


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax 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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization UNITED WAY OF WESTCHESTER AND PUTNAM INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 336 CENTRAL PARK AVE City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 106061502	
		D Employer identification number 13-1997636	
		E Telephone number (914) 997-6700	
		G Gross receipts \$ 12,876,121	
F Name and address of principal officer ALANA SWEENEY 336 CENTRAL PARK AVE WHITE PLAINS, NY 106061502		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 2574	
J Website: ▶ WWW.UWWP.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1962	M State of legal domicile NY

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE IN WESTCHESTER & PUTNAM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	326
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,905,637	10,715,612
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,209,076	1,202,062
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,531	413,582
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,312	43,456
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,276,556	12,374,712
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,562,659	8,041,083
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,858,846	2,672,411
	b Total fundraising expenses (Part IX, column (D), line 25) <u>509,330</u>	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,196,236	1,160,656
	19 Revenue less expenses Subtract line 18 from line 12	11,617,741	11,874,150
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-341,185	500,562
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	5,350,938	5,002,749
		2,307,848	2,078,363
		3,043,090	2,924,386

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	*****				2017-03-17
	Signature of officer				Date
	ALANA SWEENEY, PRESIDENT / CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M HIGGINS		Preparer's signature GARRETT M HIGGINS		Date 2017-03-17
			Check <input type="checkbox"/> 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 FL EAST STAMFORD, CT 06905				Phone no (203) 323-2400

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:

SEE SCHEDULE O

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 \$ 1,223,150 including grants of \$ 305,000) (Revenue \$)
UNITED WAY'S COMMUNITY IMPACT (CI) INITIATIVES ARE AT THE HEART OF OUR MISSION TO ADVANCE THE COMMON GOOD. THE VOLUNTEER-LED BOARD OF DIRECTORS BELIEVES A DONATION DIRECTED TO UWWP'S CI FUND IS THE SINGLE BEST WAY TO MAKE A DIFFERENCE IN OUR COMMUNITY. THROUGH UWWP'S CI FUND, DONORS' GIFTS ARE INVESTED IN PROGRAMS AND INITIATIVES TO ENSURE PEOPLE HAVE A QUALITY EDUCATION THAT LEADS TO A BETTER JOB, WHICH PROVIDES THE INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH. EVERYTHING WE DO SUPPORTS THESE BUILDING BLOCKS FOR A BETTER LIFE FOR ALL INITIATIVES FUNDED THROUGH COMMUNITY IMPACT ARE RESEARCHED AND MONITORED BY KNOWLEDGEABLE VOLUNTEERS.	
4b	(Code) (Expenses \$ 3,485,272 including grants of \$ 3,405,489) (Revenue \$)
CONSTITUENCY SERVICES INCLUDES TRAINING AND TECHNICAL ASSISTANCE PROVIDED TO NONPROFIT AGENCIES WITHIN WESTCHESTER AND PUTNAM TO INCREASE THEIR EFFICIENCY AND EFFECTIVENESS. IN ADDITION, UNITED WAY SOLICITS DONATED MERCHANDISE AND SERVICES, WHICH ARE DISTRIBUTED TO NONPROFIT AGENCIES THROUGH UNITED WAY'S GIFTS-IN-KIND PROGRAM.	
4c	(Code) (Expenses \$ 4,330,594 including grants of \$ 4,330,594) (Revenue \$)
IN ADDITION TO UW'S CAMPAIGN IN WHICH DONORS CONTRIBUTE TO THE COMMUNITY IMPACT GENERAL FUND, OR A SPECIFIC INITIATIVE, UWWP WILL ALSO PROCESS CONTRIBUTIONS TO OTHER UNITED WAYS AND/OR OTHER 501(C)(3) AGENCIES PER DONOR REQUEST.	
See Additional Data	
4d	Other program services (Describe in Schedule O)
(Expenses \$ 1,432,936 including grants of \$) (Revenue \$ 1,202,062)	
4e	Total program service expenses ▶ 10,471,952

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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 Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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.	2a41		
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? If "No" to line 3b, provide an explanation in Schedule O.	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		
9a	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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	1a 27		
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	1b 27		
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	Yes	
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	Yes	
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	Yes	
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 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
ROSEANN WINTER 336 CENTRAL PARK AVE WHITE PLAINS, NY 106061502 (914) 997-6700

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	378,343	0	54,644

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

		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	No
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

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

(A)	(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

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		10,715,612			
	b	Membership dues	1b					
	c	Fundraising events	1c	151,175				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,564,437				
	g	Noncash contributions included in lines 1a-1f \$		3,519,832				
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2a	2-1-1 HUDSON VALLEY REGION	Business Code				900099
b		NOT FOR PROFIT LEADERSHIP SUMMIT		900099	83,430	83,430		
c		NOT FOR PROFIT MGMT CENTER COURSE		900099	3,002	3,002		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,202,062			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			54,483		54,483
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			359,099		359,099
	8a	Gross income from fundraising events (not including \$ 151,175 of contributions reported on line 1c) See Part IV, line 18			43,456			43,456
		a	173,909					
		b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances						
		a						
		b	Less cost of goods sold	b				
	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				12,374,712	1,202,062	0	457,038

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	8,041,083	8,041,083		
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	159,151	97,082	38,196	23,873
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	1,780,781	1,086,277	427,387	267,117
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,754	105,990	41,701	26,063
9	Other employee benefits	386,249	235,612	92,700	57,937
10	Payroll taxes	172,476	105,210	41,395	25,871
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	32,750		32,750	
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)	89,767	77,082	7,806	4,879
12	Advertising and promotion	223,328	214,441	8,887	
13	Office expenses	233,140	151,369	50,321	31,450
14	Information technology	129,892	79,234	31,174	19,484
15	Royalties				
16	Occupancy	105,314	47,674	45,917	11,723
17	Travel	19,260	11,749	4,622	2,889
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,183	10,482	4,123	2,578
20	Interest	6,336		6,336	
21	Payments to affiliates	105,244	97,190		8,054
22	Depreciation, depletion, and amortization	143,317	87,423	34,397	21,497
23	Insurance	45,586	18,236	22,866	4,484
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	9,539	5,818	2,290	1,431
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,874,150	10,471,952	892,868	509,330
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 Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			538,907	1	913,723
	2	Savings and temporary cash investments			67,489	2	83,791
	3	Pledges and grants receivable, net			1,027,990	3	669,330
	4	Accounts receivable, net			54,267	4	300,693
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			111,812	9	109,977
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,944,590			
	b	Less: accumulated depreciation	10b	1,561,162	520,644	10c	383,428
	11	Investments—publicly traded securities			2,711,980	11	2,246,909
	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			317,849	15	294,898
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,350,938	16	5,002,749
Liabilities	17	Accounts payable and accrued expenses			299,374	17	273,517
	18	Grants payable			843,049	18	484,478
	19	Deferred revenue				19	18,447
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			567,430	23	543,184
	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			597,995	25	758,737
	26	Total liabilities. Add lines 17 through 25			2,307,848	26	2,078,363
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			611,121	27	986,446
	28	Temporarily restricted net assets			858,475	28	386,924
	29	Permanently restricted net assets			1,573,494	29	1,551,016
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,043,090	33	2,924,386
	34	Total liabilities and net assets/fund balances			5,350,938	34	5,002,749

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,374,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,874,150
3	Revenue less expenses Subtract line 2 from line 1	3	500,562
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,043,090
5	Net unrealized gains (losses) on investments	5	-300,285
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	-318,981
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,924,386

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	1,432,936	including grants of \$) (Revenue \$	1,202,062)
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UNITED WAY'S 2-1-1 HELPLINE UNITED WAY'S 2-1-1 HELPLINE AND ONLINE DATABASE OFFERS FREE HEALTH AND HUMAN SERVICES INFORMATION, REFERRAL, ASSESSMENT, AND CRISIS SUPPORT TO HELP PEOPLE FIND THE ASSISTANCE THEY NEED TO ADDRESS THE EVERYDAY CHALLENGES OF LIVING, AS WELL AS THOSE THAT DEVELOP DURING TIMES OF DISASTER AND OTHER COMMUNITY EMERGENCIES 2-1-1 IS A CONFIDENTIAL, MULTILINGUAL AND COMPREHENSIVE SERVICE THAT HAS ALSO ENABLED GOVERNMENT AND NONPROFIT AGENCIES TO REALIZE CONCRETE COST SAVINGS AS WELL AS INCREASED CUSTOMER SERVICE TO RESIDENTS ONE CAN ACCESS 2-1-1 FROM ANY TYPE OF TELEPHONE THROUGHOUT THE HUDSON VALLEY AREA TO SPEAK WITH A PROFESSIONALLY TRAINED, PAID CALL SPECIALIST THE CENTER IS OPEN FROM 9AM TO 7PM, 7 DAYS A WEEK TRANSLATION SERVICES ARE AVAILABLE IN OVER 200 LANGUAGES IN ADDITION, THE CENTER MAINTAINS THE MOST UP-TO-DATE COMPREHENSIVE HEALTH AND HUMAN SERVICES DATABASE IN THE REGION THIS IS UTILIZED FOR REFERRALS FOR CALLERS AND IN ADDITION, IS ALWAYS AVAILABLE TO THE PUBLIC AT WWW HUDSON211 ORG FUNDING SOURCES FOR 2-1-1 INCLUDE GRANTS FROM THE UNITED WAYS IN THE HUDSON VALLEY (INCLUDING UWWP) AND, CORPORATE FOUNDATIONS, AS WELL AS GRANTS/CONTRACTS WITH LOCAL AND STATE GOVERNMENTAL ENTITIES TOTAL REVENUE FROM THE PROGRAM = \$1,115,630FOR THE FISCAL YEAR 2015/2016 UNITED WAY'S 2-1-1 HELPLINE FIELDIED A TOTAL OF 78,654 PHONE CALLS FOR FOUR REGIONS (HUDSON VALLEY, ADIRONDACKS, NORTHEAST, LONG ISLAND) ACROSS NEW YORK, OF WHICH 54,240 WERE FROM THE HUDSON VALLEY IN ADDITION, HUDSON VALLEY 2-1-1 DATABASE CONTAINS 25,000 HEALTH AND HUMAN SERVICE RESOURCES THERE WERE 68,270 SEARCHES VIA WWW HUDSON211 ORG DURING THE SAME PERIOD UW'S 2-1-1 PLAYS A CRITICAL ROLE DURING DISASTERS, DIRECTING PEOPLE TO SAFE SHELTERS, DRY ICE, FOOD AND OTHER BASIC NEEDS NOT-FOR-PROFIT LEADERSHIP SUMMIT - A CONFERENCE THAT UWWP FACILITATES TO BRING TOGETHER VOLUNTEERS AND PROFESSIONAL LEADERS IN THE NOT-FOR-PROFIT SECTOR TO IDENTIFY EMERGING CHALLENGES AND OPPORTUNITIES, SHAPE NEW LEADERSHIP STRATEGIES AND BUILD ORGANIZATIONS THAT EXCEL REVENUE FROM PROGRAM = \$83,430YONKERS THRIVES UNITED WAY HAS AGREED TO SERVE AS PART OF THE BLENDED BACKBONE STRUCTURE BY ACTING AS THE YONKERS THRIVES PARTNERSHIP'S FISCAL AGENT, AS WELL AS PROVIDE EXTERNAL COMMUNICATION AND MARKETING SERVICES

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			
DAVID M YAWMAN ESQ CHAIR	6 00	X		X				0	0	0
SCOTT MORRISON CHAIR (THRU 11/2015)	2 00	X		X				0	0	0
STEPHEN J JONES ESQ CHAIR ELECT	2 00	X		X				0	0	0
JANET WALKER VICE CHAIR ADMINISTRATION	2 00	X		X				0	0	0
DONALD CALABRESE VICE CHAIR AT LARGE	2 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 CO-VICE CHAIR COMMUNITY IMPACT	2 00	X		X				0	0	0
HONORABLE PETER HARCKHAM VICE CHAIR COMMUNICATIONS	2 00	X		X				0	0	0
ANGELA BROCK-KYLE VICE CHAIR NOMINATING	2 00	X		X				0	0	0
JUNE BLANC VICE CHAIR RESOURCE DEVELOPMENT	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			
INGRID RICHARDS SECRETARY	2 00	X		X				0	0	0
ERIC D ELLER TREASURER	2 00	X		X				0	0	0
GREGORY D BASSUK PAST CHAIR	2 00	X						0	0	0
JEANNETTE WARNER ESQ DIRECTOR	2 00	X						0	0	0
MARISSA BRETT DIRECTOR	2 00	X						0	0	0
ROSS BUCHMUELLER DIRECTOR	2 00	X						0	0	0
THOMAS CAREY DIRECTOR (THRU 09/2015)	2 00	X						0	0	0
VINCENT D'AMBROSO DIRECTOR	2 00	X						0	0	0
KATE MCDONOUGH DIRECTOR	2 00	X						0	0	0
NAN HAYWORTH 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			
MAREN HEXTER DIRECTOR	2 00	X						0	0	0
STEPHEN K HUNTER DIRECTOR	2 00	X						0	0	0
MEYER G KOPLOW ESQ DIRECTOR	2 00	X						0	0	0
DANIEL LAW DIRECTOR (THRU 01/2016)	2 00	X						0	0	0
RUTH H MAHONEY DIRECTOR	2 00	X						0	0	0
ANTHONY MAUCIERI DIRECTOR (THRU 09/2015)	2 00	X						0	0	0
KAREN PECORA DIRECTOR	2 00	X						0	0	0
PATRICK PLUNKETT DIRECTOR (THRU 09/2015)	2 00	X						0	0	0
LAWRENCE A RUGGIERI DIRECTOR	2 00	X						0	0	0
GEORGE TROYANO 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			
WENDY WALLNOR DIRECTOR (THRU 09/2015)	2 00	X						0	0	0
FREDERICK P WIENER DIRECTOR	2 00	X						0	0	0
JOANNE E WRIGHT DIRECTOR	2 00	X						0	0	0
ALANA SWEENY PRESIDENT AND CEO	55 00			X				153,690	0	11,607
CARLENE GENTILESCO CHIEF OPERATING OFFICER	57 00					X		117,305	0	25,367
ROSEANN WINTER SR VP FOR FINANCE	49 00					X		107,348	0	17,670

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 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 11, 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 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)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	8,248,564	11,646,227	10,164,868	9,889,637	10,715,612	50,664,908
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	8,248,564	11,646,227	10,164,868	9,889,637	10,715,612	50,664,908
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						50,664,908

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	8,248,564	11,646,227	10,164,868	9,889,637	10,715,612	50,664,908
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,387	70,660	64,497	66,424	54,483	332,451
9 Net income from unrelated business activities, whether or not the business is regularly carried on	19,940	112,360	6,437	14,312	43,456	196,505
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						51,193,864
12 Gross receipts from related activities, etc (see instructions)					12	5,547,832
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 2015 (line 6, column (f) divided by line 11, column (f))	14	98 970 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98 620 %
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF WESTCHESTER AND PUTNAM INC	Employer identification number 13-1997636
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	► \$

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

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

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,204,149	2,256,474	2,011,006	1,884,244	1,808,116
b Contributions	4,500	189,299	62,227		780
c Net investment earnings, gains, and losses	107,357	137,779	353,074	236,142	146,206
d Grants or scholarships					
e Other expenditures for facilities and programs	850,729	379,403	169,833	109,380	70,858
f Administrative expenses					
g End of year balance	1,465,277	2,204,149	2,256,474	2,011,006	1,884,244

2

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

a

Board designated or quasi-endowment ▶ 10 600 %

b

Permanent endowment ▶ 87 770 %

c

Temporarily restricted endowment ▶ 1 630 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		100,000		100,000
b Buildings		306,128	306,128	0
c Leasehold improvements		813,908	651,898	162,010
d Equipment		724,554	603,136	121,418
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				383,428

Schedule D (Form 990) 2015

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	7,685,953
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-300,285
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	130,453
e	Add lines 2a through 2d	2e	-169,832
3	Subtract line 2e from line 1	3	7,855,785
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	4,518,927
c	Add lines 4a and 4b	4c	4,518,927
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,374,712

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	7,674,009
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	130,453
e	Add lines 2a through 2d	2e	130,453
3	Subtract line 2e from line 1	3	7,543,556
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	4,330,594
c	Add lines 4a and 4b	4c	4,330,594
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	11,874,150

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
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PRODUCE REVENUE TO HELP SUPPORT THE ORGANIZATION'S PROGRAMS AND INITIATIVES

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 130,453
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED GRANTS,FUNDS RAISED ON BEHALF OF OTHERS 4,330,594 ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES 188,333
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 130,453
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED GRANTS, DONOR CHOICE NET OF FEES 4,330,594

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM INC

Employer identification number
13-1997636

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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)
		GALA (event type)	GOLF OUTING (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	180,082	82,822	62,180	325,084
	2 Less Contributions	96,720	18,950	35,505	151,175
	3 Gross income (line 1 minus line 2)	83,362	63,872	26,675	173,909
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	31,243	31,475	10,708	73,426
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,050	12,150	12,827	57,027
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				130,453
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				43,456

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?

☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

13-1997636

☒ Yes ☐ No

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.

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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 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 (IE 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. BASED ON THESE REPORTS UWWP AND THE VOLUNTEER-LED COMMUNITY IMPACT (CI) COMMITTEE MAY RECOMMEND AN ADJUSTMENT OF THE FUNDING TO THE UWWP BOARD.

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
ACACIA NETWORK HOUSING 1064 FRANKLIN AVENUE BRONX,NY 10456	26-0076866	501 (C) (3)		402,957	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
CAREERS FOR PEOPLE WITH DISABILITIES 401 COLUMBUS AVE VALHALLA,NY 10595	13-3424844	501 (C) (3)	12,642				FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT
CARING FOR THE HOMELESS OF PEEKSKILL 200 NORTH WATER STREET PEEKSKILL,NY 10566	13-3437332	501 (C) (3)	9	24,059	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	FUNDS RAISED ON BEHALF OF OTHERS/CONSTITUENCY SERVICES

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)		252,667	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
COACHMAN FAMILY CENTER (WESTHAB) 85 EXECUTIVE BOULEVARD ELMSFORD, NY 10523	06-1064281	501 (C) (3)		60,905	APPRAISAL	CLOTHES, FOOD, HOSUEHOLD GOODS, ETC	CONSTITUENCY SERVICES
CORNELL COOPERATIVE EXTENSION 1 GENEVA RD BREWSTER, NY 10509	15-0532082	501 (C) (3)	10,094				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
EASTCHESTER CAP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523	13-2547122	501 (C) (3)		139,888	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
FAMILY OF WOODSTOCK 39 JOHN ST KINGSTON, NY 12401	14-1537663	501 (C) (3)		35,930	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
FAMILY SERVICE OF WESTCHESTER ONE GATEWAY PLAZA PORT CHESTER, NY 10573	13-1773419	501 (C) (3)	142	23,578	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	FUNDS RAISED ON BEHALF OF OTHERS/CONSTITUENCY SERVICES

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)	25,018	29,904	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT/CONSTITUENCY SERVICES
FIRST HAITIAN CHURCH OF GOD OF MIDDLETOWN 2344 MOUNTAIN ROAD OTISVILLE, NY 10963	80-0364383	501 (C) (3)		10,077	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
GREENBURGH ELMSFORD CAP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523	13-2547122	501 (C) (3)		5,227	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
GREYSTON FAMILY INN FOUNDATION 21 PARK AVE YONKERS, NY 10703	13-3407079	501 (C) (3)		58,914	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
HISPANIC RESOURCE CENTER 623 MAMARONECK AVENUE MAMARONECK, NY 10543	31-1678682	501 (C) (3)	10,000				COMMUNITY IMPACT
HONOR EHG INC 38 SEWARD AVE MIDDLETOWN, NY 10940	14-1596731	501 (C) (3)		27,089	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
HOUSE OF REFUGE APOSTOLIC CHURCH (HORAC) 81 CROTON AVENUE OSSINING, NY 10562	51-0445850	501 (C) (3)		21,175	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
INFANT TODDLER LEARNING CENTER OF WJCS 845 NORTH BROADWAY SUITE 2 WHITE PLAINS, NY 10603	13-1740071	501 (C) (3)		27,380	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
INWOOD HOUSE - CHILDREN'S VILLAGE ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501 (C) (3)		21,965	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
JEWISH BOARD 135 WEST 50TH STREET NEW YORK, NY 10022	13-5564937	501 (C) (3)		54,485	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
LEXINGTON CENTER FOR RECOVERY 24 SMITH AVENUE MOUNT KISCO, NY 10549	13-3131438	501 (C) (3)		24,112	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
MOUNT VERNON COMMUNITY ACTION GROUP (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10550	13-2547122	501 (C) (3)		37,392	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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 VERNON NEIGHBORHOOD HEALTH CENTER 107 WEST 4 STREET MOUNT VERNON, NY 10550	13-3315508	501 (C) (3)		582,738	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
NEW ROCHELLE COMMUNITY ACTION PROGRAM (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523	13-2547122	501 (C) (3)		36,508	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
OASIS SHELTER (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10550	13-2547122	501 (C) (3)		85,935	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
OPEN BIBLE CHURCH PO BOX 313 STONY POINT, NY 10980	20-1908945	501 (C) (3)		100,390	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
OPEN DOOR FAMILY MEDICAL CENTER 165 MAIN STREET OSSINING, NY 10562	13-2813103	501 (C) (3)	18,307				FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT
OUR LADY OF THE HOLY ROSARY 22 DON BOSCO PL PORT CHESTER, NY 10573	53-0196617	501 (C) (3)		103,518	APPRAISAL	CLOTHES, FOOD, HOSUEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
PORT CHESTER CARVER CENTER 400 WESTCHESTER AVENUE WHITE PLAINS, NY 10605	13-1832949	501 (C) (3)		9,426	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
PRO BONO PARTNERSHIP 237 MAMARONECK AVE WHITE PLAINS, NY 10605	06-1264823	501 (C) (3)	5,283				FUNDS RAISED ON BEHALF OF OTHERS/COMMUNITY IMPACT
REGIONAL ECONOMIC COMMUNITY ACTION CENTER 40 SMITH STREET MIDDLETOWN, NY 10940	14-1493667	501 (C) (3)		32,262	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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 (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10523	13-2547122	501 (C) (3)		79,164	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
RYE YMCA 21 LOCUST AVE RYE, NY 10580	13-1740515	501 (C) (3)	18,000				COMMUNITY IMPACT
RYER AVENUE HOUSING DEVELOPMENT FUND CORP 2386 RYER AVENUE BRONX, NY 10548	13-6044024	501 (C) (3)		38,148	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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 CHRYSOSTOM (CATHOLIC CHARITIES) 1011 1ST AVENUE NEW YORK, NY 10022	13-5562185	501 (C) (3)		16,408	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
SHARING COMMUNITY PO BOX 657 YONKERS, NY 10701	13-3186666	501 (C) (3)		5,488	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
SHEPHERD'S FLOCK (CALVARY CENTER) 57 LOCUST HILL AVENUE YONKERS, NY 10701	13-2909743	501 (C) (3)		112,870	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
SPECIAL CITIZENS FUTURES UNLIMITED 350 5TH AVENUE NEW YORK, NY 10118	13-2865903	501 (C) (3)		10,184	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
TARRYTOWN COMMUNITY OPPORTUNITY CENTER 2269 SAW MILL RIVER RD ELMSFORD, NY 10523	13-2547122	501 (C) (3)		110,429	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
THE UPPER ROOM HOUSE OF WORSHIP 118 BETHUNE BOULEVARD SPRING VALLEY, NY 10977	13-4055100	501 (C) (3)		30,828	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
THOMAS H SLATER CENTER 2 FISHER COURT WHITE PLAINS, NY 10601	13-3058584	501 (C) (3)	1,444	16,995	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	FUNDS RAISED ON BEHALF OF OTHERS/CONSTITUENCY SERVICES
UNITED COMMUNITY CENTER OF WESTCHESTER 173 UNION AVE NEW ROCHELLE, NY 10801	84-1715929	501 (C) (3)		117,330	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
UNITED WAY OF MID-HUDSON VALLEY 75 MARKET ST POUGHKEEPSIE, NY 12601	06-1045698	501 (C) (3)		58,121	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

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
UNITED WAY OF WESTERN CT 301 MAIN STREET DANBURY, CT 06810	06-0646577	501 (C) (3)		5,077	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
URBAN LEAGUE OF WESTCHESTER 61 MITCHELL PLACE WHITE PLAINS, NY 10601	13-1740054	501 (C) (3)	20,000	62,674	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	COMMUNITY IMPACT/CONSTITUENCY SERVICES
WASHINGTONVILLE HOUSING ALLIANCE 136 LIBRARY LANE MAMARONECK, NY 10543	13-3028376	501 (C) (3)		31,650			CONSTITUENCY SERVICES

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
WEST HELP MOUNT VERNON (USA HELP) 240 FRANKLIN AVE MOUNT VERNON, NY 10550	13-3449085	501 (C) (3)		138,755	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
WESTCHESTER JEWISH COMMUNITY SERIVCES 489 SOUTH BROADWAY YONKERS, NY 10705	13-1740071	501 (C) (3)		40,996	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES
WESTHAB 85 EXECUTIVE BLVD ELMSFORD, NY 10523	06-1064281	501 (C) (3)	12,500	119,611	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	COMMUNITY IMPACT/CONSTITUENCY SERVICES

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
WHITE PLAINS COMMUNITY ACTION PROGRAM (WESTCOP) 2 WESTCHESTER PLAZA ELMSFORD, NY 10550	13-2547122	501 (C) (3)	871	38,835	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	FUNDS RAISED ON BEHALF OF OTHERS/CONSTITUENCY SERVICES
YONKERS FAMILY YMCA 17 RIVERDALE AVE YONKERS, NY 10701	13-1740520	501 (C) (3)	18,000	48,159	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	COMMUNITY IMPACT/CONSTITUENCY SERVICES
YOUTH ADVOCATE PROGRAMS 2007 N 3RD STREET HARRISBURG, PA 17102	23-1977514	501 (C) (3)		35,495	APPRAISAL	CLOTHES, FOOD, HOUSEHOLD GOODS, ETC	CONSTITUENCY SERVICES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM INC

Employer identification number
13-1997636

Part I Questions Regarding Compensation

	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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in 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 in 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	No No No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III	5a 5b	No No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III	6a 6b	No No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALANA SWEENEY PRESIDENT AND CEO	(i)	153,690 ----- 0	0 ----- 0	0 ----- 0	4,500 ----- 0	7,107 ----- 0	165,297 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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		3,519,832	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
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

290

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

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 non-standard contributions?

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II

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

33

Yes

No

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

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
UNITED WAY OF WESTCHESTER AND PUTNAM INC

Employer identification number

13-1997636

**Return
Reference****Explanation**FORM 990,
PART III,
LINE 1

TO ADVANCE THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL WHO LIVE AND/OR WORK WITHIN THE COMMUNITIES OF WESTCHESTER AND PUTNAM COUNTIES FOR 53 YEARS, UWWP HAS BEEN MEETING HUMAN CARE NEEDS FOR THOSE WHO LIVE IN OUR COMMUNITY TODAY UWWP IS FOCUSED ON MAKING A POSITIVE IMPACT IN WESTCHESTER AND PUTNAM BY SUPPORTING THE FOLLOWING CRITICAL BUILDING BLOCKS OF A BETTER LIFE 1 A QUALITY EDUCATION THAT LEADS TO A STABLE JOB 2 INCOME THAT CAN SUPPORT A FAMILY THROUGH RETIREMENT, AND 3 GOOD HEALTH UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE THIS YEAR 326 VOLUNTEERS PROVIDED 5,972 HOURS TO FURTHER OUR MISSION AS A RESULT, UNITED WAY DEVELOPS INITIATIVES IN SUPPORT OF POSITIVE EDUCATION, INCOME AND HEALTH OUTCOMES AND HELPS NONPROFIT AGENCIES OPERATE MORE EFFECTIVELY UWWP ALSO PROMOTES, ENCOURAGES AND PROVIDES OPPORTUNITIES FOR PHILANTHROPY, 1 TO SOLICIT FUNDS AND PROPERTY TO SUPPORT SUCH INITIATIVES, 2 TO ACQUIRE BY GIFT, LEGACY, DEVISE, PURCHASE, OR OTHERWISE, PROPERTY AS DESCRIBED IN UWWP'S GIFT ACCEPTANCE POLICY FOR SUCH INITIATIVES AND TO LEAVE, MORTGAGE, IMPROVE, PLEDGE, SELL, CONVERT, OTHERWISE DISPOSE OF SUCH PROPERTY 3 TO INVEST AND EXPEND FUNDS, AND TO DISTRIBUTE SUCH FUNDS IN SUPPORT OF EDUCATION, INCOME AND HEALTH INITIATIVES AS AGREED UPON AND DIRECTED BY THE BOARD OF DIRECTORS OF THIS CORPORATION IN ADDITION, UNITED WAY PROMOTES, ENCOURAGES, AND PROVIDES OPPORTUNITIES FOR VOLUNTEERISM AND ADVOCACY UNITED WAY ALSO OVERSEES THE OPERATION OF UNITED WAY'S 2-1-1 HELPLINE IN THE HUDSON VALLEY AND ITS COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES TO ACTIVELY SUPPORT THE AVAILABILITY OF INFORMATION AND REFERRAL SERVICES TO THOSE WHO LIVE AND/OR WORK IN OUR COMMUNITIES AND TO ASSIST IN THE COORDINATION OF DISASTER RELIEF WHEN THE NEED ARISES IN SUMMARY, UNITED WAY ENCOURAGES THE COMMUNITIES WE SERVE TO LIVE UNITED TO GIVE, ADVOCATE AND VOLUNTEER TO HELP PEOPLE BECOME SELF SUFFICIENT

Return Reference	Explanation
FORM 990, PART III, LINE 2	A NEW PROGRAM, YONKERS THRIVES, WAS SET IN MOTION IN OCTOBER 2015 THROUGH A CONTRACT WITH THE CITY OF YONKERS UNITED WAY WILL PROVIDE VARIOUS SERVICES TO ACCOMPLISH THE GOALS OF THE YONKERS THRIVES PARTNERSHIP THROUGH CONTRACTS WITH MEMBERS OF THE BLENDED BACKBONE STRUCTURE INCLUDING THE WESTCHESTER CHILDREN'S ASSOCIATION AND THE COMMUNITY PLANNING COUNCIL OF YONKERS

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>BASED ON OUR CURRENT COMMUNITY NEEDS ASSESSMENT, AND INPUT OF LEADERS, UWWP HAS BEGUN TO IMPLEMENT A COLLECTIVE IMPACT APPROACH AND EMPLOYS MULTIPLE STRATEGIES FROM INFANCY THROUGH THIRD GRADE AND RESEARCH BASED SOLUTIONS TO INCREASE READING RATES AND ATTENDANCE AND UTILIZES PROVEN TECHNIQUES SUCH AS PARENT ENGAGEMENT TRAINING, MENTORING, ACCESS TO BOOKS, COORDINATION OF MY BROTHER'S KEEPER INITIATIVES AND SERVING AS A BACKBONE TO A CRADLE TO CAREER INITIATIVE IN YONKERS CALLED YONKERS THRIVES IN ADDITION, UWWP HAS SUPPORTED EFFORTS IN THE AREAS OF EDUCATION, INCOME, AND HEALTH THESE INITIATIVES INCLUDE EDUCATION SMARTSTART - HELPS AT-RISK CHILDREN IN ELEMENTARY SCHOOL TO SUCCEED WITH A FOCUS ON READING RATES AND ATTENDANCE, PROVEN TECHNIQUES ARE UTILIZED, SUCH AS INTERGENERATIONAL PROGRAMMING, MENTORING AND TUTORING INCOME TEACH ME TO FISH - WORK SKILLS FOR LIFE - GIVES CHRONICALLY UNEMPLOYED, AND/OR, HARD-TO-PLACE INDIVIDUALS SKILLS TRAINING TO ACCESS BETTER JOBS AND STAY EMPLOYED FINANCIAL EDUCATION PROGRAM - INDIVIDUALS AND FAMILIES LEARN TO MANAGE ASSETS THROUGH FINANCIAL EDUCATION WORKSHOPS AND COUNSELING EMERGENCY BASIC NEEDS SUPPORT - GETS FAMILIES THE EMERGENCY HELP THEY NEED TO PUT FOOD ON THE TABLE AND AVOID HOMELESSNESS HEALTH STEP UP 2 HEALTH - WORKS TO REDUCE OBESITY RATES THROUGH EDUCATION, EXERCISE, NUTRITION PROGRAMS, COMMUNITY GARDENS, AND BRINGING TOGETHER PEOPLE OF ALL AGES TO LIVE HEALTHIER LIVES FAMILYWIZE - FREE PRESCRIPTION DISCOUNT CARD OFFERED THROUGH UNITED WAY TO REDUCE THE HIGH COSTS OF PRESCRIPTION MEDICINE FOR ALL STRENGTHENING NONPROFITS, UWWP PROVIDED SUPPORT TO NONPROFITS IN THESE WAYS * MORE THAN 1,000 NONPROFIT LEADERS ATTENDED LOW COST WORKSHOPS TO ENHANCE THEIR SKILLS THROUGH THE NOT FOR PROFIT MANAGEMENT CENTER, FINANCIAL EDUCATION WORKSHOPS FOR CASEWORKERS TO BECOME FINANCIAL COACHES AND THROUGH THE ANNUAL NOT FOR PROFIT LEADERSHIP SUMMIT CO-COVENED BY UWWP * NEARLY \$3.3 MILLION IN DONATED PRODUCTS AND SERVICES DISTRIBUTED TO NON-PROFITS THROUGH UWWP'S GIFTS-IN-KIND PROGRAM * CO-CONVENED AND STAFFED THE ANNUAL NOT-FOR-PROFIT LEADERSHIP SUMMIT * UPDATED NONPROFITS ON BEST PRACTICES, EVENTS AND TRENDS IN THE INDUSTRY VOLUNTEERISM UWWP ENGAGES IN ONGOING EFFORTS TO RECRUIT VOLUNTEERS TO SUPPORT OUR PROGRAMS SOME AREAS IN WHICH THEY VOLUNTEER ARE MENTORING, TUTORING, RESUME WRITING, FINANCIAL EDUCATION, AND BOOK COLLECTION AND DISSEMINATION SOME VOLUNTEERS ARE GIVEN INTENSE SUPERVISION TO DEVELOP THEIR PROFESSIONAL WORK SKILLS UNITED WAY'S 2-1-1 UNITED WAY'S 2-1-1 HELPLINE OFFERS HEALTH AND HUMAN SERVICES INFORMATION, REFERRAL, ASSESSMENT AND CRISIS SUPPORT TO HELP 46,000 CALLERS FIND THE ASSISTANCE THEY NEED TO ADDRESS THE EVERYDAY CHALLENGES OF LIVING, AS WELL AS THOSE THAT DEVELOP DURING TIMES OF DISASTER AND OTHER COMMUNITY EMERGENCIES ADDITIONALLY, 2-1-1 HAS ENABLED GOVERNMENT AND NONPROFIT AGENCIES TO REALIZE CONCRETE COST SAVINGS AS WELL AS INCREASED CUSTOMER SERVICE TO RESIDENTS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON WHO HAS CONTRIBUTED TO THE UNITED WAY OF WESTCHESTER AND PUTNAM ITSELF, ANY FUND AFFILIATED WITH THE UNITED WAY OF WESTCHESTER AND PUTNAM, OR ANY COMMUNITY SERVED BY THE UNITED WAY OF WESTCHESTER AND PUTNAM IS A MEMBER OF THE CORPORATION FOR THE YEAR IN WHICH THE CONTRIBUTION IS INTENDED AND IS ELIGIBLE TO ATTEND THE ANNUAL MEETING AND VOTE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AT THE ANNUAL MEETING, THE NOMINATING COMMITTEE RECOMMENDS NEW MEMBERS OF THE BOARD OF DIRECTORS AND THEIR TERMS OF OFFICE FROM COMMUNITIES THAT ARE SERVED BY UWWP, AS WELL AS AT-LARGE BOARD MEMBERS, WHO ARE THEN ELECTED BY THE MEMBERSHIP ASSEMBLY IN ADDITION, MEMBERS OF THE COMING YEAR'S NOMINATING COMMITTEE ARE ALSO ELECTED BY THE MEMBERSHIP ASSEMBLY AT THE FIRST MEETING OF THE BOARD OF DIRECTORS FOLLOWING THE ANNUAL MEETING, THE NOMINATING COMMITTEE RECOMMENDS A SLATE OF OFFICERS FOR THE COMING YEAR AS WELL AS A SLATE OF ADDITIONAL BOARD MEMBERS AND THEIR TERMS OF SERVICE TO THE BOARD FOR ITS APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BY-LAWS OF THE CORPORATION MAY BE AMENDED IN FULL OR IN PART, BY TWO-THIRDS VOTE OF THE MEMBERS AT A MEETING OF MEMBERS OR AT THE ANNUAL MEETING, OR BY TWO-THIRDS VOTE OF THE MEMBERS OF THE BOARD PRESENT AT A MEETING OF THE BOARD, IN ANY CASE WHERE SUCH ACTION HAS BEEN SET FORTH AS A PROPOSAL IN THE NOTICE OF SUCH MEETING ANY AMENDMENT OF THE BY-LAWS SHALL BE PROVIDED TO, AND AVAILABLE FOR REVIEW BY, THE MEMBERS OR BOARD MEMBERS, AS APPLICABLE, IN ADVANCE OF THE MEETING AT WHICH THE MEMBERS OR BOARD SHALL BE ASKED TO VOTE ON SUCH AMENDMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL BOARD MEMBERS, COMMITTEE VOLUNTEERS, AND STAFF MUST RETURN A SIGNED STATEMENT EACH YEAR WHICH REQUIRES THEM TO REVIEW AND DISCLOSE ANY CONFLICTS OF INTEREST THAT MAY EXIST THE CONFIDENTIAL EXECUTIVE ASSISTANT TO THE PRESIDENT AND CEO MAINTAINS THE FILE FOR ALL VOLUNTEERS AND THE VICE PRESIDENT FOR OPERATIONS MAINTAINS THE SIGNED STAFF FORMS 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</p>

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 YET 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> <ol style="list-style-type: none"> 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. 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. 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. 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 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 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: <ol style="list-style-type: none"> 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. <p>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 ANY ONE 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. 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.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -130,648 ESTIMATED UNCOLLECTIBLE PLEDGE RECEIVABLES -188,333

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	UWWP HAS A SEPARATE COMMITTEE WHICH IS ASSIGNED THE RESPONSIBILITY OF INTERFACING WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT, THE COMMITTEE REVIEWS THE FINANCIAL STATEMENTS AND MANAGEMENT LETTER WITH THE AUDITORS AND MANAGEMENT AFTER ALL QUESTIONS AND ISSUES HAVE BEEN ADDRESSED, THE COMMITTEE HOLDS AN EXECUTIVE SESSION WITH THE AUDITORS AT THE CONCLUSION OF THE MEETING, THE COMMITTEE APPROVES THE AUDITED FINANCIAL STATEMENTS, ALONG WITH AUDITORS' PRESENTATION AND RECOMMENDS FINAL ADOPTION OF THESE STATEMENTS TO THE UWWP BOARD, WHICH THEN VOTES ON APPROVAL ONCE AUDIT IS APPROVED BY THE BOARD, THE FINAL VERSION OF THE AUDITED FINANCIAL STATEMENTS IS POSTED ON WWW.UWWP.ORG