487.

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		38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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.	13a	
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? <i>If "No," provide an explanation on Schedule O</i>	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.	15	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.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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, box 6 of 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			162,244.	0.	31,331.	
(2) RICHARD MOORE CHIEF FINANCIAL OFFICER	50.00			X			102,623.	0.	16,370.	
(3) WILLIAM MOONEY, III, ESQ. CHAIR	6.00	X		X			0.	0.	0.	
(4) MARJ CIUCCI VICE CHAIR OF ADMINISTRATION	2.00	X		X			0.	0.	0.	
(5) NAJLA HUSSEINI VICE CHAIR OF COMMUNITY IMPACT & COM	2.00	X		X			0.	0.	0.	
(6) JOSHUA KIMERLING, ESQ. VICE CHAIR OF COMMUNITY IMPACT & COM	2.00	X		X			0.	0.	0.	
(7) BERNADETTE SCHOPFER, CPA VICE CHAIR OF RESOURCE DEVELOPMENT	2.00	X		X			0.	0.	0.	
(8) WALTER HOSP VICE CHAIR OF FINANCE & TREASURER	2.00	X		X			0.	0.	0.	
(9) ALEIDA M. FREDERICO SECRETARY AND VICE CHAIR FOR DEI	2.00	X		X			0.	0.	0.	
(10) MICHELLE A. NICHOLAS VICE CHAIR FOR DEI	2.00	X		X			0.	0.	0.	
(11) CHRISTINA ARMENTANO VICE CHAIR FOR NOMINATING	2.00	X		X			0.	0.	0.	
(12) SWATI GOEL-PATEL VICE CHAIR FOR NOMINATING	2.00	X		X			0.	0.	0.	
(13) CARMELO ALVARADO DIRECTOR	2.00	X					0.	0.	0.	
(14) MARC P. BAIOTTO DIRECTOR	2.00	X					0.	0.	0.	
(15) JONATHON M. COCCHIOLA, CPA DIRECTOR	2.00	X					0.	0.	0.	
(16) JOHN M. FLANNERY, ESQ. DIRECTOR	2.00	X					0.	0.	0.	
(17) LEROY FRAZER, ESQ. DIRECTOR	2.00	X					0.	0.	0.	

**UNITED WAY OF WESTCHESTER AND PUTNAM,
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) KEVIN KUBICKI DIRECTOR	2.00	X					0.	0.	0.	
(19) LESLIE LAMPERT DIRECTOR	2.00	X					0.	0.	0.	
(20) AMANDA MICHAEL, ESQ. DIRECTOR	2.00	X					0.	0.	0.	
(21) STEPHEN MORONEY DIRECTOR	2.00	X					0.	0.	0.	
(22) NINO PESCE DIRECTOR	2.00	X					0.	0.	0.	
(23) RAYMOND SANCHEZ DIRECTOR	2.00	X					0.	0.	0.	
(24) SARA SERVADIO DIRECTOR	2.00	X					0.	0.	0.	
(25) SILVANA TAPIA DIRECTOR	2.00	X					0.	0.	0.	
(26) BERNARD THOMBS DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							264,867.	0.	47,701.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							264,867.	0.	47,701.	

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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**UNITED WAY OF WESTCHESTER AND PUTNAM,
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Part 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	395,130.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,786,261.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,845,302.				
	g Noncash contributions included in lines 1a-1f	1g	\$5,483,836.				
	h Total. Add lines 1a-1f		9,026,693.				
Program Service Revenue	2 a <u>2-1-1 HELPLINE SERVICE</u>	Business Code					
			90099	626,487.	626,487.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			626,487.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,217.			51,217.	
	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.	11,164.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	430,161.	0.			
	c Gain or (loss)	7c	50,810.	11,164.			
	d Net gain or (loss)			61,974.		61,974.	
8 a Gross income from fundraising events (not including \$ <u>395,130.</u> of contributions reported on line 1c). See Part IV, line 18	8a		58,620.				
		b Less: direct expenses	8b	130,542.			
c Net income or (loss) from fundraising events			-71,922.		-71,922.		
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			9,694,449.	626,487.	0.	41,269.	

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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 ...	6,541,592.	6,541,592.		
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	335,143.	159,987.	116,418.	58,738.
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	1,445,286.	1,007,059.	176,006.	262,221.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,076.	49,457.	4,144.	8,475.
9 Other employee benefits	248,198.	182,385.	28,993.	36,820.
10 Payroll taxes	165,392.	109,334.	26,380.	29,678.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,215.		37,215.	
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.)	113,145.	30,443.	27,957.	54,745.
12 Advertising and promotion	62,567.	14,664.		47,903.
13 Office expenses	168,103.	31,229.	48,896.	87,978.
14 Information technology	117,122.	37,498.	13,627.	65,997.
15 Royalties				
16 Occupancy	144,552.	61,525.	64,955.	18,072.
17 Travel	5,849.	3,486.	1,267.	1,096.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	13,870.		13,097.	773.
20 Interest				
21 Payments to affiliates	22,563.	12,410.	3,384.	6,769.
22 Depreciation, depletion, and amortization	54,715.	35,527.	12,514.	6,674.
23 Insurance	33,576.	17,891.	10,430.	5,255.
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	3,310.		3,182.	128.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,574,274.	8,294,487.	588,465.	691,322.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	1,233,653.	1	743,230.	
	2 Savings and temporary cash investments	406,042.	2	425,106.	
	3 Pledges and grants receivable, net	711,708.	3	1,645,557.	
	4 Accounts receivable, net	317.	4	31,464.	
	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	19,702.	9	17,065.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,016,764.			
	b Less: accumulated depreciation	10b 1,719,348.	252,108.	10c	297,416.
	11 Investments - publicly traded securities	2,351,701.	11	2,479,382.	
	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	331,440.	15	353,774.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,306,671.	16	5,992,994.		
Liabilities	17 Accounts payable and accrued expenses	117,093.	17	636,349.	
	18 Grants payable	345,379.	18	345,379.	
	19 Deferred revenue	5,000.	19	54,900.	
	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	1,015,760.	23	937,292.	
	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	38,888.	25	3,407.	
	26 Total liabilities. Add lines 17 through 25	1,522,120.	26	1,977,327.	
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	1,821,922.	27	1,683,233.	
	28 Net assets with donor restrictions	1,962,629.	28	2,332,434.	
	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	3,784,551.	32	4,015,667.	
33 Total liabilities and net assets/fund balances	5,306,671.	33	5,992,994.		

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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	9,694,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,574,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	120,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,784,551.
5	Net unrealized gains (losses) on investments	5	154,036.
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	-43,095.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,015,667.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6560965.	4000074.	12034981.	9431587.	9026693.	41054300.
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	6560965.	4000074.	12034981.	9431587.	9026693.	41054300.
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)						10911234.
6 Public support. Subtract line 5 from line 4.						30143066.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6560965.	4000074.	12034981.	9431587.	9026693.	41054300.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,133.	57,450.	62,359.	57,383.	51,217.	288,542.
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						41342842.
12 Gross receipts from related activities, etc. (see instructions)					12	4,508,232.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	72.91	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	76.93	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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>		
11a		
11b		
11c		

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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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>	Yes	No	
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>			
2a			
2b			
3a			
3b			

**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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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
1	<hr/> <hr/> <hr/>	\$ <u>1,888,775.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,197,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,069,618.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>778,362.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>588,580.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>444,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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>317,376.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>278,420.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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	LINENS _____ _____ _____	\$ <u>1,888,775.</u>	<u>06/30/23</u>
3	FOOD _____ _____ _____	\$ <u>1,069,618.</u>	<u>06/30/23</u>
4	BOMBAS SOCKS _____ _____ _____	\$ <u>778,362.</u>	<u>06/30/23</u>
6	CLOTHING AND HOUSEHOLD GOODS _____ _____ _____	\$ <u>444,200.</u>	<u>06/30/23</u>
8	CLOTHING AND HOUSEHOLD GOODS _____ _____ _____	\$ <u>278,420.</u>	<u>06/30/23</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

2022

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 July 25, 2006, 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 \$ _____

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

Schedule D (Form 990) 2022

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	1,926,881.	2,630,597.	2,293,989.	2,270,773.	2,127,019.
b Contributions	16,203.	0.	56,398.	0.	6,500.
c Net investment earnings, gains, and losses	254,574.	-281,024.	592,086.	201,064.	236,737.
d Grants or scholarships					
e Other expenditures for facilities and programs	109,316.	422,692.	311,876.	177,848.	99,483.
f Administrative expenses					
g End of year balance	2,088,342.	1,926,881.	2,630,597.	2,293,989.	2,270,773.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 35.7900 %
 - b Permanent endowment 64.2100 %
 - 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 | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,152,798.	1,090,163.	62,635.
c Leasehold improvements				
d Equipment		763,966.	629,185.	134,781.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				297,416.

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	310,552.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	42,722.
(3) SECURITY DEPOSITS	500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	353,774.

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) BOND FUND PAYABLE	3,407.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,407.

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	9,932,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	154,036.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	130,542.	
e	Add lines 2a through 2d	2e		284,578.
3	Subtract line 2e from line 1	3		9,648,384.
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	46,065.	
c	Add lines 4a and 4b	4c		46,065.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,694,449.

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	9,701,846.
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	130,542.	
e	Add lines 2a through 2d	2e		130,542.
3	Subtract line 2e from line 1	3		9,571,304.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,970.	
c	Add lines 4a and 4b	4c		2,970.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,574,274.

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 130,542.

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS	2,970.
CHANGE IN ALLOWANCE FOR PLEDGES RECEIVABLE	43,095.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	46,065.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	130,542.
--	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS	2,970.
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**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
		IMAGINE GALA	DAY OF GOLF	1	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	314,345.	92,030.	47,375.	453,750.
2	Less: Contributions	278,705.	77,930.	38,495.	395,130.
3	Gross income (line 1 minus line 2)	35,640.	14,100.	8,880.	58,620.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	1,190.	6,929.	443.	8,562.
6	Rent/facility costs	28,340.	36,600.	1,135.	66,075.
7	Food and beverages	10,800.	2,745.	9,200.	22,745.
8	Entertainment	1,150.	0.	0.	1,150.
9	Other direct expenses	27,097.	684.	4,229.	32,010.
10	Direct expense summary. Add lines 4 through 9 in column (d)				130,542.
11	Net income summary. Subtract line 10 from line 3, column (d)				-71,922.

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

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

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.

**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

2022

**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
914 CARES INC. 901 N. BROADWAY WHITE PLAINS, NY 10603	47-5210636	501(C)(3)	0.	17,560.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
AFYA FOUNDATION OF AMERICA 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)(3)	0.	143,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
AIDSFREEAFRICA 125 SOUTH HIGHLAND AVENUE, #3-B1 OSSINING, NY 10562	65-1253816	501(C)(3)	0.	11,446.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ALL SHADES OF WELLNESS P.O. BOX 249 TOMKINS COVE, NY 10986	92-0347017	501(C)(3)	0.	10,156.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ASCENSION FOOD PANTRY 104 PARK AVENUE MOUNT VERNON, NY 10550	13-1623985	501(C)(3)	0.	75,752.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
AUTISM PROJECT - FLOS, INC. 706 WARBURTON AVEPO BOX 442 YONKERS, NY 10701	36-4711432	501(C)(3)	0.	13,500.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **88.**

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.

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INC.

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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
BEHOLDASHAE, INC. 11 PROSPECT AVE. 3RD FLOORSUITE 53 YONKERS, NY 10705	82-1672972	501(C)(3)	0.	36,696.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BETHESDA BAPTIST CHURCH FOOD PANTRY - 71 LINCOLN DRIVE - NEW ROCHELLE, NY 10801	13-2542364	501(C)(3)	0.	13,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BIG BROTHERS BIG SISTERS OF WESTCHESTER COUNTY INC. - 10 MIDLAND AVESUITE 203 - PORT CHESTER, NY 10573	13-1773419	501(C)(3)	0.	20,595.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BIGVIVS INC 10 MAY ST NEW ROCHELLE, NY 10801	87-1528714	501(C)(3)	0.	25,200.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BOWEN MEMORIAL OUTREACH PROGRAM 14 NORTH COLUMBUS AVENUE MOUNT VERNON, NY 10703	13-2986645	501(C)(3)	0.	13,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BOYS & GIRLS CLUB OF MOUNT VERNON 79 SEVENTH STREET NEW ROCHELLE, NY 10801	13-1943644	501(C)(3)	15,000.	0.			COMMUNITY IMPACT
BREWSTER CENTRAL SCHOOLS 50 FOGGINTOWN ROAD BREWSTER, NY 10509	14-6001950	501(C)(3)	0.	34,920.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CALVARY BAPTIST CHURCH OF WHITE PLAINS - 188 ORAWAUPUM ST - WHITE PLAINS, NY 10606	13-1990909	501(C)(3)	0.	6,500.	DONATED VALUE	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.	9,848.	DONATED VALUE	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
CHILD CARE COUNCIL OF WESTCHESTER, INC. - 313 CENTRAL PARK AVENUE - SCARSDALE, NY 10583	13-3234987	501(C)(3)	0.	6,160.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHILDREN'S VILLAGE, THE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	0.	70,784.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHOICE OF NEW YORK 200 EAST POST ROAD WHITE PLAINS, NY 10601	13-3828528	501(C)(3)	0.	41,881.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHURCH OF GOD OF MT. VERNON - GOOD SHEPHERD FOOD PANTRY - 245 SOUTH 1ST AVE - MOUNT VERNON, NY 10550	13-3280035	501(C)(3)	0.	16,250.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COACHMAN FAMILY CENTER .WESTHAB. 123 EAST POST ROAD WHITE PLAINS, NY 10601	06-1064281	501(C)(3)	0.	20,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COMMUNITY CENTER OF NORTHERN WESTCHESTER - 84 BEDFORD ROAD - KATONAH, NY 10536	13-3716471	501(C)(3)	0.	47,550.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COMMUNITY RESOURCE CENTER 134 CENTER AVE MAMARONECK, NY 10543	31-1678682	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
DESTINY HELPERS HUMAN SERVICES 26 N. LEXOW AVENUE NANUET, NY 10954	82-4538015	501(C)(3)	0.	135,450.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
DIVINE CHURCH OF GOD, INC. USA 11 REVEREND G. FRANKLIN WIGGINS PLZ PEEKSKILL, NY 10566	26-3022222	501(C)(3)	0.	89,572.	DONATED VALUE	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
EASTCHESTER CAP - WESTCOP 142 MAIN STREET TUCKAHOE, NY 10707	13-2547122	501(C)(3)	0.	26,369.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
EASTER SEALS PO BOX 719 PORT JERVIS, NY 12771	13-5596808	501(C)(3)	0.	45,150.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY SERVICES OF WESTCHESTER PELHAM - 507 FIFTH AVENUE - PELHAM, NY 10803	13-1773419	501(C)(3)	0.	32,669.	DONATED VALUE	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.	28,705.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FEEDING WESTCHESTER 200 CLEARBOOK ROAD ELMSFORD, NY 10523	13-2507988	501(C)(3)	10,000.	0.			COMMUNITY IMPACT
FURNITURE SHAREHOUSE LOOP RD., WESTCHESTER COUNTY AIRPORT WHITE PLAINS, NY 10604	33-1137455	501(C)(3)	0.	116,470.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GIVING FRIENDS, INC. 1434 CROSBY AVE BRONX, NY 10461	85-0609954	501(C)(3)	0.	14,625.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GOD IN ACTION FOOD ALLIANCE, THE (GRACE EPISCOPAL CHURCH-LA GRACIA) - 33 CHURCH STREET - WHITE PLAINS, NY 10601	13-1768237	501(C)(3)	0.	11,192.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GOTOREY ALLSTARS 39 RATHBUN AVE WHITE PLAINS, NY 10606	85-1910819	501(C)(3)	0.	7,000.	DONATED VALUE	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
GREATER CENTENNIAL A.M.E. ZION CHURCH - 114 WEST 4TH STREET - MOUNT VERNON, NY 10550	13-1915126	501(C)(3)	0.	84,637.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREATER HUDSON VALLEY NY CHAPTER OF THE LINKS, INCORPORATED - PO BOX 947 - WHITE PLAINS, NY 10602-0947	52-1170830	501(C)(3)	0.	32,500.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HEARTS & HOMES FOR REFUGEES P.O. BOX 8558 PELHAM, NY 10803	81-3361872	501(C)(3)	0.	6,500.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HELPING HANDS FOR THE HOMELESS & HUNGRY, INC - PO BOX 982 - RYE, NY 10580	13-3421720	501(C)(3)	0.	26,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOPE COMMUNITY SERVICES 50 WASHINGTON AVE NEW ROCHELLE, NY 10801	13-3477015	501(C)(3)	0.	70,747.	DONATED VALUE	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.	39,505.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
JCCA 1075 BROADWAY PLEASANTVILLE, NY 10570	13-1624060	501(C)(3)	0.	32,500.	DONATED VALUE	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.	25,185.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MAJESTIC HOUSE OF MIRACLES 91 LINCOLN AVE WYNDANCH, NY 11798	38-3893090	501(C)(3)	0.	667,348.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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INC.**

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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
MAKE THE ROAD NEW YORK 46 WALLER AVE WHITE PLAINS, NY 10605	11-3344389	501(C)(3)	0.	20,923.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MIDNIGHT RUN 97 MAIN ST DOBBS FERRY, NY 10522	13-3576702	501(C)(3)	0.	19,500.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MOUNT KISCO INTERFAITH FOOD PANTRY, THE - PO BOX 834 - MOUNT KISCO, NY 10549	13-3853887	501(C)(3)	0.	15,909.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MOUNT VERNON YOUTH BUREAU 1 ROOSEVELT SQUARE ROOM 308 MOUNT VERNON, NY 10550	13-6007305	501(C)(3)	0.	16,250.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEIGHBORS FOR REFUGEES INC. PO BOX 416 LARCHMONT, NY 10538	82-1778726	501(C)(3)	0.	6,490.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEW ROCHELLE AFFORDABLE HOUSING, INC. - 50 SICKLES AVE - NEW ROCHELLE, NY 10801	82-5345850	501(C)(3)	0.	5,658.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEW UNION CHURCH OF NEW ROCHELLE PO BOX 174 NEW ROCHELLE, NY 10801	06-1360080	501(C)(3)	0.	134,850.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NICOLICH, MAUREEN 135 MAIN ST, 2ND FLOOR NYACK, NY 10960	13-2535262	501(C)(3)	0.	45,150.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NOLAN FOUNDATION, THE MICHAEL 50 STOCKBRIDGE ROAD YONKERS, NY 10710	81-0849283	501(C)(3)	0.	21,017.	DONATED VALUE	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
NONPROFIT WESTCHESTER P.O. BOX 176 BRIARCLIFF MANOR, NY 10510	45-4222970	501(C)(3)	7,500.	0.			COMMUNITY IMPACT
OLIVET GOSPEL CHURCH 3900 DYRE AVE NEW YORK, NY 10466	13-2885454	501(C)(3)	0.	105,350.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OPEN DOOR FAMILY MEDICAL CENTER, INC - 165 MAIN STREET - OSSINING, NY 10562	13-2813103	501(C)(3)	0.	7,300.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING PADRES HISPANOS, INC. 109 CROTON AVE OSSINING, NY 10562	85-3834346	501(C)(3)	0.	27,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING UNION FREE SCHOOL DISTRICT - 400 EXECUTIVE BLVD - OSSINING, NY 10562	13-6007160	501(C)(3)	0.	82,386.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PEEKSKILL CITY SCHOOL DISTRICT 1031 ELM STREET PEEKSKILL, NY 10566	13-6007163	501(C)(3)	0.	21,357.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PENNINGTON PTA 20 FAIRWAY ST MOUNT VERNON, NY 10552	13-3030392	501(C)(3)	0.	12,856.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER CARVER CENTER 400 WESTCHESTER AVENUE PORT CHESTER, NY 10573	13-1832949	501(C)(3)	0.	7,332.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER COMMUNITY GARDENS 477 FRANKLIN STREET PORT CHESTER, NY 10573	82-3525660	501(C)(3)	0.	46,834.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

UNITED WAY OF WESTCHESTER AND PUTNAM,
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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
PORT CHESTER-RYE UNION FREE SCHOOL DISTRICT - 113 BOWMAN AVE - PORT CHESTER, NY 10573	13-6007173	501(C)(3)	0.	23,838.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PRESERVATION COMPANY, INC., THE 1037 MAIN STREET PEEKSKILL, NY 10566	13-3352053	501(C)(3)	0.	27,574.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PROJECT MORRY (MORRYS CAMP INC.) 1 GATEWAY PLAZA, SUITE 1D PORT CHESTER, NY 10573	13-3851126	501(C)(3)	0.	7,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
RAINBOW HOUSING ASSISTANCE CORP 35 SNOWDEN AVE, RESOURCE CENTER OSSINING, NY 10562	30-0108119	501(C)(3)	0.	13,527.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
RAMAPOUGH MOUNTAIN INDIANS, INC. 159 COLUMBUS AVE VALHALLA, NY 10595	13-2547122	501(C)(3)	0.	24,963.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SCHOOL 21 PTA 100 LEE AVE YONKERS, NY 10705	13-6161217	501(C)(3)	0.	69,252.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SHARING SHELF, THE 47 PURDY AVE PORT CHESTER, NY 10573	84-4315667	501(C)(3)	0.	15,419.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ST. CHRISTOPHER'S INN 21 FRANCISCAN WAY PO BOX 150 GARRISON, NY 10524	13-3668321	501(C)(3)	0.	42,940.	DONATED VALUE	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.	6,490.	DONATED VALUE	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
TARRYTOWN COMMUNITY OPPORTUNITY CENTER (WESTCOP) - 105 WILDEY STREETWESTCOP - TARRYTOWN, NY 10591	13-2547122	501(C)(3)	0.	8,748.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TEENS UNDER CONSTRUCTION, INC. 107 WOODSIDE AVE WEST HARRISON, NY 10604	81-5232070	501(C)(3)	0.	45,511.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THOMAS H. SLATER CENTER INC. 2 FISHER CT WHITE PLAINS, NY 10601	13-3058584	501(C)(3)	0.	18,283.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TRINITY UNITED METHODIST CHURCH 130 S. LEXINGTON AVENUE WHITE PLAINS, NY 10606	13-3030241	501(C)(3)	0.	194,944.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED COMMUNITY CENTER OF WESTCHESTER, INC - PO BOX 1599 - NEW ROCHELLE, NY 10801	13-3236187	501(C)(3)	0.	5,022.	DONATED VALUE	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.	48,382.	DONATED VALUE	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.	91,078.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WALLACE FOUNDATION, THE MATTHEW 10 CHURCHILL AVENUE YONKERS, NY 10704	47-1235286	501(C)(3)	0.	95,040.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WE PROSPER FAMILY ORGANIZATION PO BOX 1468 YONKERS, NY 10702	84-3108645	501(C)(3)	0.	38,393.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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
WESTCHESTER PARKS FOUNDATION INC - CAMP MORTY - 155 LAFAYETTE AVENUE - WHITE PLAINS, NY 10603	13-2937499	501(C)(3)	0.	37,100.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WHITE PLAINS HOUSING AUTHORITY 223 DR. MARTIN LUTHER KING JR. BLVD WHITE PLAINS, NY 10605	13-6007089	501(C)(3)	0.	5,156.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WJCS 845 NORTH BROADWAY NORTH WHITE PLAINS, NY 10801	13-1740071	501(C)(3)	0.	160,621.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLD VISION 310 TIFFANY STREET BRONX, NY 10474	95-1922279	501(C)(3)	0.	20,400.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YMCA OF YONKERS 17 RIVERDALE AVENUE YONKERS, NY 10701	13-1740520	501(C)(3)	0.	32,500.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YONKERS COMMUNITY ACTION PROGRAM, INC. - 20 S. BROADWAY - YONKERS, NY 10701	13-2579051	501(C)(3)	0.	51,698.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YONKERS COMMUNITY HEALTH CENTER (MT. VERNON NEIGHBORHOOD HEALTH) - 30 SOUTH BROADWAY - YONKERS, NY 10701	13-3315508	501(C)(3)	0.	13,000.	DONATED VALUE	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.	97,445.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YWCA WHITE PLAINS & CENTRAL WESTCHESTER - 69 NORTH BROADWAY RESIDENCE - WHITE PLAINS, NY 10603-3799	13-1740519	501(C)(3)	0.	90,217.	DONATED VALUE	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
13-1997636

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

13-1997636

Schedule J (Form 990) 2022

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)	161,390.	0.	854.	15,075.	16,256.	193,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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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 2022, 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

2022

Open to Public Inspection

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.

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 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		121,224.	COST
5 Clothing and household goods	X		3,561,836.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	17,578.	AVERAGE SELLING PRIC
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	44,453	1,078,416.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DOOR DASH GIFTS)	X	46,907	234,535.	COST
26 Other (BEDDING)	X	99	162,672.	COST
27 Other (PERSONAL HYGEIN)	X	576	133,057.	COST
28 Other (TOYS)	X	1,374	128,055.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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.		

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.

PART I, OTHER TYPES OF PROPERTY:

SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 201

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 46463.

(D) METHOD OF DETERMINING REVENUE: COST

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

2022

Open to Public
Inspection

Name of the organization	UNITED WAY OF WESTCHESTER AND PUTNAM, INC.	Employer identification number	13-1997636
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, FINANCIAL STABILITY, AND HEALTH INITIATIVES.

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

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

Schedule O (Form 990) 2022

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NEED HELPING PEOPLE IN CRISIS OR WITH PRESSING NEEDS TO GET CONNECTED TO SERVICES THROUGH UNITED WAY'S 2-1-1 HELPLINE.

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: INFLATION.

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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 CAPACITY BUILDING 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 \$5,466,258 WORTH OF GOODS, INCLUDING FOOD, MEALS, BEDDING, CLOTHING, DIAPERS, HYGIENE PRODUCTS, BOOKS, AND CHILDREN'S ACTIVITIES THROUGH 194 AGENCIES TO 109,325 HOUSEHOLDS DURING THE 22-23 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:
THROUGHOUT THE YEAR. TRAINED CALL SPECIALISTS ARE AVAILABLE 24/7, 365 DAYS A WEEK THROUGH THE UW'S 211 AND CAN ASSIST CALLERS IN 200+ LANGUAGES (THROUGH TRANSPERFECT) AS WELL AS THE HEARING-IMPAIRED. UNITED WAY'S 211 HELPLINE IS AN AIRS (ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS) CALL CENTER, AND THE 211 HELPLINE MAINTAINS A

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RESOURCE DATABASE COMPRISED OF 3,360 AGENCIES AND 20,218 SERVICES. 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 580,000 INTERACTIONS DURING 2022 FROM TWELVE COUNTIES IN NEW YORK STATE IN WHICH OVER 16,000 CALLS WERE TAX RELATED. 211 HUDSON VALLEY REGION AND 211 LONG ISLAND REGION WHICH RESULTED IN REFUNDS AND CREDITS OF OVER \$16.7 MILLION TO RESIDENTS OF FOUR COUNTIES IN THE HUDSON VALLEY. 211 HUDSON VALLEY REGION AND 211 LONG ISLAND REGION OPERATE AS PROGRAMS OF THE UNITED WAY AND ARE UNDERWRITTEN BY LOCAL UNITED WAYS, GOVERNMENT AGENCIES, AND CORPORATE FOUNDATIONS. 211 HUDSON VALLEY AND 211 LONG ISLAND ESTABLISHED AND MAINTAINED RELATIONSHIPS WITH KEY LOCAL STAKEHOLDERS TO EXPAND THE USE OF 211 IN ADDRESSING CRITICAL HUMAN SERVICE AND CRISIS NEEDS.

UNITED WAY RUNS THE 211 HELPLINE FOR THE HUDSON VALLEY REGION, WHICH INCLUDES DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN, ULSTER, AND WESTCHESTER COUNTIES. IT ALSO RUNS THE 211 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

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PROVIDE CALL CENTER SERVICES IN SUPPORT OF THEIR 211 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:

THEIR CHILDREN ARE IN THE PROGRAM, WHICH HELPS TO REDUCE THOSE COSTS
FOR FAMILIES. IT IS FUNDED THROUGH THE 21ST CENTURY COMMUNITY LEARNING
CENTERS PROGRAM, WHICH AWARDED UWWP A 5-YEAR GRANT, TO CREATE,
IMPLEMENT, AND SUSTAIN THE PROGRAM.

EDUCATION UNITED'S MAIN GOALS, MEASURED BY PERFORMANCE INDICATORS, ARE
TO PROVIDE SERVICES AND PROGRAMMING THAT IMPROVE BOTH ACADEMIC AND
SOCIAL-EMOTIONAL OUTCOMES FOR STUDENTS, SUPPORT THE FAMILIES OF THESE
STUDENTS, AND FOSTER INCREASED COMMUNITY INVOLVEMENT AMONG KEY
STAKEHOLDERS. AN INDEPENDENT EVALUATION FOUND THAT DURING THE 22-23
SCHOOL YEAR, THE PROGRAM HAD THE CONSISTENT ATTENDANCE OF 169 STUDENTS,
WITH 95% ACCRUING 15+ HOURS OF ATTENDANCE. ADDITIONALLY, THOSE STUDENTS
HAD A 60% INCREASE IN ATTENDANCE FROM 2022-2023, WHICH RESULTED IN A
12% DECREASE IN CHRONICALLY ABSENT STUDENTS FROM 2022-23. FINALLY, THE
SCHOOL TEACHERS RECOGNIZED A 50% INCREASE IN CLASSROOM ENGAGEMENT AMONG
THE EDUCATION UNITED PROGRAM STUDENTS FROM 2022-2023. THE EVALUATION
ALSO FOUND A HIGH LEVEL OF PARENT SATISFACTION WITH PROGRAM SERVICES
AND OPERATIONS.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

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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 FULL BOARD OF DIRECTORS.
2. USE OF DATA OBTAINED THROUGH REPRESENTATIVE SAMPLES OF COMPENSATION LEVELS AND OTHER BENEFITS PROVIDE BY SIMILAR ORGANIZATIONS THROUGH THE

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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 SEPTEMBER OF 2023.

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 JANUARY OF 2024.

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
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.

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

CHANGE IN ALLOWANCE FOR PLEDGES RECEIVABLE -43,095.

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.