

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

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Form **990****Return of Organization Exempt From Income Tax****2023**Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

336 CENTRAL PARK AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WHITE PLAINS, NY 10606-1502**F** Name and address of principal officer: **THOMAS GABRIEL****SAME AS C ABOVE****D** Employer identification number**13-1997636****E** Telephone number**914-997-6700****G** Gross receipts \$ **10,477,806.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number **2574****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UWWP.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1962** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	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.
	3	Number of voting members of the governing body (Part VI, line 1a) 30
	4	Number of independent voting members of the governing body (Part VI, line 1b) 30
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 38
	6	Total number of volunteers (estimate if necessary) 2400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 9,026,693.
	9	Program service revenue (Part VIII, line 2g) 626,487.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 113,191.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -71,922.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,694,449.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,541,592.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,256,095.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 452,180.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 776,587.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,574,274.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 120,175.
	20	Total assets (Part X, line 16) 5,992,994.
	21	Total liabilities (Part X, line 26) 1,977,327.
	22	Net assets or fund balances. Subtract line 21 from line 20 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		Date		
	THOMAS GABRIEL, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	04/28/25		P00543209
Firm's name	Firm's name		Firm's EIN		
	PKF O'CONNOR DAVIES ADVISORY, LLC		33-1374517		
Firm's address	Firm's address		Phone no.		
	3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905		203-323-2400		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Form 990 (2023)

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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 ☒ No

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,964,294. including grants of \$ 6,964,294.) (Revenue \$ 0.)

AS FAMILIES AND INDIVIDUALS CONTINUED TO RECOVER FROM HIGH INFLATION,
INCREASED HOUSEHOLD DEBT, AND GROWING FINANCIAL INSECURITY, UNITED WAY
CONTINUED TO SUPPORT THE NEEDS OF THOUSANDS OF HOUSEHOLDS IN
WESTCHESTER AND PUTNAM. WE ADMINSTRATED \$6,964,294 IN GRANTS AND GOODS
IN THE 2023-24 FISCAL YEAR.

OUR GRANT MAKING EFFORTS DURING THE 23-24 FISCAL YEAR TOTALED \$446,641.
THROUGH THE CAPACITY BUILDING, COMMUNITY IMPACT, AND EMERGENCY FOOD AND
SHELTER GRANTS, WE SUPPORTED THE WORK OF 50 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 \$ 1,275,383. including grants of \$ 0.) (Revenue \$ 628,134.)

DURING THE 23-24 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 \$ 790,796. including grants of \$ 4,164.) (Revenue \$ 0.)

UWWP ADDED TWO SITES TO ITS EDUCATION UNITED AFTER-SCHOOL ACADEMIC AND
ENRICHMENT PROGRAM DURING THE 23-24 FISCAL YEAR. IN ADDITION TO OUR
EXISTING SITE AT BROOKSIDE ELEMENTARY SCHOOL IN OSSINING, THE PROGRAM
EXPANDED TO HIGHVIEW ELEMENTARY SCHOOL IN HARTSDALE AND W.L. MORSE
ELEMENTARY SCHOOL IN SLEEPY HOLLOW. THE PROGRAM WAS DESIGNED TO PROVIDE
ALL 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

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

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

4e Total program service expenses 9,030,473.

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Part IV Checklist of Required Schedules

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

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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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	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	1a	9
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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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.			
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>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, 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.			

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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 ☒ **X**

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	1a 30		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 30		
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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		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?	10a	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?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NY

18 Section 6104 requires an organization to make its Forms 1023 (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

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Form 990 (2023)

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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				180,676.	0.	40,340.
(2) RICHARD MOORE CHIEF FINANCIAL OFFICER	50.00			X				104,372.	0.	19,870.
(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, AUDIT & TREAS	2.00	X		X				0.	0.	0.
(9) ALEIDA M. FREDERICO, SECRETARY VICE CHAIR FOR PEOPLE, CULTURE, & CO	2.00	X		X				0.	0.	0.
(10) MICHELLE A. NICHOLAS VICE CHAIR FOR PEOPLE, CULTURE, & CO	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) ELLEN BLOOM DIRECTOR	2.00	X						0.	0.	0.
(16) JONATHON M. COCCHIOLA, CPA DIRECTOR	2.00	X						0.	0.	0.
(17) JOHN M. FLANNERY, 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) LEROY FRAZER, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(19) MEGAN M. HURLEY, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(20) KEVIN KUBICKI DIRECTOR	2.00	X						0.	0.	0.
(21) LESLIE LAMPERT DIRECTOR	2.00	X						0.	0.	0.
(22) SEAN D. MALONEY DIRECTOR	2.00	X						0.	0.	0.
(23) AMANDA MICHAEL, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(24) STEPHEN MORONEY DIRECTOR, THRU FEB 2024	2.00	X						0.	0.	0.
(25) NINA M. PATTON DIRECTOR	2.00	X						0.	0.	0.
(26) NINO PESCE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								285,048.	0.	60,210.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								285,048.	0.	60,210.

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 **2**

	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
LYFT INC. P.O. BOX 734714, CHICAGO, IL 60673	TRANSPORTATION ACCESS	171,867.
BOYS & GIRLS CLUB OF NEW ROCHELLE 79 SEVENTH STREET, NEW ROCHELLE, NY 10801	AFTER SCHOOL PROGRAM PROVIDERS	167,598.
NINA M. GOTTLIEB 12 MAPLE COURT, CORTLANDT MANOR, NY 10567	AFTER SCHOOL PROGRAM PROVIDERS	135,717.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Form 990

13-1997636

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LAURA C. PICONE DIRECTOR	2.00	X						0.	0.	0.
(28) MATTHEW SAIDMAN DIRECTOR	2.00	X						0.	0.	0.
(29) RAYMOND SANCHEZ DIRECTOR	2.00	X						0.	0.	0.
(30) SARA SERVADIO DIRECTOR	2.00	X						0.	0.	0.
(31) SILVANA TAPIA DIRECTOR, THRU FEB 2024	2.00	X						0.	0.	0.
(32) BERNARD THOMBS DIRECTOR	2.00	X						0.	0.	0.
(33) MARIA TRUSA DIRECTOR	2.00	X						0.	0.	0.
(34) BO ZHANG DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	300,729.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,600,098.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,626,026.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,763,339.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a 2-1-1 HELPLINE SERVICES	Business Code	900099	628,134.	628,134.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			628,134.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			65,208.		
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 (ii) Other				
b Less: cost or other basis and sales expenses		7b	183,956.				
c Gain or (loss)		7c	168,032.				
d Net gain or (loss)			15,924.				
8 a Gross income from fundraising events (not including \$ 300,729. of contributions reported on line 1c). See Part IV, line 18		8a	73,655.				
b Less: direct expenses		8b	145,982.				
c Net income or (loss) from fundraising events				-72,327.			-72,327.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			10,163,792.	628,134.	0.	8,805.

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,968,458.	6,968,458.		
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	350,206.	132,461.	159,383.	58,362.
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	1,429,057.	1,055,111.	132,258.	241,688.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,242.	68,011.	-1,162.	5,393.
9 Other employee benefits	278,973.	237,379.	14,984.	26,610.
10 Payroll taxes	179,043.	138,743.	19,309.	20,991.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,797.		45,797.	
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.)	121,430.	97,953.	16,839.	6,638.
12 Advertising and promotion	49,542.	8,376.		41,166.
13 Office expenses	159,641.	101,938.	45,143.	12,560.
14 Information technology	77,954.	65,733.	6,734.	5,487.
15 Royalties				
16 Occupancy	132,283.	69,376.	50,387.	12,520.
17 Travel	6,038.	3,252.	1,492.	1,294.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,636.	1,223.	6,413.	
20 Interest				
21 Payments to affiliates	22,971.	13,634.	3,446.	5,891.
22 Depreciation, depletion, and amortization	64,451.	39,911.	16,004.	8,536.
23 Insurance	39,912.	27,957.	6,911.	5,044.
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	4,879.	957.	3,922.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,010,513.	9,030,473.	527,860.	452,180.
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,
INC.**

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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	743,230.	1	932,586.
	2 Savings and temporary cash investments	425,106.	2	512,377.
	3 Pledges and grants receivable, net	1,645,557.	3	820,294.
	4 Accounts receivable, net	31,464.	4	6,000.
	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	17,065.	9	16,563.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,030,595.		
	b Less: accumulated depreciation	1,783,801.		
		297,416.	10c	246,794.
	11 Investments - publicly traded securities	2,479,382.	11	2,681,354.
	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	353,774.	15	387,578.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,992,994.	16	5,603,546.	
Liabilities	17 Accounts payable and accrued expenses	636,349.	17	299,117.
	18 Grants payable	345,379.	18	345,483.
	19 Deferred revenue	54,900.	19	20,200.
	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	937,292.	23	855,778.
	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	3,407.	25	3,407.
	26 Total liabilities. Add lines 17 through 25	1,977,327.	26	1,523,985.
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	1,683,233.	27	1,491,357.
	28 Net assets with donor restrictions	2,332,434.	28	2,588,204.
	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	4,015,667.	32	4,079,561.
	33 Total liabilities and net assets/fund balances	5,992,994.	33	5,603,546.

Form **990** (2023)

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,163,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,010,513.
3	Revenue less expenses. Subtract line 2 from line 1	3	153,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,015,667.
5	Net unrealized gains (losses) on investments	5	312,641.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-402,026.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,079,561.

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 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
13-1997636

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Schedule A (Form 990) 2023

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4000074.	12034981.	9431587.	9026693.	9526853.	44020188.
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	4000074.	12034981.	9431587.	9026693.	9526853.	44020188.
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)						14120771.
6 Public support. Subtract line 5 from line 4.						29899417.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4000074.	12034981.	9431587.	9026693.	9526853.	44020188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,450.	62,359.	57,383.	51,217.	65,208.	293,617.
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						44313805.
12 Gross receipts from related activities, etc. (see instructions)					12	3,901,036.
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	67.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	72.91 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022.** 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2023

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Schedule A (Form 990) 2023

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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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

Name of organization

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

Employer identification number

13-1997636**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,017,525.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,128,724.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>822,546.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>603,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>444,792.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>423,752.</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

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		\$ 202,203.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Employer identification number

13-1997636

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LINENS	\$ 3,017,525.	06/30/24
2	FOOD	\$ 1,128,724.	06/30/24
5	CLOTHING AND HOUSEHOLD GOODS	\$ 444,792.	06/30/24
6	BEDDING	\$ 423,752.	06/30/24
7	TOYS	\$ 202,203.	06/30/24
		\$	

Name of organization

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

Employer identification number

13-1997636**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

2023

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 on line 2a	2c
d Number of conservation easements included on line 2c 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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) 2023

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,088,342.	1,926,881.	2,630,597.	2,293,989.	2,270,773.
b Contributions	0.	16,203.	0.	56,398.	0.
c Net investment earnings, gains, and losses	442,530.	254,574.	-281,024.	592,086.	201,064.
d Grants or scholarships					
e Other expenditures for facilities and programs	259,083.	109,316.	422,692.	311,876.	177,848.
f Administrative expenses					
g End of year balance	2,271,789.	2,088,342.	1,926,881.	2,630,597.	2,293,989.

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

- a Board designated or quasi-endowment 31.5200 %
 b Permanent endowment 68.4800 %
 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:

- (i) Unrelated organizations? _____
 (ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,152,798.	1,101,339.	51,459.
c Leasehold improvements				
d Equipment		777,797.	682,462.	95,335.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				246,794.

Schedule D (Form 990) 2023

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Schedule D (Form 990) 2023

13-1997636 Page 3

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, line 12, col. (B))		

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, line 13, col. (B))		

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	343,053.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	44,525.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	387,578.

Part X Other Liabilities

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

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

Schedule D (Form 990) 2023

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	10,598,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	312,641.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	145,982.
e	Add lines 2a through 2d	2e	458,623.
3	Subtract line 2e from line 1	3	10,140,262.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	23,530.
c	Add lines 4a and 4b	4c	23,530.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,163,792.

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	10,132,965.
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	145,982.
e	Add lines 2a through 2d	2e	145,982.
3	Subtract line 2e from line 1	3	9,986,983.
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	23,530.
c	Add lines 4a and 4b	4c	23,530.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,010,513.

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 OR DISCLOSURE. UNITED WAY IS NO
LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR
YEARS PRIOR TO JUNE 30, 2021.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	145,982.
--	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS	4,164.
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COPIER LEASE ADJUSTMENT REPORTED ON PART IX, LINE 13	19,366.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	23,530.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	145,982.
--	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS	4,164.
---	--------

COPIER LEASE ADJUSTMENT REPORTED ON PART IX, LINE 13	19,366.
--	---------

TOTAL TO SCHEDULE D, PART XII, LINE 4B	23,530.
--	---------

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Employer identification number
13-1997636

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

13-1997636 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		IMAGINE GALA (event type)	DAY OF GOLF (event type)	1 (total number)	
Revenue	1 Gross receipts	214,350.	113,334.	46,700.	374,384.
	2 Less: Contributions	169,395.	90,154.	41,180.	300,729.
	3 Gross income (line 1 minus line 2)	44,955.	23,180.	5,520.	73,655.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,170.	6,870.	484.	8,524.
	6 Rent/facility costs	14,812.	32,412.	1,975.	49,199.
	7 Food and beverages	41,649.	2,150.	9,080.	52,879.
	8 Entertainment	7,427.	0.	2,400.	9,827.
	9 Other direct expenses	7,135.	14,864.	3,554.	25,553.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				145,982.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-72,327.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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332084 04-01-23

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

2023

**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 28 KAYSAL COURT, SUITE 1 ARMONK, NY 10504	47-5210636	501(C)(3)	0.	6,185.	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.	50,371.	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.	44,050.	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.	61,540.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BIG VIVS INC 173 HUGENOT STREET NEW ROCHELLE, NY 10801	87-1528714	501(C)(3)	0.	156,922.	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.	85,444.	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 **70.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Schedule I (Form 990)

13-1997636

Page 1

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
BREWSTER CENTRAL SCHOOLS 30 FARM TO MARKET ROAD BREWSTER, NY 10509	14-6001950	501(C)(3)	0.	16,009.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BUNDLES OF JOY NEW YORK, INC 28 LOCUST LANE BRONXVILLE, NY 10708	81-2005918	501(C)(3)	0.	31,440.	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.	17,959.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CARDINAL MCCLOSKEY COMMUNITY SERVICES - 115 E. STEVENS AVENUE, SUITE LL5 - VALHALLA, NY 10710	13-1740443	501(C)(3)	0.	66,700.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHILD CARE COUNCIL OF WESTCHESTER, INC. - 313 CENTRAL PARK AVENUE - SCARSDALE, NY 10583	13-3234987	501(C)(3)	0.	15,370.	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.	57,336.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COBRA PERFORMING ARTS, INC. 92 MAIN STREET (STOREFRONT) YONKERS, NY 10701	47-2083868	501(C)(3)	0.	40,050.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CORNELL COOPERATIVE EXTENSION ASSOCIATION - ONE GENEVA ROAD - BREWSTER, NY 10509	14-6036878	501(C)(3)	8,500.	0.			COMMUNITY IMPACT
DIVINE CHURCH OF GOD, INC. USA 11 REVEREND G. FRANKLIN WIGGINS PLA PEEKSKILL, NY 10566	26-3022222	501(C)(3)	0.	130,812.	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
FAMILY SERVICE SOCIETY OF YONKERS - FSSY - 30 SOUTH BROADWAY - YONKERS, NY 10701	13-1739956	501(C)(3)	0.	24,005.	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.	18,513.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FEEDING WESTCHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	13-3507988	501(C)(3)	0.	6,950.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FIRST TEE - METROPOLITAN NEW YORK 3545 JEROME AVENUE BRONX, NY 10467	31-1724122	501(C)(3)	0.	17,605.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FURNITURE SHAREHOUSE LOOP RD., WESTCHESTER COUNTY AIRPORT WHITE PLAINS, NY 10604	33-1137455	501(C)(3)	0.	40,378.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GET THE WORD OUT 2GATHER MINISTRIES, INC - 90 MANHATTAN AVENUE, APARTMENT 5B - WHITE PLAINS, NY 10603	84-3514375	501(C)(3)	0.	55,154.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GIVING FRIENDS, INC. 1434 CROSBY AVENUE BRONX, NY 10461	85-0609954	501(C)(3)	0.	7,300.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GIVING TREE GLOBAL INC. 65 ORCHARD AVENUE RYE, NY 10580	46-4633078	501(C)(3)	0.	37,889.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GOTOREY ALLSTARS 39 RATHBUN AVENUE WHITE PLAINS, NY 10606	85-1910819	501(C)(3)	0.	44,472.	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
GREATER HUDSON VALLEY NY CHAPTER OF THE LINKS, INC. - PO BOX 947 - WHITE PLAINS, NY 10602-0947	52-1170830	501(C)(3)	0.	66,817.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREENBURGH CENTRAL SCHOOL DISTRICT 475 WEST HARTSDALE AVENUE HARTSDALE, NY 10530	13-2615395	501(C)(3)	0.	40,071.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HEARTS AND HOMES FOR REFUGEES PO BOX 8558 PELHAM, NY 10803	81-3361872	501(C)(3)	12,500.	0.			COMMUNITY IMPACT
HOUSE OF REFUGE AP - HORAC MINISTRIES - 81 CROTON AVENUE - OSSINING, NY 10562	51-0445850	501(C)(3)	0.	25,048.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
INTERFAITH COUNCIL FOR ACTION 138 SPRING STREET OSSINING, NY 10562	13-6265613	501(C)(3)	0.	5,497.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
JCCA 1075 BROADWAY PLEASANTVILLE, NY 10570	13-1624060	501(C)(3)	0.	70,961.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
JEFFERSON ELEMENTARY SCHOOL 131 WEYMAN AVENUE NEW ROCHELLE, NY 10805	13-3542450	501(C)(3)	0.	36,989.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
KINGDOM BAPTIST CHURCH OF YONKERS 68 PALISADE AVENUE YONKERS, NY 10701	20-1906635	501(C)(3)	0.	45,150.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
MOUNT VERNON COMMUNITY ACTION GROUP - WESTCOP - 28 EAST FIRST STREET - MOUNT VERNON, NY 10550	13-2547122	501(C)(3)	0.	8,959.	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
MOUNT VERNON YOUTH BUREAU 1 ROOSEVELT SQUARE ROOM 308 MOUNT VERNON, NY 10550	90-0910967	501(C)(3)	0.	60,350.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEIGHBORS FOR REFUGEES INC. 12 COUNTRY CLUB DRIVE LARCHMONT, NY 10538	82-1778726	501(C)(3)	0.	17,290.	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.	119,735.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NEWFLEX YOUTH PGMS (NEW FLEXHOOPS INC.) - 250 S 6TH AVENUE - MOUNT VERNON, NY 10550	26-2736131	501(C)(3)	0.	35,050.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
NONPROFIT WESTCHESTER PO BOX 176 BRIARCLIFF MANOR, NY 10510	45-4222970	501(C)(3)	7,000.	0.			COMMUNITY IMPACT
OPEN DOOR FAMILY MEDICAL CENTER, INC - 165 MAIN STREET - OSSINING, NY 10562	13-2813103	501(C)(3)	0.	7,170.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING PADRES HISPANOS, INC. 109 CROTON AVENUE OSSINING, NY 10562	85-3834346	501(C)(3)	0.	519,941.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING UNION FREE SCHOOL DISTRICT - 400 EXECUTIVE BOULEVARD - OSSINING, NY 10562	13-6007160	501(C)(3)	0.	51,594.	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.	53,199.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

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PENNINGTON PTA 20 FAIRWAY STREET MOUNT VERNON, NY 10552	13-3030392	501(C)(3)	0.	5,347.	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.	26,843.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PROJECT MORRY ONE GATEWAY PLAZA, SUITE 1D PORT CHESTER, NY 10573	13-3851126	501(C)(3)	7,500.	0.			COMMUNITY IMPACT
PUBLIC SCHOOLS OF THE TARRYTOWNS 200 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	13-6007115	501(C)(3)	0.	158,229.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PUTNAM NORTHERN WESTCHESTER TOYS FOR TOTS - 24 JACKSON ROAD - MAHOPAC, NY 10541	20-3021444	501(C)(3)	0.	14,108.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
RAMAPOUGH MOUNTAIN INDIANS, INC. 159 COLUMBUS AVENUE VALHALLA, NY 10595	22-2226221	501(C)(3)	0.	48,419.	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.	35,776.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ST. JOHN THE EVANGELIST FOOD PANTRY - 221 E. LAKE BOULEVARD - MAHOPAC, NY 10541	14-1428475	501(C)(3)	0.	17,290.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TEENS UNDER CONSTRUCTION, INC. 65 COURT STREET SUITE 4 WHITE PLAINS, NY 10601	81-5232070	501(C)(3)	0.	57,290.	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
THE CHILDREN'S VILLAGE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	0.	55,580.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE MATTHEW WALLACE FOUNDATION 955 YONKERS AVENUE, SUITE 107 YONKERS, NY 10704	47-1235286	501(C)(3)	0.	30,425.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE NEW MILLENNIUM COMMUNITY DEVELOPMENT CORPORATION - 434 GARDEN AVENUE - MOUNT VERNON, NY 10553	81-2103049	501(C)(3)	0.	5,235.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE SALVATION ARMY OF GREATER NEW YORK - 120 W 14TH STREET - NEW YORK, NY 10011	13-5562351	501(C)(3)	0.	195,952.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE SHARING SHELF 47 PURDY AVENUE PORT CHESTER, NY 10573	84-4315667	501(C)(3)	0.	35,974.	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.	15,050.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
TRINITY UNITED METHODIST CHURCH 130 S. LEXINGTON AVENUE WHITE PLAINS, NY 10606	13-3236187	501(C)(3)	0.	96,075.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED WAY OF DUTCHESS-ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698	501(C)(3)	0.	10,000.	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.	30,000.	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
VOLUNTEER NEW YORK 220 WHITE PLAINS ROAD, 2ND FLOOR TARRYTOWN, NY 10591	13-6165593	501(C)(3)	7,500.	0.			COMMUNITY IMPACT
WE PROSPER FAMILY ORGANIZATION 465 TUCKAHOE ROAD, SUITE 1120 YONKERS, NY 10710	84-3108645	501(C)(3)	0.	48,388.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM INC - 121 MAIN STREET - BREWSTER, NY 10509	13-2547122	501(C)(3)	6,500.	0.			COMMUNITY IMPACT
WESTCHESTER JEWISH COMMUNITY SERVICES (WJCS) - 845 NORTH BROADWAY - NORTH WHITE PLAINS, NY 10801	13-1740071	501(C)(3)	0.	30,213.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER MEDICAL CENTER FOUNDATION INC - 100 WOODS ROAD - VALHALLA, NY 10595	13-4095845	501(C)(3)	0.	13,934.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLD VISION 310 TIFFANY STREET BRONX, NY 10474	95-1922279	501(C)(3)	0.	1,083,900.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLDWIDE VETERANS AND FAMILY SERVICES INC. - 2501 GRAND CONCOURSE 3RD FLOOR, ROOM 333 - BRONX, NY	81-0760602	501(C)(3)	0.	115,705.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YOUTH COMMUNITY OUTREACH PROGRAM (YCOP) - 227 EAST LINCOLN AVENUE - MOUNT VERNON, NY 10553	13-3665501	501(C)(3)	0.	33,356.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YOUTH SHELTER PROGRAM OF WESTCHESTER - 220 EAST 8TH STREET - MOUNT VERNON, NY 10550	13-2883065	501(C)(3)	0.	20,388.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

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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.

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

2023

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

Schedule J (Form 990) 2023

Part III	Supplemental Information
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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.

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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		104,580.	COST
5 Clothing and household goods	X		1,194,130.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	17,577.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	38,669	1,151,346.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>BEDDING</u>)	X	203	3,017,525.	COST
26 Other (<u>TOYS</u>)	X	12,664	215,095.	COST
27 Other (<u>SCHOOL SUPPLIES</u>)	X	1,454	31,185.	COST
28 Other (<u>DOOR DASH GIFTS</u>)	X	175	17,500.	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.		

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

Schedule M (Form 990) 2023

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:

PERSONAL HYGEINE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 154
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9501.
- (D) METHOD OF DETERMINING REVENUE: COST

TICKETS AND GIFT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 18
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4900.
- (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

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM,
INC.

Employer identification number
13-1997636

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

EDUCATION, FINANCIAL STABILITY, AND HEALTH INITIATIVES.

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

INFLATION.

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 NEED-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 \$6,517,653 WORTH OF GOODS, INCLUDING
FOOD, MEALS, BEDDING, CLOTHING, DIAPERS, HYGIENE PRODUCTS, BOOKS, AND
CHILDREN'S ACTIVITIES THROUGH 194 AGENCIES TO 114,915 HOUSEHOLDS DURING
THE 23-24 FISCAL YEAR. THE GOODS FROM THE ESSENTIAL GOODS PROGRAM ARE
EITHER DONATED BY OUR RETAIL PARTNERS OR ARE ACQUIRED BY UNITED WAY AT
BELOW MARKET PRICE.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

THROUGHOUT THE YEAR. TRAINED CALL SPECIALISTS ARE AVAILABLE 24/7, 365 DAYS A WEEK THROUGH 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 INFORM USA ACCREDITED AND CERTIFIED CALL CENTER, AND THE 211 HELPLINE MAINTAINS A RESOURCE DATABASE COMPRISED OF 3,360 AGENCIES AND 20,218 SERVICES. THIS DATABASE IS ORGANIZED ACCORDING TO THE INFORM USA DESIGNATED 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 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 695,759 INTERACTIONS DURING 23-24 FROM TWELVE COUNTIES IN NEW YORK STATE IN WHICH ALMOST 19,000 CALLS WERE TAX RELATED. 211 HUDSON VALLEY REGION AND 211 LONG ISLAND REGION WHICH RESULTED IN REFUNDS AND CREDITS OF OVER \$45 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

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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 PROVIDE CALL CENTER SERVICES IN SUPPORT OF THEIR 211 EFFORTS.

FUNDING SOURCES FOR 211 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:

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 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 23-24 SCHOOL YEAR, THE PROGRAM HAD 423 STUDENTS ENROLLED WITH 94% OR 397 STUDENTS ACCRUING 15+ HOURS OF ATTENDANCE. ADDITIONALLY, THOSE STUDENTS

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HAD A 69% INCREASE IN ATTENDANCE FROM 2023-2024 DITIONALLY, 92% OF STUDENTS WHO WERE PREVIOUSLY CHRONICALLY ABSENT WERE NO LONGER IN THE SITUATION IN 23-24. FINALLY, THE SCHOOLTEACHERS RECOGNIZED A 71% INCREASE IN CLASSROOM ENGAGEMENT AMONG THE EDUCATION UNITED PROGRAM STUDENTS FROM PRIOR TO THEIR PARTICIPATION IN THE PROGRAM. 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 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.

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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
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 2024.

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.

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THIS PROCESS WAS LAST UNDERTAKEN IN JANUARY OF 2025.

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.

FORM 990, PART XI, LINE 8:

THE PRIOR YEAR AMOUNTS INCLUDED IN THE FINANCIAL STATEMENTS HAVE BEEN RESTATED FOR THE FOLLOWING CHANGES:

1. IN THE YEAR ENDED JUNE 30, 2023, UNITED WAY RECOGNIZED A REIMBURSABLE GRANT TO PROVIDE FOOD TO SCHOOL CHILDREN TOTALING \$317,376. BASED ON THE TERMS OF THE CONTRACT AND THE ELIGIBLE SCHOOLS, MANAGEMENT HAS DETERMINED THAT THE TOTAL AMOUNT UNDER THIS GRANT WILL NOT BE EARNED. MANAGEMENT HAS REDUCED CAMPAIGN RESULTS AND CONTRIBUTIONS AND CONTRACTS RECEIVABLE BY THE REMAINING UNEARNED AMOUNT \$310,170 AS OF JUNE 30, 2023.

2. WHEN REVIEWING THE 211 GRANTS RECEIVABLE SCHEDULE PROVIDED BY UWWP, IT APPEARED THAT THERE WERE A NUMBER OF OLD OUTSTANDING RECEIVABLE BALANCES. UPON REVIEWING THE 211 GRANTS RECEIVABLE BALANCES, MANAGEMENT NOTED THAT OUTSTANDING BALANCES TOTALING \$168,856 HAD BEEN RECEIVED BUT NOT APPLIED AGAINST THE RECEIVABLE BALANCE. MANAGEMENT HAS INCREASED

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THE ESTIMATED UNCOLLECTIBLE RECEIVABLES EXPENSE BY \$91,856 WHICH IS NET
OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS OF \$77,000 AS OF JUNE 30, 2023.

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.