

CERINI & ASSOCIATES, LLP  
3340 VETERANS MEMORIAL HWY  
BOHEMIA, NY 11716

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



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CLIENT'S COPY

April 23, 2026

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

S T A T E M E N T

PREPARATION OF 2024 EXEMPT ORGANIZATION TAX RETURN(S).....

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2025

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**PREPARED FOR:**

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

---

**PREPARED BY:**

CERINI & ASSOCIATES, LLP  
3340 VETERANS MEMORIAL HWY  
BOHEMIA, NY 11716

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

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

NOT APPLICABLE

---

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

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2026.

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**UNITED WAY OF WESTCHESTER AND PUTNAM**

EIN or SSN

**13-1997636**

Name and title of officer or person subject to tax

**THOMAS GABRIEL  
PRESIDENT & CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>10,421,620.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **CERINI & ASSOCIATES, LLP** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**11371112345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 04/06/26

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

14280423 130600 UNWAY01

2024.05060 UNITED WAY OF WESTCHESTER UNWAY011

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF WESTCHESTER AND PUTNAM</b>	Taxpayer identification number (TIN) <b>13-1997636</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>336 CENTRAL PARK AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WHITE PLAINS, NY 10606-1502</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **RICHARD MOORE, CFO**  
**336 CENTRAL PARK AVE - WHITE PLAINS, NY 10606-1502**

Telephone No. **914-997-6700** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: UNITED WAY OF WESTCHESTER AND PUTNAM
D Employer identification number: 13-1997636
E Telephone number: 914-997-6700
G Gross receipts \$: 10,668,383.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website:
K Form of organization:
L Year of formation: 1962
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: THOMAS GABRIEL, PRESIDENT & CEO
Date:
Preparer's name: MATT BURKE
Preparer's signature:
Date: 04/06/26
Check if self-employed:
PTIN: P00760659
Firm's name: CERINI & ASSOCIATES, LLP
Firm's EIN: 11-3066459
Firm's address: 3340 VETERANS MEMORIAL HWY, BOHEMIA, NY 11716
Phone no.: 631-582-1600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF WESTCHESTER AND PUTNAM MOBILIZES STRATEGIC PARTNERSHIPS AND LEVERAGES RESOURCES TO CREATE A MORE EQUITABLE COMMUNITY BY ADVANCING EDUCATION, FINANCIAL STABILITY, AND HEALTH INITIATIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] 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 \$ 6,251,386. including grants of \$ ) (Revenue \$ ) THE UNITED WAY IS COMMITTED TO LIFTING-UP THE ALMOST 40% OF FAMILIES AND INDIVIDUALS LIVING IN POVERTY OR PAYCHECK TO PAYCHECK IN OUR COMMUNITY. ONE OF THE PRIMARY WAYS WE SUPPORT STRUGGLING FAMILIES TRYING TO MAKE ENDS-MEET IS BY MAKING FINANCIAL OR INKIND GRANTS TO LOCAL NONPROFIT PARTNERS. IN 2024-25, WE ADMINISTERED \$5,267,358 (TAKEN FROM AUDIT SCHEDULE OF COMMUNITY EXPENSES LINES: ESSENTIAL GOODS, COMMUNITY IMPACT GRANTS, CAPACITY BUILDING GRANT, EMERGENCY FOOD AND SHELTER AND LEVERAGED COMMUNITY IMPACT FOR ESSENTIAL GOODS) IN GRANTS AND GOODS. OUR GRANT MAKING EFFORTS DURING THE 2024-25 FISCAL YEAR TOTALED \$256,268 (TAKEN FROM AUDIT SCHEDULE OF COMMUNITY EXPENSES LINES: COMMUNITY IMPACT GRANTS, CAPACITY BUILDING GRANT, EMERGENCY FOOD AND SHELTER). THROUGH THE CAPACITY BUILDING, COMMUNITY IMPACT, AND

4b (Code: ) (Expenses \$ 2,447,809. including grants of \$ ) (Revenue \$ ) DURING THE 2024-25 FISCAL YEAR, UNITED WAY'S 211 HELPLINE (WHICH SERVES THE HUDSON VALLEY, LONG ISLAND, CAPITAL REGION, AND ADIRONDACKS) CONTINUED TO PLAY A VITAL ROLE CONNECTING FAMILIES AND INDIVIDUALS TO THE BASIC NEEDS PROGRAMS THAT CAN ASSIST THEM. UNITED WAY'S 211 HELPLINE AND ONLINE REFERRAL DATABASE OFFERS FREE INFORMATION, REFERRAL, ASSESSMENT, AND CRISIS SUPPORT TO HELP PEOPLE ACCESS THE HEALTH AND HUMAN SERVICES THEY NEED TO ADDRESS EVERYDAY CHALLENGES. UW'S 211 ALSO WORKS WITH LOCAL SOCIAL SERVICE DEPARTMENTS AND GOVERNMENT AGENCIES 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

4c (Code: ) (Expenses \$ 652,448. including grants of \$ ) (Revenue \$ ) UNITED WAY'S EDUCATION UNITED AFTER-SCHOOL ACADEMIC AND ENRICHMENT PROGRAM OPERATED IN THREE SCHOOLS ACROSS THREE SCHOOL DISTRICTS IN 2024-25 AND SERVED 533 FIRST-THIRD GRADE CHILDREN. THE PROGRAM TOOK PLACE AT BROOKSIDE ELEMENTARY SCHOOL IN OSSINING, HIGHVIEW ELEMENTARY SCHOOL IN GREENBURGH, AND MORSE ELEMENTARY SCHOOL IN TARRYTOWN. THIS FREE, INCLUSIVE PROGRAM WAS DESIGNED TO PROVIDE CHILDREN WITH A SAFE AND SUPPORTIVE ENVIRONMENT TO LEARN, GROW, AND HAVE FUN AFTER SCHOOL HOURS. THE 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

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

4e Total program service expenses 9,351,643.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organization reporting, compensation, tax-exempt bonds, and excess benefit transactions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 32; 1b Enter the number of voting members included on line 1a... 32; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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? X

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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RICHARD MOORE, CFO - 914-997-6700
336 CENTRAL PARK AVE, WHITE PLAINS, NY 10606-1502

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS GABRIEL PRESIDENT/CEO	55.00			X			178,589.	0.	35,696.	
(2) RICHARD MOORE CFO	50.00			X			108,780.	0.	21,743.	
(3) ALEIDA M. FREDERICO CHAIR OF THE BOARD	6.00	X		X			0.	0.	0.	
(4) WALTER HOSP VICE CHAIR OF FINANCE, AUDIT & TREAS	2.00	X		X			0.	0.	0.	
(5) LEROY FRAZER, ESQ. SECRETARY	2.00	X		X			0.	0.	0.	
(6) MICHELLE A. NICHOLAS VICE CHAIR FOR PEOPLE, CULTURE & COM	2.00	X		X			0.	0.	0.	
(7) NAJLA T. HUSSEINI VICE CHAIR OF COMMUNITY IMPACT & COM	2.00	X		X			0.	0.	0.	
(8) JOSHUA KIMERLING, ESQ. VICE CHAIR OF COMMUNITY IMPACT & COM	2.00	X		X			0.	0.	0.	
(9) BERNADETTE SCHOPFER, CPA VICE CHAIR OF RESOURCE DEVELOPMENT	2.00	X		X			0.	0.	0.	
(10) MARJ CIUCCI, CLTTC VICE CHAIR OF ADMINISTRATION	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) WILLIAM MOONEY III, ESQ. VICE CHAIR FOR STRATEGIC INITIATIVES	2.00	X		X			0.	0.	0.	
(14) VINAY DHEER BOARD MEMBER	2.00	X					0.	0.	0.	
(15) MARC P. BAIOTTO BOARD MEMBER	2.00	X					0.	0.	0.	
(16) ELLEN BLOOM BOARD MEMBER	2.00	X					0.	0.	0.	
(17) JONATHON M. COCCHIOLA, CPA BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) CHARLENE DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(19) JOHN M. FLANNERY, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(20) JUSTIN V. MANEEN BOARD MEMBER	2.00	X						0.	0.	0.
(21) MEGAN M. HURLEY, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(22) KEVIN KUBICKI BOARD MEMBER	2.00	X						0.	0.	0.
(23) LESLIE LAMPERT BOARD MEMBER	2.00	X						0.	0.	0.
(24) SEAN D. MALONEY BOARD MEMBER	2.00	X						0.	0.	0.
(25) AMANDA MICHAEL, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(26) NINA M. PATTON BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								287,369.	0.	57,439.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								287,369.	0.	57,439.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	429,893.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,791,799.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,940,249.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,694,855.				
	<b>h Total.</b> Add lines 1a-1f .....		10,161,941.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		61,942.			61,942.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	296,516.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	101,732.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	194,784.				
	<b>d</b> Net gain or (loss) .....		194,784.			194,784.	
<b>8 a</b> Gross income from fundraising events (not including \$ 429,893. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		145,031.				
			145,031.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	2,953.	2,953.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			2,953.			
<b>12 Total revenue.</b> See instructions .....			10,421,620.	2,953.	0.	256,726.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,795,756.	4,795,756.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	295,475.	147,398.	96,427.	51,650.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,434,849.	2,363,774.		71,075.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,281.	92,469.	4,317.	5,495.
<b>9</b> Other employee benefits .....	479,869.	433,834.	20,256.	25,779.
<b>10</b> Payroll taxes .....	223,450.	202,014.	9,432.	12,004.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	468,603.	383,677.	74,752.	10,174.
<b>12</b> Advertising and promotion .....	96,217.	20,458.	11,229.	64,530.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	129,386.	93,158.	16,820.	19,408.
<b>17</b> Travel .....	18,468.	15,384.	2,313.	771.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,030.		2,030.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	35,012.	18,584.	10,714.	5,714.
<b>23</b> Insurance .....	3,585.		3,585.	
<b>24</b> 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.)				
<b>a GRANTS AND OTHER SUPPOR</b>	602,995.	593,454.	3,471.	6,070.
<b>b OFFICER AND COMPUTER SU</b>	198,790.	154,850.	21,284.	22,656.
<b>c MISCELLANEOUS</b>	66,636.	8,920.	57,716.	0.
<b>d OTHER INCOME AND EXPENS</b>	29,571.	0.	29,571.	0.
<b>e</b> All other expenses _____	49,702.	27,913.	21,789.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	10,032,675.	9,351,643.	385,706.	295,326.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	932,586.	<b>1</b>	1,350,072.
	<b>2</b> Savings and temporary cash investments .....	512,377.	<b>2</b>	39,316.
	<b>3</b> Pledges and grants receivable, net .....	820,294.	<b>3</b>	86,041.
	<b>4</b> Accounts receivable, net .....	6,000.	<b>4</b>	892,537.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	75,430.
	<b>9</b> Prepaid expenses and deferred charges .....	16,563.	<b>9</b>	26,274.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,030,627.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,818,813.		
	<b>11</b> Investments - publicly traded securities .....	246,794.	<b>10c</b>	211,814.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,681,354.	<b>11</b>	2,729,716.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	387,578.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,603,546.	<b>15</b>	431,125.	
		<b>16</b>	5,842,325.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	299,117.	<b>17</b>	239,295.
	<b>18</b> Grants payable .....	345,483.	<b>18</b>	
	<b>19</b> Deferred revenue .....	20,200.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	855,778.	<b>23</b>	770,902.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,407.	<b>25</b>	117,644.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,523,985.	<b>26</b>	1,127,841.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,491,357.	<b>27</b>	1,840,117.
	<b>28</b> Net assets with donor restrictions .....	2,588,204.	<b>28</b>	2,874,367.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,079,561.	<b>32</b>	4,714,484.
	<b>33</b> Total liabilities and net assets/fund balances .....	5,603,546.	<b>33</b>	5,842,325.

**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	10,421,620.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,032,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	388,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,079,561.
5	Net unrealized gains (losses) on investments	5	69,647.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	176,331.
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	4,714,484.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  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? .....  
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? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12034981.	9431587.	9026693.	9526853.	10161941.	50182055.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12034981.	9431587.	9026693.	9526853.	10161941.	50182055.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						50182055.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	12034981.	9431587.	9026693.	9526853.	10161941.	50182055.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,359.	57,383.	51,217.	65,208.	261,468.	497,635.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						50679690.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	99.02	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	67.47	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM

Employer identification number

13-1997636

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES  52 WASHINGTON STREET  RENSSELAER, NY 12144-2834	\$ 1,299,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF EDUCATION  89 WASHINGTON AVENUE, ROOM 503W-EB  ALBANY, NY 12234	\$ 1,099,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROOKLINEN  10 JAY STREET  BROOKLYN, NY 11201	\$ 2,317,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	FEEDING WESTCHESTER  200 CLEARBROOK ROAD  ELMSFORD, NY 10523	\$ 1,044,675.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	WORLD OF GIVING  7 IVY LANE  SPRING VALLEY, NY 10977	\$ 407,269.	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.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	HOUSEHOLD ITEMS _____ _____ _____	\$ <u>2,317,700.</u>	_____
4	FOOD _____ _____ _____	\$ <u>1,044,675.</u>	_____
5	HOUSEHOLD ITEMS _____ _____ _____	\$ <u>407,269.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM

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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	2,271,790.	2,088,342.	1,926,881.	2,630,597.	2,293,989.
<b>b</b> Contributions .....	0.	0.	16,203.	0.	56,398.
<b>c</b> Net investment earnings, gains, and losses .....	325,575.	442,530.	254,574.	-281,024.	592,086.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	373,278.	259,083.	109,316.	422,692.	311,876.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2,224,087.	2,271,790.	2,088,342.	1,926,881.	2,630,597.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 24.0000 %
- b** Permanent endowment 76.0000 %
- c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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
<b>1a</b> Land .....		100,000.		100,000.
<b>b</b> Buildings .....		412,789.	405,014.	7,775.
<b>c</b> Leasehold improvements .....		742,534.	707,755.	34,779.
<b>d</b> Equipment .....		752,087.	682,827.	69,260.
<b>e</b> Other .....		23,217.	23,217.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				211,814.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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) OTHER ASSETS	69,641.
(2) BENEFICIAL INTEREST IN TRUST	361,484.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	431,125.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	117,644.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	117,644.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,491,267.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	69,647.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	69,647.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	10,421,620.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,421,620.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,032,675.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	10,032,675.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,032,675.

**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 X, LINE 2:**

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	COUNTY GOLF OUTING EVENT	2	
Revenue		(event type)	(event type)	(total number)	
Revenue	1	287,233.	133,096.	154,595.	574,924.
	2	212,441.	80,411.	137,041.	429,893.
	3	74,792.	52,685.	17,554.	145,031.
Direct Expenses	4				
	5				
	6	32,070.	47,891.		79,961.
	7	23,530.	590.		24,120.
	8				
	9	19,192.	4,204.	17,554.	40,950.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF WESTCHESTER AND PUTNAM** 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.	11,800.	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.	21,693.	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.	65,150.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BIGVIVS INC 173 HUGENOT ST NEW ROCHELLE, NY 10801	87-1528714	501(C)3	0.	54,868.	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.	33,155.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
BOYS & GIRLS CLUB OF MOUNT VERNON NY, INC. - 350 SOUTH 6TH AVENUE - MOUNT VERNON, NY 10550	13-1739925	501(C)3	0.	13,900.	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 \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) (Rev. 12-2024)

**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.	8,426.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CAMP CHICKADEE (WPRP) 85 GEDNEY WAY WHITE PLAINS, NY 10601	13-6007339	501(C)3	0.	8,127.	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.	8,363.	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.	160,300.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CHILDREN'S VILLAGE, THE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)3	0.	50,674.	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.	49,391.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
CITY SCHOOL DISTRICT OF NEW ROCHELLE - 515 NORTH AVE - NEW ROCHELLE, NY 10801	13-6007142	501(C)3	0.	64,434.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
COACHMAN FAMILY CENTER .WESTHAB. 123 EAST POST ROAD WHITE PLAINS, NY 10601	06-1064281	501(C)3	0.	15,050.	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.	30,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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
COMMUNITY OUTREACH OF NEWBURGH P.O. BOX 1792 NEWBURGH, NY 12551	13-1991946	501(C)3	0.	35,152.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
DARE TO BE DIFFERENT WESTCHESTER INC - 106 POCANTICO ST - SLEEPY HOLLOW, NY 10591	92-2728437	501(C)3	0.	222,750.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
DIVINE CHURCH OF GOD, INC. USA 11 REVEREND G. FRANKLIN WIGGINS PLZ PEEKSKILL, NY 10566	26-3022222	501(C)3	0.	134,999.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FAMILY SERVICE SOCIETY OF YONKERS - FSSY - 30 SOUTH BROADWAY - YONKERS, NY 10701	13-1739956	501(C)3	0.	492,695.	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.	48,340.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FEEDING THE SOUND CORP 669 MAIN STREET NEW ROCHELLE, NY 10801	99-3805766	501(C)3	0.	120,400.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
FEEDING WESTCHESTER (EGBN) 200 CLEARBROOK RD ELMSFORD, NY 10523	13-3507988	501(C)3	0.	5,879.	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.	15,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GET THE WORD OUT 2GATHER MINISTRIES, INC - 90 MANHATTAN AVE, APT 5B - WHITE PLAINS, NY 10603	84-3514375	501(C)3	0.	83,552.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CENTENNIAL A.M.E. ZION CHURCH - 114 WEST 4TH STREET - MOUNT VERNON, NY 10550	13-1915126	501(C)3	0.	13,069.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREATER HUDSON VALLEY NY CHAPTER OF THE LINKS, INCORPORATED - PO BOX 947 - WHITE PLAINS, NY 10602-0947	52-1170830	501(C)3	0.	19,940.	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.	5,884.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
GREENBURGH-ELMSFORD C.A.P. - WESTCOP - 32 MANHATTAN AVENUE - WHITE PLAINS, NY 10607	13-2547122	501(C)3	0.	7,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HEARTS & HOMES FOR REFUGEES P.O. BOX 8558 PELHAM, NY 10803	81-3361872	501(C)3	0.	7,800.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HELPING HANDS FOR THE HOMELESS & HUNGRY, INC - PO BOX 982 - RYE, NY 10580	13-3421720	501(C)3	0.	8,400.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOPE COMMUNITY SERVICES 50 WASHINGTON AVE NEW ROCHELLE, NY 10801	13-3477015	501(C)3	0.	7,800.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
HOPE'S DOOR 50 BROADWAY PO BOX 262 HAWTHORNE, NY 10532	13-3023259	501(C)3	0.	15,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
JEFFERSON ELEMENTARY SCHOOL 131 WEYMAN AVE. NEW ROCHELLE, NY 10805	13-3542450	501(C)3	0.	6,674.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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 COMMUNITY ACTION GROUP - WESTCOP - 28 EAST FIRST STREET - MOUNT VERNON, NY 10550	13-2547122	501(C)3	0.	5,231.	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.	137,600.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OPEN DOOR FAMILY MEDICAL CENTER, INC - 165 MAIN STREET - OSSINING, NY 10562	13-2813103	501(C)3	0.	7,105.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING PADRES HISPANOS, INC. 109 CROTON AVE OSSINING, NY 10562	85-3834346	501(C)3	0.	193,472.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
OSSINING UNION FREE SCHOOL DISTRICT - 400 EXECUTIVE BLVD - OSSINING, NY 10562	13-6007160	501(C)3	0.	64,696.	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.	12,009.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PORT CHESTER CARVERCENTER 400 WESTCHESTER AVENUE, POBOX 429 PORT CHESTER, NY 10573	13-1832949	501(C)3	0.	44,852.	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.	34,482.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
PRESERVATION COMPANY, INC. , THE 1037 MAIN STREET PEEKSKILL, NY 10566	13-3352053	501(C)3	0.	30,100.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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
PUBLIC SCHOOLS OF THE TARRYTOWNS 200 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	13-6007115	501(C)3	0.	71,032.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
ROCKLAND COMMUNITY ACTION PROGRAM (WESTCOP) - 94 NORTH MAIN STREET - SPRING VALLEY, NY 10977	13-2547122	501(C)3	0.	20,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SHARING SHELF, THE 47 PURDY AVE PORT CHESTER, NY 10573	84-4315667	501(C)3	0.	6,352.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
SUBOMI'S CHILDREN CORPORATION 38 DOUGLAS AVENUE, 2ND FLOOR YONKERS, NY 10703	93-4382644	501(C)3	0.	32,623.	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.	106,180.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
THE L.I.V.E. CHURCH 237 SOUTH 6TH AVE MOUNT VERNON, NY 10553	82-1270730	501(C)3	0.	15,427.	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.	30,410.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED WAY OF THE DUTCHESS-ORANGE REGION - 75 MARKET ST - POUGHKEEPSIE, NY 12601	06-1045698	501(C)3	0.	20,255.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
UNITED WAY OF WESTCHESTER AND PUTNAM - 336 CENTRAL PARK AVENUE - WHITE PLAINS, NY 10606	13-1997636	501(C)3	0.	1,196,174.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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
URBAN LEAGUE OF WESTCHESTER COUNTY, INC. - 61 MITCHELL PLACE - WHITE PLAINS, NY 10601	13-1740054	501(C)3	0.	10,000.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WALLACE FOUNDATION, THE MATTHEW 955 YONKERS AVE SUITE 107 YONKERS, NY 10704	47-1235286	501(C)3	0.	68,071.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WE PROSPER FAMILY ORGANIZATION 465 TUCKAHOE RD #1120 YONKERS, NY 10710	84-3108645	501(C)3	0.	13,839.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER COMMUNITY HEALTH CENTER - 107 WEST 4TH STREET - MOUNT VERNON, NY 10550	13-3315508	501(C)3	0.	31,250.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM (WESTCOP) - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523-3833	13-2547122	501(C)3	0.	11,674.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WESTCHESTER PARKS FOUNDATION INC - CAMP MORTY - 104 SMITH AVE - MOUNT KISCO, NY 10549	13-2937499	501(C)3	0.	129,136.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WJCS 845 NORTH BROADWAY NORTH WHITE PLAINS, NY 10801	13-1740071	501(C)3	0.	30,950.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
WORLD VISION 310 TIFFANY STREET BRONX, NY 10474	95-1922279	501(C)3	0.	436,450.	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.	22,692.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

Schedule I (Form 990)

**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
YMCA OF CENTRAL & NORTHERN WESTCHESTER - 148 HAMILTON AVENUE - WHITE PLAINS, NY 10601	13-1740518	501(C)3	0.	6,221.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT
YONKERS COMMUNITY ACTION PROGRAM, INC. - 20 S. BROADWAY - YONKERS, NY 10701	13-2579051	501(C)3	0.	6,603.	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.	18,227.	DONATED VALUE	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC.	COMMUNITY IMPACT

**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

**Part IV** Supplemental Information

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.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>UNITED WAY OF WESTCHESTER AND PUTNAM</b>	Employer identification number <b>13-1997636</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS GABRIEL PRESIDENT/CEO	(i)	168,589.	10,000.	0.	17,175.	18,521.	214,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM

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		31,170.	COST
5 Clothing and household goods	X		3,611,852.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	34,852	1,051,834.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported on 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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

**SCHEDULE M, PART I, LINE 32B:**

THE ORGANIZATION RECEIVES DONATED GOODS THROUGH GOODS360, A THIRD-PARTY NONPROFIT THAT FACILITATES THE SOLICITATION, PROCESSING, AND DISTRIBUTION OF INKIND CONTRIBUTIONS FROM CORPORATE DONORS. GOODS RECEIVED ARE RECORDED AS NONCASH CONTRIBUTIONS AT ESTIMATED FAIR VALUE AND DISTRIBUTED IN ACCORDANCE WITH PROGRAMMATIC PURPOSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM

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:

EMERGENCY FOOD AND SHELTER GRANTS, WE SUPPORTED THE WORK OF 40  
NONPROFIT ORGANIZATIONS IN WESTCHESTER AND PUTNAM THAT COLLECTIVELY  
HELPED TENS OF THOUSANDS OF INDIVIDUALS AND FAMILIES WHO WERE  
STRUGGLING TO SURVIVE. THE EMERGENCY FOOD AND SHELTER PROGRAM IN  
WESTCHESTER AND PUTNAM IS PART OF THE FEDERALLY FUNDED PROGRAM THAT IS  
MANAGED BY UNITED WAY WORLDWIDE. A LOCAL EMERGENCY FOOD AND SHELTER  
BOARD FOR EACH COUNTY, INVOLVING REPRESENTATIVES OF THE NINE  
ORGANIZATIONS, INCLUDING LOCAL UNITED WAYS AND OTHER PUBLIC AND  
COMMUNITY LEADERS, ALLOCATE FUNDS FROM THE TOTAL COUNTY-WIDE ALLOCATION  
-- BASED ON SEVERAL NEEDS-ORIENTED FACTORS INCLUDING EQUITY TO  
MARGINALIZED POPULATIONS -- TO LOCAL 501(C)(3) AGENCIES REQUESTING  
EMERGENCY FUNDS TO EXPAND THEIR CAPACITY TO SERVE THE NEWLY HUNGRY AND  
HOMELESS. THE CAPACITY BUILDING AND COMMUNITY IMPACT GRANTS WERE FUNDED  
BY MONIES RAISED BY UWWP AND THE ALLOCATIONS WERE DETERMINED BY ITS  
VOLUNTEER IMPACT COMMITTEE. UWWP'S ESSENTIAL GOODS FOR BASIC NEEDS  
PROGRAM DISTRIBUTED \$4,795,756 WORTH OF GOODS (TAKEN FROM AUDIT  
SCHEDULE OF COMMUNITY EXPENSES LINES: ESSENTIAL GOODS), INCLUDING FOOD,  
BEDDING, CLOTHING, DIAPERS, HYGIENE PRODUCTS, BOOKS, TOYS, AND  
CHILDREN'S ACTIVITIES THROUGH 194 AGENCIES TO 109,325 HOUSEHOLDS DURING  
THE 2024-25 FISCAL YEAR. THE GOODS (ALMOST ALL BRAND NEW) FROM THE  
ESSENTIAL GOODS PROGRAM ARE EITHER DONATED FROM OUR RETAIL OR WHOLESALE  
PARTNERS OR THROUGH COMMUNITY DRIVES ORGANIZED BY VOLUNTEERS.

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

ARE UPDATED THROUGHOUT THE YEAR. TRAINED CALL SPECIALISTS ARE AVAILABLE  
24/7, 365 DAYS A WEEK THROUGH THE UW'S 211 AND CAN ASSIST CALLERS IN  
200+ LANGUAGES (THROUGH TRANSPERFECT) AS WELL AS THE HEARING-IMPAIRED.  
UNITED WAY'S 211 HELPLINE IS AN INFORMUSA-ACCREDITED CALL CENTER WHICH  
ENSURES THAT THE RESOURCE DATABASE USED TO REFER CALLERS TO PROGRAMS  
AND SERVICES IS ORGANIZED ACCORDING TO THE NATIONALLY-STANDARDIZED  
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 OR  
PROVIDE INFORMATION DURING TIMES OF A DISASTER (LIKE A HURRICANE OR  
DURING THE COVID-19 PANDEMIC). THE CALL CENTER, RUN BY UNITED WAY AND  
LOCATED IN WHITE PLAINS, NY, MANAGED OVER 727,000 INTERACTIONS (ACROSS  
CALL, TEXT, EMAIL AND WEB SEARCH OPTIONS) DURING 2025 FROM TWELVE  
COUNTIES IN NEW YORK STATE IN WHICH OVER 19,623 CALLS WERE TAX RELATED  
WHICH RESULTED IN REFUNDS AND CREDITS OF OVER \$26 MILLION (FROM LINI'S  
MOST RECENT REPORT AND CHARMAINE'S 211 ENEWS). 211 OPERATES AS PROGRAMS  
OF THE UNITED WAY AND IS UNDERWRITTEN BY LOCAL UNITED WAYS, GOVERNMENT  
AGENCIES, AND CORPORATE FOUNDATIONS. UNITED WAY RUNS THE 211 HELPLINE  
FOR THE HUDSON VALLEY REGION, WHICH INCLUDES DUTCHESS, ORANGE, PUTNAM,

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
UNITED WAY OF WESTCHESTER AND PUTNAM	13-1997636
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 CONTRACTS WITH THE UNITED WAY'S IN THE CAPITAL REGION AND ADIRONDACK REGION TO PROVIDE CALL CENTER SERVICES IN SUPPORT OF THEIR 211 EFFORTS.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 LYFT TRANSPORTATION, WORK READINESS AND CAREER AWARENESS, AND ACCESS TO UNITED WAY'S ESSENTIAL GOODS AND 211 PROGRAM. 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 A 21ST CENTURY COMMUNITY LEARNING CENTERS GRANT AS WELL AS A LEAPS GRANT, BOTH FROM NEW YORK STATE, AS WELL AS OTHER FUNDING SOURCES. UNITED WAY ESTIMATES THAT THE FAMILIES WITH CHILDREN ENROLLED IN THIS FREE AFTERSCHOOL PROGRAM RECEIVE AN ECONOMIC BENEFIT OF MORE THAN \$9.1 MILLION (FROM OUR ESTIMATE OF LEVERAGED IMPACT BEING PRESENTED TO THE BOARD TOMORROW) FROM NOT PAYING TUITION AS WELL AS HAVING THE ABILITY TO WORK AN ADDITIONAL 12 HOURS A WEEK WHILE THEIR CHILD IS ENROLLED IN 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 2024-25 SCHOOL YEAR, THE PROGRAM HAD 616 STUDENTS PARTICIPATE WITH 533 ATTENDING REGULARLY. ON AVERAGE, STUDENTS WHO REGULARLY PARTICIPATED SAW AN INCREASE IN THEIR READING AND MATH SCORES OF 93% AND 96% RESPECTIVELY. 67% OF STUDENTS THAT WERE CHRONICALLY ABSENT INCREASED THEIR SCHOOL ATTENDANCE IN 2024-25. SCHOOL TEACHERS RECOGNIZED AN 80% INCREASE IN CLASSROOM ENGAGEMENT AND ACADEMIC IMPROVEMENT AMONGST THE STUDENTS ENROLLED IN OUR EDUCATION UNITED PROGRAM. AND 96% OF PARENTS SURVEYED WOULD RECOMMEND THE EDUCATION UNITED PROGRAM TO OTHERS.

FORM 990, PART VI, SECTION B, LINE 11B:  
 THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE ORGANIZATION'S OFFICERS (CEO, CFO, CIO, CDO, AND CRO), FINANCE COMMITTEE, AND FULL BOARD OF DIRECTORS EACH REVIEW THE FORM 990. A REVIEW OF THE FORM 990 IS DONE IN A FINANCE COMMITTEE MEETING TO PROVIDE THE OPPORTUNITY FOR QUESTIONS AND COMMENTS. A COMPLETE COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING, AND IT IS APPROVED FOR FILING VIA A BOARD VOTE.

FORM 990, PART VI, SECTION B, LINE 12C:  
 THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES. ALL DIRECTORS, OFFICERS, AND KEY PERSONS ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH IS DELIVERED TO THE PRESIDENT AND CEO. ALL DISCLOSURES ARE BROUGHT BEFORE THE BOARD OF DIRECTORS OR AUTHORIZED COMMITTEE. ANY INDIVIDUAL WITH A POTENTIAL CONFLICT MUST WITHDRAW FROM THE MEETING DURING THE DISCUSSION, AND VOTE ON THE MATTER. THE BOARD OR AUTHORIZED COMMITTEE IS RESPONSIBLE FOR DETERMINING IF A CONFLICT OF INTERET EXISTS AND FOR MAKING THE DECISION AS TO WHETHER TO APPROVE THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:  
 THE PROCESS IN PLACE FOR EVALUATING THE COMPENSATION PACKAGE OF THE

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

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. 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/ABOUTUS/FINANCIALINFO/. THE BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE ORGANIZATION'S OFFICE FOR PUBLIC INSPECTION.