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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED WAY OF WESTCHESTER AND PUTNAM INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
336 CENTRAL PARK AVE
City or town, state or province, country, and ZIP or foreign postal code
WHITE PLAINS, NY 106061502

F Name and address of principal officer:
THOMAS GABRIEL
336 CENTRAL PARK AVE
WHITE PLAINS, NY 106061502

D Employer identification number
13-1997636

E Telephone number
(914) 997-6700

G Gross receipts \$ 5,352,949

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWWP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1962

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
AN ANTI-POVERTY ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF OUR NEIGHBORS IN POVERTY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 23

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 33

6 Total number of volunteers (estimate if necessary) 6 1,218

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 6,560,965

9 Program service revenue (Part VIII, line 2g) 9 1,235,330

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 133,845

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -76,841

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,853,299

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 4,476,764

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 2,403,123

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶273,992

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 910,669

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 7,790,556

19 Revenue less expenses. Subtract line 18 from line 12 19 62,743

Expenses

20 Total assets (Part X, line 16) 20 5,254,808

21 Total liabilities (Part X, line 26) 21 2,016,805

22 Net assets or fund balances. Subtract line 21 from line 20 22 3,238,003

Net Assets or Fund Balances

Beginning of Current Year End of Year

5,254,808 4,984,894

2,016,805 2,282,340

3,238,003 2,702,554

Part II Signature Block

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

Sign Here

Signature of officer
THOMAS GABRIEL PRESIDENT & CEO
Type or print name and title

2021-04-16
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-04-16

Check ☐ if self-employed PTIN P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP Firm's EIN ▶ 27-1728945

Firm's address ▶ 3001 SUMMER STREET 5TH FLOOR EAST Phone no. (203) 323-2400
STAMFORD, CT 06905

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

UNITED WAY OF WESTCHESTER AND PUTNAM IS AN ANTI-POVERTY ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF 40% OF OUR NEIGHBORS WHO LIVE IN POVERTY OR PAYCHECK TO PAYCHECK, BY PROVIDING STRATEGIC RESOURCES AND TOOLS TO HELP STRUGGLING RESIDENTS LEAD A BETTER, MORE STABLE LIFE.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,034,276 including grants of \$ 2,034,276) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,277,637 including grants of \$) (Revenue \$ 1,093,345)
See Additional Data

4c (Code:) (Expenses \$ 939,991 including grants of \$ 421,229) (Revenue \$)
See Additional Data

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


















IN 2019-2020, 1,218 VOLUNTEERS PROVIDED OVER 5,000 HOURS TO FURTHER OUR WORK. UWWP HAS BEEN MEETING THE BASIC HUMAN NEEDS OF INDIVIDUALS, FAMILIES AND THE COMMUNITY AT LARGE FOR 58 YEARS. UWWP RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO HELP US IN OUR MISSION. WE DEVELOP INITIATIVES IN SUPPORT OF POSITIVE EDUCATION, INCOME AND HEALTH OUTCOMES AND HELP NONPROFIT AGENCIES OPERATE MORE EFFECTIVELY. EDUCATION: UNITED2READ: IN 2019-20 UNITED WAY OF WESTCHESTER AND PUTNAM COLLECTED AND DISTRIBUTED NEARLY 12,000 BOOKS ACROSS OUR REGION TO MORE THAN 3,000 UNDERPRIVILEGED CHILDREN, FROM BIRTH TO AGE FIVE. THIS IS PART OF OUR EARLY LITERACY PROGRAM CALLED UNITED2READ, WHICH PROVIDES BOOKS AND READING KITS TO FAMILIES SO PARENTS CAN DO STIMULATING LEARNING ACTIVITIES WITH THEIR CHILDREN. A21: UNITED WAY OF WESTCHESTER AND PUTNAM PROMOTES SCHOOL DISTRICTS TO UTILIZE THE PROFESSIONAL SUPPORT SYSTEM THAT HELPS TEACHERS DETERMINE THE TYPE OF LEARNING AND NUMBER OF MINUTES EACH STUDENT NEEDS TO ACHIEVE ACADEMIC SUCCESS IN LITERACY. NINETY FOUR PERCENT (94%) OF STUDENTS WHO USE A21 ARE ABLE TO READ AT OR ABOVE GRADE LEVEL BY THE END OF 3RD GRADE. THERE WERE 1138 STUDENTS FROM PEEKSKILL AND ELMSFORD BENEFITING FROM A21. INTERNSHIPS: UNITED WAY HAS PROVIDED REAL WORLD EXPERIENCE FOR COLLEGE STUDENT WHO ARE INTERESTED IN NONPROFIT MANAGEMENT, COMMUNICATIONS, MARKETING, SOCIAL WORK, DATA ANALYSIS AND FINANCE THROUGH INTERNSHIPS WITH SEVERAL LOCAL COLLEGES. SCHOLARSHIPS: UWWP IS PROUD TO WORK WITH THE WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES AND THE URBAN LEAGUE OF WESTCHESTER TO OFFER THE RUTH TAYLOR SCHOLARSHIP AWARDS TO ASPIRING PUBLIC SERVICE PROFESSIONALS. SCHOLARSHIPS ARE AWARDED FOR THE FALL SEMESTER. ELIGIBLE INDIVIDUALS MUST BE RESIDENTS OF WESTCHESTER COUNTY PURSUING GRADUATE LEVEL EDUCATION ON A FULL-TIME BASIS AT ACCREDITED U.S. COLLEGES OR SCHOOLS IN SOCIAL WELFARE OR PUBLIC HEALTH. CRITERIA USED IN EVALUATING APPLICATIONS ARE PUBLIC SERVICE, FINANCIAL NEED, AND SCHOLASTIC CAPACITY. EACH YEAR UNITED WAY SUPPORTS THE AFRICAN AMERICAN MEN OF WESTCHESTER'S MARTIN LUTHER KING, JR. LEGACY AWARDS BY FUNDING THE \$1,000 SCHOLARSHIP OF THE WILLIAM L. CARTER PERSEVERANCE AWARD. INCOME: OUR 2-1-1 CALL SPECIALISTS SCREEN AND SET UP FREE TAX PREPARATION APPOINTMENTS FOR VITA AND THE HUDSON CASH COALITION AND SCREEN INDIVIDUALS FOR THE EARNED INCOME TAX CREDIT EACH YEAR. THROUGH THESE PROGRAMS WE HELPED 3,991 RESIDENTS RECEIVE A COLLECTIVE \$9.8 MILLION FROM EITC ELIGIBLE TAX REFUNDS. TEACH ME TO FISH, WORK SKILLS FOR LIFE GIVE CHRONICALLY UNEMPLOYED AND/OR HARD TO PLACE INDIVIDUALS SKILLS TRAINING TO ACCESS BETTER JOBS AND STAY EMPLOYED. CLIENTS OF OUR TEACH ME TO FISH PARTNERS, RECEIVED ALICE \$ENSE, A FINANCIAL EMPOWERMENT PROGRAM THAT INCLUDES FINANCIAL EDUCATION AND TOOLS TO ACHIEVE FINANCIAL WELLNESS. HEALTHFAMILYWIZE A FREE PRESCRIPTION DISCOUNT CARD, OFFERED THROUGH UNITED WAY HELPS REDUCE THE OFTEN UNEXPECTEDLY HIGH COSTS OF PRESCRIPTION MEDICINE FOR ALL. A SAVINGS OF APPROXIMATELY \$422,000 WAS REALIZED. FLU SHOTS THROUGH OUR PARTNERSHIP WITH FAMILYWIZE, UWWP HOSTED FLU SHOT CLINICS IN NEW ROCHELLE, ELMSFORD, YONKERS AND WHITE PLAINS.

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

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

4e Total program service expenses 4,251,904

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 6 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

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

| | | | | | |
|---|--|--|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | <div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 40px; text-align: center;">2a</div> <div style="width: 60px;"></div> </div> <div style="text-align: right; margin-top: -10px;">33</div> | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | No |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 7220, Schedule N. | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 16 | | No |

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 23 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 23 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
►RICHARD MOORE CFO 336 CENTRAL PARK AVE WHITE PLAINS, NY 106061502 (914) 997-6700

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 ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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.

[illegible]

Part VII

| | | | |
|---|---------|---|--------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 275,156 | 0 | 57,394 |

2 Total number of individuals (including but not limited to
of reportable compensation from the organization ▶ 2

| | | Yes | No |
|---|---|-----|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | Yes |
| 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> | 4 | Yes |
| 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> | 5 | No |

Section B. Independent Contractors

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) | (B) | (C) |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| | | |
| | | |
| | | |
| | | |

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

| | | | | | | | |
|---|---|--|--|---|--|---------|--|
| Form 990 (2019) | | Page 9 | | | | | |
| Part VIII | | Statement of Revenue | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | |
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 72,406 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,927,668 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 2,107,744 | | | | |
| | h Total. Add lines 1a-1f | | 4,000,074 | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a HELPLINE SERVICES | 900099 | 1,093,345 | 1,093,345 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| | g Total. Add lines 2a-2f. | | 1,093,345 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 57,450 | | 57,450 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 6a | | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7a | 170,000 | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 28,933 | | | |
| | | c Gain or (loss) | 7c | 141,067 | | | |
| | d Net gain or (loss) | | 141,067 | | 141,067 | | |
| | 8a Gross income from fundraising events (not including \$ 72,406 of contributions reported on line 1c). See Part IV, line 18 | 8a | 32,080 | | | | |
| | | b Less: direct expenses | 8b | 77,176 | | | |
| | | c Net income or (loss) from fundraising events | | -45,096 | | -45,096 | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | 10aGross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | 5,246,840 | 1,093,345 | 0 | 153,421 | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,455,505 | 2,455,505 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 308,210 | 188,008 | 89,381 | 30,821 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,325,077 | 808,297 | 384,273 | 132,507 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 78,920 | 48,141 | 22,887 | 7,892 |
| 9 Other employee benefits | 298,005 | 181,783 | 86,421 | 29,801 |
| 10 Payroll taxes | 130,986 | 79,901 | 37,986 | 13,099 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 38,400 | | 38,400 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 149,753 | 54,272 | 95,037 | 444 |
| 12 Advertising and promotion | 75,543 | 75,543 | | |
| 13 Office expenses | 205,132 | 130,314 | 57,716 | 17,102 |
| 14 Information technology | 93,634 | 60,862 | 25,281 | 7,491 |
| 15 Royalties | | | | |
| 16 Occupancy | 134,226 | 52,106 | 75,707 | 6,413 |
| 17 Travel | 4,330 | 2,815 | 1,169 | 346 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,006 | 7,154 | 2,972 | 880 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 84,750 | 53,468 | 11,344 | 19,938 |
| 22 Depreciation, depletion, and amortization | 36,797 | 23,554 | 8,637 | 4,606 |
| 23 Insurance | 48,856 | 21,546 | 24,658 | 2,652 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISC OPERATING EXPENSES | 8,635 | 8,635 | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,487,765 | 4,251,904 | 961,869 | 273,992 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,071,565 | 1 | 1,212,266 |
| | 2 Savings and temporary cash investments | 31,448 | 2 | 46,448 |
| | 3 Pledges and grants receivable, net | 541,180 | 3 | 473,399 |
| | 4 Accounts receivable, net | 44,929 | 4 | 15,323 |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 77,303 | 9 | 4,922 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,912,214 | | |
| | b Less: accumulated depreciation | 10b 1,660,202 | 273,920 | 10c 252,012 |
| | 11 Investments—publicly traded securities | 2,607,289 | 11 | 2,650,637 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 607,174 | 15 | 329,887 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,254,808 | 16 | 4,984,894 | |
| Liabilities | 17 Accounts payable and accrued expenses | 208,826 | 17 | 196,775 |
| | 18 Grants payable | 375,757 | 18 | 385,675 |
| | 19 Deferred revenue | 1,500 | 19 | 33,900 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,324,000 | 23 | 1,258,019 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 106,722 | 25 | 407,971 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,016,805 | 26 | 2,282,340 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,000,343 | 27 | 469,833 |
| | 28 Net assets with donor restrictions | 2,237,660 | 28 | 2,232,721 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 3,238,003 | 32 | 2,702,554 |
| 33 Total liabilities and net assets/fund balances | 5,254,808 | 33 | 4,984,894 | |

Part XI Reconciliation of Net AssetsCheck 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 | 5,246,840 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,487,765 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -240,925 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,238,003 |
| 5 | Net unrealized gains (losses) on investments | 5 | 14,839 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -309,363 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,702,554 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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 in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Additional Data

Software ID:
Software Version:
EIN: 13-1997636
Name: UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COVID-19 THREW OUR COUNTRY A CURVE BALL, BUT UWWP WAS READY TO HIT THE BALL STRAIGHT ON. UWWP'S ESSENTIAL GOODS FOR BASIC NEEDS PROGRAM, FORMERLY KNOWN AS ITS GIFTS-IN-KIND PROGRAM, DISTRIBUTED \$2,034,276 WORTH OF GOODS, INCLUDING FOOD, MEALS, BEDDING, CLOTHING, DIAPERS, HYGIENE PRODUCTS, TOILET PAPER, MATTRESSES, BOOKS, AND CHILDREN'S ACTIVITIES THROUGH 100 AGENCIES TO 40,555 HOUSEHOLDS DURING THE 19-20 FISCAL YEAR. THE GOODS FROM THE ESSENTIAL GOODS PROGRAM ARE EITHER DONATED FROM OUR RETAIL PARTNERS OR ARE ACQUIRED BY UNITED WAY AT A BELOW MARKET PRICE. WHEN NONESSENTIAL BUSINESS WAS FORCED TO CLOSE ITS DOORS AND PEOPLE WERE ASKED TO STAY HOME, THROUGH ITS ESSENTIAL GOODS PROGRAM UWWP DISTRIBUTED 109,000 LBS. OF FOOD TO 6,200 HOUSEHOLDS, AND DELIVERED MEALS TO 2,641 HOMEBOUND SENIORS, THE IMMUNE COMPROMISED, HEALTHCARE WORKERS AND FIRST RESPONDERS. ADDITIONALLY, WHEN FOOD STUFF AND OTHER ITEMS WERE UNAVAILABLE, WE STEPPED IN TO MAKE THE PURCHASES AND BROUGHT THESE DIRECTLY TO THE DISTRIBUTION CHANNEL. WE GAVE OUT \$150,000 WORTH OF SEALY TEMPER-PEDIC MATTRESSES TO WESTHAB'S TRANSITIONAL LIVING PROGRAM AND \$10,000 WORTH OF DIAPERS TO FAMILIES WHO COULD NOT AFFORD BECAUSE OF THE PANDEMIC.

Form 990, Part III, Line 4b:

IN MARCH, WESTCHESTER COUNTY GOVERNMENT AND PUTNAM COUNTY GOVERNMENT DESIGNATED UNITED WAY'S HUDSON VALLEY 211 HELPLINE AS THEIR OFFICIAL POINT OF INFORMATION FOR THE PUBLIC REGARDING THE COVID-19 PUBLIC HEALTH CRISIS. UNITED WAY'S 2-1-1 HELPLINE AND ONLINE REFERRAL DATABASE OFFERS FREE INFORMATION, REFERRAL, ASSESSMENT, AND CRISIS SUPPORT TO HELP PEOPLE ACCESS THE EDUCATION, HEALTH AND HUMAN SERVICES THEY NEED TO ADDRESS EVERYDAY CHALLENGES. IN TIMES OF DISASTER, OUR HELPLINE PLAYS A CRITICAL ROLE IN BRINGING INFORMATION TO THE PEOPLE MOST AFFECTED BY THE EVENT AND RELAYING THE NEEDS OF CALLERS BACK TO GOVERNMENT OFFICIALS AND FIRST RESPONDERS WHO ARE IN A POSITION TO HELP. SINCE EARLY MARCH'20 WHEN THE FEDERAL GOVERNMENT ANNOUNCED THAT WE ARE IN A PANDEMIC AND NEW YORK STATE BECAME THE CENTER OF THIS CRISIS, UW2-1-1 HAS EXPERIENCED AN INFLUX OF CALLS NOT ONLY FROM THE COMMUNITY, BUT FROM LOCAL GOVERNMENT AND OTHER NON-PROFITS. UW2-1-1 WAS ACTIVATED BY WESTCHESTER AND PUTNAM GOVERNMENT EMERGENCY MANagements TO ACT AS THE COUNTY'S HELPLINE DURING THIS CRISIS. UW2-1-1 HAS ALSO BEEN COLLABORATING WITH MANY COUNTY DEPARTMENTS IN ORDER TO ASSIST IN REDIRECTING CALLERS TO THE APPROPRIATE CHANNELS AS THESE DEPARTMENTS HAVE SEEN A HEAVY RISE IN THEIR CALL VOLUME. UW2-1-1 HAVE ALSO BEEN WORKING WITH LOCAL SOCIAL SERVICE DEPARTMENTS IN ORDER TO PROVIDE REFERRALS AND RESOURCES TO RESIDENTS. THESE RELATIONSHIPS HAVE BEEN VITAL TO SOLVING VERY COMPLICATED SOCIAL SERVICE NEEDS. 2-1-1 IS A CONFIDENTIAL, MULTILINGUAL AND COMPREHENSIVE SERVICE WITH A DATABASE OF MORE THAN 25,000 SERVICES AND PROGRAMS THAT ARE UPDATED THROUGHOUT THE YEAR. TRAINED CALL SPECIALISTS ARE AVAILABLE 24/7, 365 DAYS A WEEK THROUGH THE UNITED WAY'S 2-1-1, AND CAN ASSIST CALLERS IN 200+ LANGUAGES (THROUGH LANGUAGE LINE) AS WELL AS THE HEARING-IMPAIRED. ONE CAN ALSO TEXT THEIR ZIP CODE TO 898-211 GET CONNECTED TO THE RESOURCES THEY NEED. THE COMMUNITY ALSO ACCESSES 2-1-1 RESOURCES THROUGH OUR WEBSITE AT WWW.211HUDSONVALLEY.ORG. 2-1-1 MAINTAINS THE MOST UP TO DATE COMPREHENSIVE HEALTH AND HUMAN SERVICES DATABASE IN THE REGION AND IS UTILIZED FOR REFERRALS FOR CALLERS, SOCIAL SERVICES PROFESSIONALS. OUR WEB-BASED SYSTEMS AND KNOWLEDGEABLE, COMPASSIONATE STAFF MAKE FINDING ESTABLISHED RESOURCES EASIER FOR INDIVIDUALS, HELPING PROFESSIONALS, AND GOVERNMENT EMPLOYEES. ADDITIONALLY, OUR STAFF KEEPS TRACK OF THE NEEDS OUR CALLERS COMMUNICATE. BY DOING SO, THE SYSTEM GENERATES REAL-TIME DATA ON REQUESTS, COMPLAINTS, AND SERVICES. OVER TIME, 211 DATA WILL IMPROVE THE QUALITY OF PROGRAMS AND SERVICES BY MAKING IT POSSIBLE TO HARVEST ESSENTIAL INFORMATION ON RESOURCE ALLOCATION AND USE IT FOR POLICY DECISION-MAKING AND BUDGETING 2-1-1 HAS LONG ALLOWED OTHER NOT-FOR-PROFIT AND GOVERNMENT AGENCIES TO REALIZE CONCRETE COST SAVINGS AND IMPROVED SERVICE TO THEIR CONSTITUENTS IN THE COMMUNITY.FOR FISCAL YEAR 19/20 UNITED WAY'S 211 HELPLINE HANDLED OVER 101,000 CALLS FROM FOUR REGIONS (HUDSON VALLEY, ADIRONDACKS, NORTHEAST AND LONG ISLAND) ACROSS NEW YORK, OF WHICH 67,000 WERE FROM THE HUDSON VALLEY. DURING THE SAME PERIOD, THERE WERE 7,581 SEARCHES OF OUR DATABASE OF OVER 25,000 HEALTH AND HUMAN SERVICE RESOURCES, VIA WWW.211HUDSONVALLEY.ORG.FUNDING SOURCES FOR 2-1-1 INCLUDE CONTRACTS/FEE FOR SERVICE FROM THE UNITED WAYS IN THE HUDSON VALLEY (INCLUDING UWWP) AND GRANTS/CONTRACTS WITH LOCAL AND STATE GOVERNMENTAL ENTITIES.

Form 990, Part III, Line 4c:

SINCE THE START OF THE PANDEMIC IN MARCH 2020, UWWP WAS ABLE TO SUPPORT THE NEEDS HUNDREDS OF THOUSANDS OF HOUSEHOLDS IN WESTCHESTER AND PUTNAM. DURING 2019-20 FISCAL YEAR, WE ADMINISTRATED \$1.12 MILLION IN CRISIS RESPONSE AND EMERGENCY FOOD AND SHELTER GRANTS, DISTRIBUTED OF OVER \$2 MILLION WORTH OF ESSENTIAL GOODS FOR BASIC NEEDS, AND ANSWERED OVER 80,000 CALLS BY OUR 211 HELPLINE CALL SPECIALISTS. OUR COVID-19 RESPONSE AND EMERGENCY FOOD AND SHELTER GRANTS SUPPORTED THE WORK OF 68 NONPROFIT ORGANIZATIONS IN WESTCHESTER AND PUTNAM THAT COLLECTIVELY HELPED 152,618 INDIVIDUALS AND FAMILIES WHO WERE DISPROPORTIONATELY IMPACTED BY THE COVID-19 PUBLIC HEALTH CRISIS. 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 COVID-19 RESPONSE GRANTS WERE FUNDED BY MONIES RAISED BY UWWP AND THE ALLOCATIONS WERE DETERMINED BY ITS IMPACT COMMITTEE MADE UP OF VOLUNTEER BOARD MEMBERS.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CARLENE GENTILESCO CHIEF OPERATING OFFICER | 50.00 | | | X | | | | 118,343 | 0 | 41,049 |
| ALANA SWEENY FORMER PRESIDENT & CEO | 45.00 | | | | | | X | 118,801 | 0 | 11,064 |
| THOMAS GABRIEL PRESIDENT AND CEO, AS OF OCT. 2019 | 50.00 | | | X | | | | 38,012 | 0 | 5,281 |
| JUNE BLANC CHAIR | 6.00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL J PIAZZA JR VICE CHAIR AT LARGE | 2.00 | X | | X | | | | 0 | 0 | 0 |
| KENNETH J GOULD ESQ VICE CHAIR ADMINISTRATION | 2.00 | X | | X | | | | 0 | 0 | 0 |
| GREGORY D BASSUK VICE CHAIR COMMUNITY IMPAC | 2.00 | X | | X | | | | 0 | 0 | 0 |
| MARIA TRUSA CO-VICE CHAIR RESOURCE DEV | 2.00 | X | | X | | | | 0 | 0 | 0 |
| BUD HAMMER CO-VICE CHAIR RESOURCE DEV | 2.00 | X | | X | | | | 0 | 0 | 0 |
| ALEIDA M FREDERICO SECRETARY | 2.00 | X | | X | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ERIC D ELLER TREASURER | 2.00 | X | | X | | | | 0 | 0 | 0 |
| DAVID M YAWMAN ESQ PAST CHAIR | 2.00 | X | | | | | | 0 | 0 | 0 |
| DR MARK P BAIOTTO DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JOHNATHON COCCHIOLA DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JOHN FLANNERY DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| DONALD CALABRESE DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| VINCENT D'AMBROSO DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| NAN HAYWORTH DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| STEPHEN K HUNTER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM MOONEY III ESQ DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JEFFREY PARASCHAC DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| MECCA SANTANA DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| VERIONICA SHIP DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JEANNETTE WARNER ESQ DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JOANNE E WRIGHT DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| TIFFANY ZEZULA DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| CHARLES DORST DIRECTOR, THRU MAY. 2020 | 2.00 | X | | | | | | 0 | 0 | 0 |
| TARYN DUFFY DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |
| MATTHEW LYNESS DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |
| KATE MCDONOUGH DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| INGRID RICHARDS DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |
| JANET WALKER DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |
| FREDERICK P WIENER DIRECTOR, THRU NOV. 2019 | 2.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Employer identification number
13-1997636

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

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

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|------------|-----------|-----------|-----------|-----------|------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | 10,715,612 | 9,889,982 | 7,780,819 | 6,560,965 | 4,000,074 | 38,947,452 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 10,715,612 | 9,889,982 | 7,780,819 | 6,560,965 | 4,000,074 | 38,947,452 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 38,947,452 |

| Section B. Total Support | | | | | | | |
|--|--|------------|-----------|-----------|-----------|-----------|---------------------|
| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. . . | 10,715,612 | 9,889,982 | 7,780,819 | 6,560,965 | 4,000,074 | 38,947,452 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 54,483 | 55,801 | 55,709 | 60,133 | 57,450 | 283,576 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . | 43,456 | | | | | 43,456 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 39,274,484 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | | 12 5,930,243 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|---|---|--|--|--|--|--------------------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 99.170 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 99.220 % |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | | | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 1 | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 2 | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 3a | | |
| 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> | | |
| 3b | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 3c | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 4a | | |
| 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> | | |
| 4b | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 4c | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5a | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5b | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 6 | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 7 | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9a | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10a | | |
| 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> | | |
| 10b | | |

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:
Software Version:
EIN: 13-1997636
Name: UNITED WAY OF WESTCHESTER AND PUTNAM
INC

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Employer identification number
13-1997636

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ 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?

☐ Yes ☐ 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 (e.g., recreation or education)

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

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

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

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

☐ 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 2(d) 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

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

☐

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

2

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

a

Board designated or quasi-endowment ▶ 32.510 %

b

Permanent endowment ▶ 56.060 %

c

Temporarily restricted endowment ▶ 11.430 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations

(ii)

related organizations

b

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

4

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

Yes

No

3a(i)

No

3a(ii)

No

3b

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.

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

Total.

Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

100,000

306,128

823,348

682,738

100,000

306,128

753,273

600,801

100,000

0

70,075

81,937

252,012

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | | |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTEREST IN TRUST | 293,203 |
| (2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY | 36,684 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 329,887 |

Part X

Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASES | 64,126 |
| (3) PPP LOAN PAYABLE | 343,845 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 407,971 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,096,672 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 14,839 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 77,176 |
| e | Add lines 2a through 2d | 2e | 92,015 |
| 3 | Subtract line 2e from line 1 | 3 | 5,004,657 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 242,183 |
| c | Add lines 4a and 4b | 4c | 242,183 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 5,246,840 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,437,718 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 77,176 |
| e | Add lines 2a through 2d | 2e | 77,176 |
| 3 | Subtract line 2e from line 1 | 3 | 5,360,542 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 127,223 |
| c | Add lines 4a and 4b | 4c | 127,223 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 5,487,765 |

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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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| | |

Additional Data

Software ID:
Software Version:
EIN: 13-1997636
Name: UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4: | THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PRODUCE REVENUE TO HELP SUPPORT THE ORGANIZATION'S PROGRAMS AND INITIATIVES. |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| 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. |

| Supplemental Information | |
|---------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 77,176. |

| Supplemental Information | |
|---------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS 127,223. ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES 114,960. |

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 77,176. |

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | DONOR DESIGNATED FUNDS RAISED ON BEHALF OF OTHERS 127,223. |

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 |
|-----------------|--|------------------------------------|------------------------------------|------------------|---------------------------------|
| | | GOLF OUTING (event type) | WOMENS LEAD (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 71,410 | 33,076 | | 104,486 |
| | 2 Less: Contributions | 46,210 | 26,196 | | 72,406 |
| | 3 Gross income (line 1 minus line 2) | 25,200 | 6,880 | | 32,080 |
| | | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 3,304 | 249 | | 3,553 |
| | 6 Rent/facility costs | 15,990 | 1,085 | | 17,075 |
| | 7 Food and beverages | 12,600 | 6,405 | | 19,005 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 22,207 | 15,336 | | 37,543 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 77,176 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -45,096 |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

| | | | |
|------------|---|-----------------------------------|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____. | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name ► | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided ► | | |
| | <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| 17 | Mandatory distributions: | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Employer identification number

13-1997636

Part I 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| 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 IN GROUPS WITH UWWP AND SUBMIT SIX MONTH AND YEAR END REPORTS. THESE REPORTS ARE USED BY UWWP TO DETERMINE IF THE RECIPIENTS WILL MEET THEIR OBJECTIVES. THE SEMIANNUAL REPORTS ON REQUIRE RECORDING HOW THE FUNDS ARE SPENT/PRODUCTS ARE DISTRIBUTED, THE NUMBER OF INDIVIDUALS AND FAMILIES THAT ARE SERVED, AND THE DEMOGRAPHIC INFORMATION OF THOSE HELPED. TO EQUITABLY DETERMINE WHERE UWWP INVESTS OR LEVERAGES DOLLARS, THE 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 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, AND TO LOCAL 501(C)(3) AGENCIES REQUESTING EMERGENCY FUNDS TO EXPAND THEIR CAPACITY TO SERVE THE NEWLY HUNGRY AND HOMELESS. |

Additional Data

Software ID:
Software Version:
EIN: 13-1997636
Name: UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 914 CARES INC 901 N BROADWAY WHITE PLAINS, NY 10603 | 47-5210636 | 501 (C) (3) | | 43,998 | APPRAISAL | DIAPERS, BABY ITEMS, BOOKS | COMMUNITY IMPACT |
| ACACIA NETWORK HOUSING 1064 FRANKLIN AVENUE BRONX, NY 10456 | 26-0076866 | 501 (C) (3) | | 38,158 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AIDSFREEAFRICIA INC 125 SHIGHLAND AVE 3-B OSSINING, NY 10562 | 65-1253816 | 501 (C) (3) | | 17,238 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| BEHOLDASHAE 33 LOUDOUN ST 1G YONKERS, NY 10705 | 82-1672972 | 501 (C) (3) | | 16,074 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRAVEHEARTS MOVE NEW YORK 121 SARATOGA AVE APT 4E YONKERS, NY 10705 | 81-3593742 | 501 (C) (3) | | 16,979 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| BREWSTER COMMUNITY FOOD PANTRY 26 PROSPECT ST BREWSTER, NY 10509 | 83-0343032 | 501 (C) (3) | 2,500 | 5,100 | APPRAISAL | FOOD | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|---|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CARDINAL MCCLOSKEY COMMUNITY SERVICES 115 E STEVENS AVE SUITE LL5 VALHALLA, NY 10595 | 13-1740443 | 501 (C) (3) | | 6,665 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CAREERS FOR PEOPLE WITH DISABILITIES 401 COLUMBUS AVE VALHALLA, NY 10595 | 13-3424844 | 501 (C) (3) | 15,000 | | | | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CARING FOR THE HUNGRY & HOMELESS OF PEEKSKILL 200 NORTH WATER STREET PEEKSKILL, NY 10556 | 13-3437332 | 501 (C) (3) | 5,000 | 29,677 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CARVER CENTER 400 WESTCHESTER AVENUE PORT CHESTER, NY 10573 | 13-1832949 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHILDRENS VILLAGE ECHO HILLS DOBBS FERRY, NY 10522 | 13-1739945 | 501 (C) (3) | 2,500 | 124,700 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| CHOICE OF NEW ROCHELLE 200 EAST POST ROAD WHITE PLAINS, NY 10601 | 13-3828528 | 501 (C) (3) | | 15,220 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COMMUNITY CARES 692 US ROUTE 6 MAHOPAC, NY 10541 | 38-3770172 | 501 (C) (3) | 12,500 | | | | COMMUNITY IMPACT |
| COMMUNITY OUTREACH PO BOX 1792 NEWS BURGH, NY 12251 | 83-3978547 | 501 (C) (3) | | 32,547 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COMMUNITY RESOURCE CENTE 134 CENTER AVENUE MAMARANECK, NY 10549 | 31-1678682 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |
| COMMUNITY SERVICE ASSOCIATES 144 NORTH 5TH AVENUE MOUNT VERNON, NY 10550 | 13-3469883 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FAMILY SERVICE SOCIETY OF YONKERS PO BOX 437 YONKERS, NY 10703 | 13-1739956 | 501 (C) (3) | 15,000 | 10,812 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| FORDHAM UNIVERSITY 441 EAST FORDHAM ROAD BRONX, NY 10458 | 13-1740451 | 501 (C) (3) | 7,500 | | | | SCHOLARSHIP FOR SOCIAL WORK PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FURNITURE SHAREHOUSE 24 ELM AVENUE LARCHMONT, NY 10538 | 33-1137455 | 501 (C) (3) | | 9,446 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| GIRL'S INC OF WESTCHESTER 901 NORTH BROADWAY - SUITE 6 WHITE PLAINS, NY 10603 | 04-3831108 | 501 (C) (3) | 3,000 | 2,752 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GRAHAM ELEMENTARY SCHOOL 421 E 5TH ST MOUNT VERNON, NY 10553 | 23-7036958 | 501 (C) (3) | | 6,650 | APPRAISAL | BOOK KITS | COMMUNITY IMPACT |
| HILLSIDE FOOD OUTREACH 2 WESTCHESTER PLAZA ELMSFORD, NY 10523 | 01-0712431 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOPE COMMUNITY 50 WASHINGTON AVE NEW ROCHELLE, NY 10801 | 13-3477015 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |
| JEWISH BOARD 135 WEST 50TH STREET NEW YORK, NY 10022 | 13-5564937 | 501 (C) (3) | | 264,251 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LIFTING UP WESTCHESTER 35 ORCHARD STREET WHITE PLAINS, NY 10603 | 13-3121606 | 501 (C) (3) | 5,000 | 636 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | SCHOLARSHIP FOR SOCIAL WORK PROGRAM |
| MORNING STAR FULL GOSPEL ASSEMBLY 464 EAST TREMOMNT AVENUE BRONX, NY 10457 | 13-3695875 | 501 (C) (3) | | 14,143 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MOUNT KISCO CHILD CARE CENTER 95 RADIO CIRCLE MOUNT KISCO, NY 10549 | 13-2673623 | 501 (C) (3) | 5,000 | | | | COMMUNITY IMPACT |
| MY BROTHER VINNY 398 BARWAY DRIVE YORKTOWN HEIGHTS, NY 10598 | 46-1773854 | 501 (C) (3) | | 16,025 | APPRAISAL | HOUSHOLD FURNITURE, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MY SISTER'S PLACE ONE WATER STREET WHITE PLAINS, NY 10601 | 13-2960628 | 501 (C) (3) | 2,500 | 3,027 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| NEW YORK UNIVERSITY SILVER SCHOOL OF SOCIAL WORK 1 WASHINGTON SQUARE NORTH NEW YORK, NY 10003 | 13-5562308 | 501 (C) (3) | 6,000 | | | | SCHOLARSHIP FOR SOCIAL WORK PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ONE SIMPLE WISH 1977 NORTH OLDEN AVE 292 TRENTON, NJ 08618 | 26-3128590 | 501 (C) (3) | | 8,936 | APPRAISAL | HOLIDAY TOYS, GIFTS | COMMUNITY IMPACT |
| OSSING UNION FREE SCHOOL DISTRICT 400 EXECUTIVE BLVD OSSINING, NY 10562 | 13-6007160 | 501 (C) (3) | | 17,535 | APPRAISAL | BOOKS, SCHOOL SUPPLIES, TOYS, FOOD | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PATTERSON PRESBYTERIAN FOOD PANTRY 1062 NY-311 PATTERSON, NY 12563 | 13-6007163 | 501 (C) (3) | | 5,100 | APPRAISAL | FOOD | COMMUNITY IMPACT-COVID |
| PEEKSKILL EDUCATION FOUNDATION PO BOX 489 PEEKSKILL, NY 10566 | 82-0566733 | 501 (C) (3) | | 20,902 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PHILIPSTOWN FOOD PANTRY 10 ACADEMY STREET COLD SPRING, NY 10516 | 14-1615746 | 501 (C) (3) | 2,500 | 6,800 | APPRAISAL | FOOD | COMMUNITY IMPACT-COVID |
| PORT CHESTER COMMUNITY GARDENS 477 FRANKLIN STREET PORT CHESTER, NY 10573 | 82-3525660 | 501 (C) (3) | | 117,500 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PRO BONO PARTNERSHIP 237 MAMARONECK AVENUE WHITE PLAINS, NY 10605 | 06-1264823 | 501 (C) (3) | 10,000 | | | | COMMUNITY IMPACT |
| PROJECT MORRY 1 GATEWAY PLAZA STE 1D PORT CHESTER, NY 10573 | 13-3851126 | 501 (C) (3) | | 41,568 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PUTNAM COMMUNITY ACTION 121 MAIN STREET BREWSTER, NY 10509 | 13-2547122 | 501 (C) (3) | | 18,148 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | APPRAISAL |
| PUTNAM COUNTY DEPARTMENT OF SOCIAL SERVICES 110 OLD ROUTE 6 CARMEL, NY 10512 | 14-6002759 | COUNTY OF PUTNAM | | 225,034 | APPRAISAL | FOOD | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PUTNAM VALLEY COMMUNITY FOOD PANTRY 337 PEEKSKILL HOLLOW RD PUTNAM VALLEY, NY 10579 | 73-1705705 | 501 (C) (3) | | 5,100 | APPRAISAL | FOOD | COMMUNITY IMPACT |
| REGIONAL ECONOMIC COMMUNITY ACTION CENTER 40 SMITH STREET MIDDLETOWN, NY 10940 | 14-1493667 | 501 (C) (3) | | 24,661 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ROCKLAND COMMUNITY ACTION PROGRAM 2 WESTCHESTER PLAZA ELMSFORD, NY 10523 | 13-2547122 | 501 (C) (3) | | 12,837 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| SAINT JOHN BOSCO PARISH 1011 1ST AVENUE NEW YORK, NY 10022 | 13-5562185 | 501 (C) (3) | | 7,582 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SAINT JOHN FOOD PANTRY 221 E LAKE BLVD MAHOPAC, NY 10541 | 14-1428475 | 501 (C) (3) | 2,500 | 8,500 | APPRAISAL | FOOD | COMMUNITY IMPACT-COVID |
| TEMPLE OF RESTORATION APOSTOLIC HOUSE 5 OAKWOOD DRIVE STE 50 PEEKSKILL, NY 10566 | 83-1920137 | 501 (C) (3) | | 19,311 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE GUIDANCE CENTER OF WESTCHESTER 256 WASHINGTON STREET MOUNT VERNON, NY 10553 | 13-1839684 | 501 (C) (3) | 3,000 | 240,686 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| TURNING POINT MINISTRY IT'S YOUR TURN INC 44 NORTH TERRACE AVENUE MOUNT VERNON, NY 10550 | 46-4906533 | 501 (C) (3) | | 10,279 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ULSTER COUNTY COMMUNITY ACTION COMMITTEE 70 LINDSLEY AVE KINGSTON, NY 12401 | 14-1491879 | 501 (C) (3) | | 9,667 | APPRAISAL | CLOTHES, FOOD, HOSUEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| UNITED WAY OF MID HUDSON VALLEY DBAUNITED WAY OF THE DUTCHESS-ORANGE REG 75 MARKET ST POUGHKEEPSIE, NY 12601 | 06-1045698 | 501 (C) (3) | | 149,154 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UPPER ROOM HOUSE OF WORSHIP 118 BETHUNE BLVD SPRING VALLEY, NY 10977 | 13-4055100 | 501 (C) (3) | | 6,821 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| URBAN LEAGUE OF WESTCHESTER 61 MITCHELL PLACE WHITE PLAINS, NY 10601 | 13-1740054 | 501 (C) (3) | 15,000 | | | | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM INC 105 WILDEY STREET TARRYTOWN, NY 10591 | 13-2547122 | 501 (C) (3) | | 6,489 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |
| WESTHAB 85 EXECUTIVE BLVD ELMSFORD, NY 10523 | 06-1064281 | 501 (C) (3) | 15,000 | 141,676 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WESTHESTER ESSENTIAL WORKERS CHILDCARE 313 SOUTH CENTRAL PARK AVE SCARSDALE, NY 10583 | 13-3234987 | 501 (C) (3) | | 7,780 | APPRAISAL | TOYS, GAMES, ARTS & CRAFT SUPPLIES | COMMUNITY IMPACT |
| YONKERS COMMUNITY ACTION PROGRAM INC 20 SOUTH BROADWAY 4TH FL YONKERS, NY 10701 | 13-2579051 | 501 (C) (3) | 5,000 | 149,667 | APPRAISAL | CLOTHES, FOOD, HOUSEHOLD GOODS, ETC. | COMMUNITY IMPACT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YWCA WHITE PLAINS & CETRAL WEST 69 NORTH BROADWAY WHITE PLAINS, NY 10603 | 13-1740519 | 501 (C) (3) | 3,000 | 8,900 | APPRAISAL | CHILDRENS BOOK KITS | COMMUNITY IMPACT |

| | | |
|---|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization UNITED WAY OF WESTCHESTER AND PUTNAM INC | | Employer identification number 13-1997636 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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 are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Employer identification number
13-1997636

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 1,766,227 | COST |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 11 | 74,219 | AVG. SELLING PRICE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 2 | 267,296 | 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 IV, Donee Acknowledgement

29

0

30a

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

30a

Yes

No

No

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?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II.

33

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

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

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN (B): | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF WESTCHESTER AND PUTNAM
INC

Employer identification number

13-1997636

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 1: | THESE INCLUDE THE 211 HELPLINE OPERATING 24/7 ACROSS THE HUDSON VALLEY, EARLY LITERACY PROGRAMMING FOR PRESCHOOLERS IN UNDERSERVED COMMUNITIES, JOB SKILLS TRAINING AND FINANCIAL EMPOWERMENT FOR FINANCIALLY STRUGGLING ADULTS AND FAMILIES, AS WELL AS ACCESS TO HEALTH SERVICES AND DISCOUNTS ON PRESCRIPTION DRUGS. UNITED WAY SUPPORTS HUNDREDS OF LOCAL NONPROFITS WITH MILLIONS OF DOLLARS IN GRANTS AND ESSENTIAL GOODS FOR BASIC NEEDS, AS WELL AS BY PROVIDING AFFORDABLE PROFESSIONAL DEVELOPMENT AND CONNECTING NONPROFITS TO NEW RESOURCES. WE PARTNER WITH CORPORATIONS, NONPROFITS, SCHOOLS, AND GOVERNMENTS TO FURTHER OUR IMPACT BY LEVERAGING OUR COLLECTIVE STRENGTHS AGAINST THE STRONGHOLDS OF POVERTY. UNITED WAY HELPS LOCAL RESIDENTS IN WESTCHESTER AND PUTNAM BECOME SELF-SUFFICIENT AND THRIVE IN A STRONGER COMMUNITY. IT DOES SO BY STUDYING AND RESEARCHING THE ISSUES, SUCH AS WITH THE ALICE REPORT, WHICH FOUND THAT 4 OUT OF 10 LOCAL HOUSEHOLDS ARE STRUGGLING TO MAKE ENDS MEET. IT THEN DEVELOPS MEASURABLE SOLUTIONS THROUGH ITS PROGRAMS. IT ALSO CREATES COMMUNITY PARTNERSHIPS WITH OTHER NONPROFITS, FOR-PROFIT BUSINESSES, GOVERNMENT, SCHOOLS, AND UNIVERSITIES, AS WELL AS INDIVIDUALS, BECAUSE TOGETHER WE CAN CREATE LASTING CHANGE. UNITED WAY OF WESTCHESTER AND PUTNAM STARTS WHERE PEOPLE ARE MOST IN NEED HELPING PEOPLE IN CRISIS OR WITH PRESSING NEEDS TO GET CONNECTED TO SERVICES THROUGH UNITED WAY'S 2-1-1 HELPLINE. ADDITIONALLY, UNITED WAY FOCUSES ON FINANCIAL STABILITY FOR INDIVIDUALS AND FAMILIES BY PROVIDING ADULTS WITH JOB TRAINING SO THEY CAN BECOME EMPLOYED, HELP WITH PRESCRIPTION DRUG COSTS, TEACHING FINANCIAL EDUCATION AND PROVIDING THE TOOLS AND COACHING SO THEY CAN PREPARE FOR UNANTICIPATED EXPENSES. UNITED WAY OF WESTCHESTER AND PUTNAM'S STAFF AND VOLUNTEERS ALSO TARGETS THE ROOT CAUSES OF POVERTY BY WORKING ON THE EDUCATION OF OUR YOUTH. IT CONCENTRATES ON EARLY LITERACY TO MAKE SURE ALL OF OUR CHILDREN ARE READING PROFICIENTLY AT THE END OF THIRD GRADE, A STRONG INDICATOR OF LATER SUCCESS. IT ALSO SUPPORTS CHARACTER EDUCATION, SOFT SKILL DEVELOPMENT AND THE MENTORING OF MIDDLE AND HIGH SCHOOL STUDENTS. FINALLY, UNITED WAY SUPPORTS HUNDREDS OF NONPROFIT ORGANIZATIONS AND THEIR CLIENTS BY PROVIDING \$2-3 MILLION IN GIFTS-IN-KIND AND GRANTS EACH YEAR, AS WELL AS BY PROVIDING ONGOING AFFORDABLE PROFESSIONAL DEVELOPMENT AND CONNECTING NONPROFITS TO NEW RESOURCES. SINCE 1962, UNITED WAY OF WESTCHESTER AND PUTNAM HAS MADE OUR LOCAL COMMUNITY STRONGER THROUGH THE HELP OF PEOPLE OF LIKE YOU. GIVE, ADVOCATE AND VOLUNTEER FOR UNITED WAY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | UNITED WAY OF WESTCHESTER AND PUTNAM, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PRESENTED TO THE BOARD MEMBERS OF THE ORGANIZATION AT A BOARD MEETING FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | TO AVOID ANY CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST WHICH COULD TARNISH THE REPUTATION OF UWWP AND UNDERMINE THE PUBLIC'S TRUST IN ALL UNITED WAY ORGANIZATIONS, UWWP STAFF, BOARD OF DIRECTORS AND OTHER REPRESENTATIVES WILL ANNUALLY FILE WITH THE PRESIDENT A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST AND DISCLOSE ALL KNOWN CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST IN ANY MATTER ARE BROUGHT BEFORE THE BOARD OF DIRECTORS OR ANY COMMITTEE UPON WHICH THEY SERVE, AND THE INDIVIDUAL WITH THE CONFLICT MUST WITHDRAW FROM THE MEETING ROOM DURING ANY DISCUSSION, REVIEW AND VOTING IN CONNECTION WITH SUCH MATTER. THE BOARD IS RESPONSIBLE FOR DETERMINING IF A POTENTIAL CONFLICT OF INTERET EXISTS AND REVIEWING CONFLICTS ONCE DETERMINED. THE CHIEF OPERATING OFFICER MAINTAINS THE FILE FOR ALL VOLUNTEERS AND THE VICE PRESIDENT FOR OPERATIONS MAINTAINS THE SIGNED STAFF FORMS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 15A | <p>THE PRESIDENT AND CEO OF UWWP IS THE PRINCIPAL REPRESENTATIVE OF UWWP AND THE PERSON PRIMARILY RESPONSIBLE FOR THE EFFICIENT OPERATION OF THE ORGANIZATION. THEREFORE, IT IS THE DESIRE OF THE ORGANIZATION TO PROVIDE A FAIR AND REASONABLE BUT NOT EXCESSIVE COMPENSATION FOR THE PRESIDENT AND CEO AS WELL AS THE MEMBERS OF THE UWWP STAFF THAT QUALIFY UNDER THE IRS DEFINITION OF HIGHLY COMPENSATED EMPLOYEES. UWWP FOLLOWED THE BOARD ADOPTED POLICY FOR DETERMINING COMPENSATION FOR THE PRESIDENT AND CEO AS WELL AS UWWP'S HIGHLY COMPENSATED EMPLOYEES WHICH IS AS FOLLOWS:</p> <p>1. CEO PERFORMANCE REVIEW: THE CHAIR OF THE BOARD SHALL ANNUALLY SOLICIT INPUT FROM BOARD MEMBERS AND SENIOR STAFF ON THE PRESIDENT AND CEO'S PERFORMANCE. THE CHAIR WILL ALSO ASK AND RECEIVE A SELF-APPRAISAL FROM THE CEO REGARDING HIS/HER PERFORMANCE. BASED ON THE INPUT, THE CHAIR OF THE BOARD AND THE EXECUTIVE COMMITTEE SHALL ANNUALLY EVALUATE THE PRESIDENT AND CEO ON HIS/HER PERFORMANCE AND DISCLOSE THE RESULTS TO THE BOARD.</p> <p>2. CEO COMPENSATION DECISION: THE CHAIR WILL THEN ANALYZE THE PERFORMANCE REVIEW INFORMATION AS WELL AS THE FISCAL BUDGET, THE ANTICIPATED COMPENSATION DECISIONS IMPACTING OTHER UWWP STAFF MEMBERS, AND OTHER INTERNAL FISCAL DOCUMENTS TO SET A LEVEL OF COMPENSATION (INCLUDING THE BOARD APPROVED RESULTS OF THEIR REVIEW OF ANY RECENT EXTERNAL EXECUTIVE COMPENSATION REPORTS). THE CHAIR WILL THEN CONSULT WITH THE EXECUTIVE COMMITTEE AND SET THE CEO'S LEVEL OF COMPENSATION FOR THE NEXT YEAR NO LATER THAN THE DATE OF THE LAST BOARD MEETING OF THE CURRENT FISCAL YEAR.</p> <p>3. OTHER UWWP EMPLOYEES: OTHER HIGHLY COMPENSATED EMPLOYEES (AT THE SAME TIME AS ALL OTHER EMPLOYEES) WILL RECEIVE AN ANNUAL PERFORMANCE REVIEW IN ACCORDANCE WITH THE PERSONNEL POLICIES. AS PART OF THIS PROCESS, THE PRESIDENT AND CEO WILL SEEK INPUT FROM SENIOR STAFF AND SELECT VOLUNTEERS THAT WORK WITH THESE EMPLOYEES. AN EXTERNAL COMPENSATION REVIEW WILL ALSO BE CONDUCTED TO ENSURE THAT THE COMPENSATION GIVEN TO EACH OF THESE EMPLOYEES IS FAIR AND REASONABLE. THIS COMPENSATION REVIEW WILL INCLUDE THE CONSIDERATION OF THE MOST RECENT REPORT OF THE EXTERNAL EXECUTIVE COMPENSATION SUB-COMMITTEE AS WELL AS THE PROJECTED FISCAL BUDGET. THIS INFORMATION IS AVAILABLE TO THE EXECUTIVE COMMITTEE AT ANY TIME THROUGH THE VICE PRESIDENT OF OPERATIONS OR SIMILAR POSITION.</p> <p>4. BOARD APPROVAL: EVERY THREE YEARS, THE CHAIR OF THE BOARD WILL APPOINT AN AD HOC EXECUTIVE COMPENSATION SUB-COMMITTEE OF THE BOARD (AS WELL AS A CHAIR OF THIS SUB-COMMITTEE) AT LEAST THREE MONTHS PRIOR TO THE END OF THE FISCAL YEAR. IN THE ABSENCE OF ACTION TO THE CONTRARY, THE EXECUTIVE COMMITTEE SHALL BE THE EXECUTIVE COMPENSATION SUB-COMMITTEE. THIS SUB-COMMITTEE WILL BE TASKED TO PERFORM A MORE IN-DEPTH REVIEW OF THE EXECUTIVE COMPENSATION DATA IN ORDER TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE PRESIDENT AND CEO AS WELL AS OTHER HIGHLY COMPENSATED EMPLOYEES. THE SUB-COMMITTEE'S FINAL RECOMMENDATION</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15A | <p>N REGARDING THE PRESIDENT AND CEO'S COMPENSATION MUST BE SUBMITTED TO THE BOARD FOR APPROVAL NO LATER THAN THE LAST REGULARLY SCHEDULED BOARD MEETING OF THE FISCAL YEAR. THE UWWP VICE PRESIDENT FOR OPERATIONS OR SIMILAR POSITION, WILL WORK CLOSELY WITH THE SUB-COMMITTEE TO HELP SECURE THE APPROPRIATE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS, USING VARIOUS SOURCES OF DATA. THIS DATA MAY INCLUDE; 1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES; 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS; 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS; AND 4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR THE PRESIDENT AND CEO AND OTHER HIGHLY COMPENSATED EMPLOYEES, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. DOCUMENTATION WILL INCLUDE: A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED; B) THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE; C) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA WAS OBTAINED; AND D) ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION OF BENEFITS.</p> <p>INDEPENDENCE IN SETTING COMPENSATION: THE CHAIR OF THE BOARD, WHO IS A VOLUNTEER AND NOT COMPENSATED BY UWWP, WILL OPERATE INDEPENDENTLY WITHOUT UNDUE INFLUENCE FROM THE PRESIDENT AND CEO. NO MEMBER OF THE EXECUTIVE COMPENSATION SUB-COMMITTEE WILL BE A STAFF MEMBER, THE RELATIVE OF A STAFF MEMBER, OR HAVE ANY RELATIONSHIP WITH A STAFF MEMBER THAT COULD PRESENT A CONFLICT OF INTEREST. FOLLOWING THE RETIREMENT OF ALANA SWEENEY, PRESIDENT AND CEO OF THE ORGANIZATION ON JUNE 30, 2019, THE POSITION OF PRESIDENT AND CEO WAS OFFERED TO TOM GABRIEL IN AUGUST, 2019. THE EXISTING ANNUAL PROCESS TO DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CEO, WAS USED AS A GUIDELINE TO DETERMINE THE ANNUAL COMPENSATION FOR THE NEW PRESIDENT AND CEO, WHO ASSUMED THE POSITION ON OCTOBER 7, 2019. THE BOARD APPROVED THE ESTABLISHMENT OF A SPECIAL CEO COMPENSATION COMMITTEE TO REVIEW AND RECOMMEND TO THE BOARD CHAIR THE SALARY FOR THIS POSITION: AS A SUB-COMMITTEE OF THE CEO SEARCH COMMITTEE, THE CEO COMPENSATION COMMITTEE REVIEWED APPROPRIATE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS, USING VARIOUS SOURCES OF DATA, INCLUDING SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES AND INFORMATION OBTAINED FROM THE IRS F</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15A | FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. MEMBERS OF THE CEO COMPENSATION COMMITTEE PRESENTED INFORMATION TO THE BOARD AT SPECIAL MEETINGS ON JUNE 26, 2019 AND AUGUST 18, 2019, TO DETERMINE COMPENSATION. AT THE SPECIAL BOARD OF DIRECTORS MEETING ON AUGUST 18, 2019, THE BOARD APPROVED COMPENSATION LEVELS AND AUTHORIZED THE CHAIR OF THE BOARD AND THE TREASURER TO OFFER THE OPEN POSITION TO THE QUALIFIED CANDIDATE. THE PROCESS WAS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE EXECUTIVE SESSION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE AUDITED FINANCIAL STATEMENTS, AND FORM 990 AND CHAR 500 ARE AVAILABLE AT WWW.UWWP.ORG AND PROVIDED TO 3RD PARTY ORGANIZATIONS SUCH AS GUIDESTAR AND CHARITY NAVIGATOR. IN ADDITION, AS REQUIRED BY THE STATE OF NEW YORK, PRINTED DONOR PLEDGE FORMS INFORM RECIPIENTS THAT OUR ANNUAL FINANCIAL INFORMATION MAY BE OBTAINED DIRECTLY FROM THE NYS CHARITIES INFORMATION BUREAU OR BY CONTACTING UWWP DIRECTLY. THE BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE WHITE PLAINS OFFICE FOR PUBLIC INSPECTION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | PENSION LIABILITY ADJUSTMENT -194,403. ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES -114,960. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| FORM 990, PART XII, LINE 2C: | THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |