

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

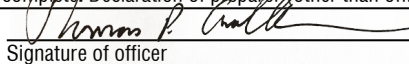
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>UNITED WAY OF NEW YORK CITY</b>		<b>D</b> Employer identification number <b>13-2617681</b>
	Doing business as		<b>E</b> Telephone number <b>212-251-2431</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>65,187,462.</b>
	205 EAST 42ND STREET		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10017</b>		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>F</b> Name and address of principal officer: <b>GRACE BONILLA</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> 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			
<b>J</b> Website: <b>WWW.UNITEDWAYNYC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1968</b>
			<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF NEW YORK CITY (UWNYC) MOBILIZES COMMUNITIES, BREAKS DOWN BARRIERS, (SEE SCHEDULE O)</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>44</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>5</b> <b>98</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>647</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>60,806,753.</b> <b>Prior Year</b> <b>62,264,302.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>58,548.</b> <b>58,548.</b> <b>42,715.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>402,823.</b> <b>402,823.</b> <b>487,081.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-220,305.</b> <b>-220,305.</b> <b>785,127.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>61,047,819.</b> <b>61,047,819.</b> <b>63,579,225.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>46,557,141.</b> <b>46,557,141.</b> <b>38,755,538.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>7,968,495.</b> <b>7,968,495.</b> <b>10,371,868.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>195,500.</b> <b>195,500.</b> <b>186,000.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>3,130,598.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>6,064,739.</b> <b>6,064,739.</b> <b>6,651,285.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>60,785,875.</b> <b>60,785,875.</b> <b>55,964,691.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>261,944.</b> <b>261,944.</b> <b>7,614,534.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>40,512,646.</b> <b>Beginning of Current Year</b> <b>37,721,981.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>29,726,237.</b> <b>29,726,237.</b> <b>21,186,026.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>10,786,409.</b> <b>10,786,409.</b> <b>16,535,955.</b>

**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.

<b>Sign Here</b>		Date
	<b>TOM GUILTINAN, CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MAGDALENA CZERNIAWSKI</b>	Preparer's signature <b>MAGDALENA CZERNIAWSKI</b>	Date <b>05/13/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00535099</b>
	Firm's name <b>CBIZ MARKS PANETH LLC</b>	Firm's EIN <b>87-3707167</b>	Phone no. <b>212-503-8800</b>		
Firm's address <b>685 THIRD AVENUE NEW YORK, NY 10017</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF NEW YORK CITY (UWNYC) MOBILIZES COMMUNITIES, BREAKS DOWN BARRIERS, AND BUILDS OPPORTUNITIES FOR LOW-INCOME NEW YORKERS FOR THE BENEFIT OF ALL. WE HOLD A VISION FOR COMMUNITIES WHERE INDIVIDUALS AND FAMILIES HAVE ACCESS TO QUALITY EDUCATION, EQUITABLE OPPORTUNITIES,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 12,209,785. including grants of \$ 10,707,412. ) (Revenue \$ ) HEALTH EQUITY BOLSTERING THE PROVISION OF CULTURALLY COMPETENT HEALTH CARE SERVICES AND POLICIES IN NEW YORK CITY AND BEYOND TO MITIGATE HEALTH DISPARITIES PREVALENT IN BLACK AND BROWN COMMUNITIES. THROUGH CHOOSE HEALTHY LIFE, TRAINING TRUSTED MESSENGERS IN COMMUNITIES OF COLOR TO DISSEMINATE UP-TO-DATE PUBLIC HEALTH INFORMATION AND PROMOTE CONNECTIONS TO CARE. FORTIFYING COMMUNITY INFRASTRUCTURE TO ADDRESS THE COVID PANDEMIC IN THE BLACK COMMUNITY, STRENGTHEN LOCAL NETWORKS, INCREASE LONG-TERM COMMUNITY RESILIENCE, AND SAVE LIVES BY LEVERAGING THE POWER OF THE BLACK CHURCH TO EXPAND ACCESS TO COVID-19 TESTING, CONTACT TRACING, VACCINES, AND OTHER HEALTH SERVICES.

4b (Code: ) (Expenses \$ 11,489,368. including grants of \$ 9,811,444. ) (Revenue \$ ) FOOD AND BENEFITS ACCESS BUILDING THE CAPACITY OF THE EMERGENCY FOOD SYSTEM ACROSS NEW YORK CITY AND ENSURING PEOPLE HAVE ACCESS TO EMERGENCY FOOD AND PUBLIC BENEFITS. THROUGH THE HUNGER PREVENTION AND NUTRITION ASSISTANCE PROGRAM (HPNAP), PROVIDING OVER 600 COMMUNITY-BASED ORGANIZATIONS THROUGHOUT THE FIVE BOROUGHES OF NYC WITH HIGH QUALITY, CULTURALLY APPROPRIATE FOODS, NUTRITION EDUCATION, AND TECHNICAL ASSISTANCE. PROVIDING OPERATIONAL SUPPORT GRANTS AND CAPITAL EQUIPMENT GRANTS TO EMERGENCY FOOD PROVIDERS TO COVER COSTS SUCH AS RENT, UTILITIES, AND STAFF AS WELL AS PURCHASES OF REFRIGERATORS, FREEZERS, AND OTHER EQUIPMENT TO ENSURE FUNDED PROGRAMS CAN SUCCESSFULLY AND SAFELY STORE AND DISTRIBUTE FOOD.

4c (Code: ) (Expenses \$ 10,126,602. including grants of \$ 7,245,123. ) (Revenue \$ ) JUSTICE & OPPORTUNITY PARTNERING WITH GOVERNMENT AND TRUSTED COMMUNITY PARTNERS TO BUILD SUSTAINABLE COMMUNITY SAFETY. THROUGH ATLAS, A SIGNATURE INNOVATION IN JUSTICE REFORM DESIGNED IN PARTNERSHIP WITH THE NEW YORK CITY MAYOR'S OFFICE OF NEIGHBORHOOD SAFETY, BUILDING NETWORKS OF SUPPORT FOR JUSTICE-INVOLVED YOUNG PEOPLE THROUGH EVIDENCE-BASED THERAPEUTIC SUPPORT, CIVIC ENGAGEMENT, AND MENTORSHIP.

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,493,322. including grants of \$ 10,991,560. ) (Revenue \$ 723,125.)

4e Total program service expenses 47,319,077.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b> X	
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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 .....	<b>17</b> X	
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 57	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 44; 1b Enter the number of voting members included on line 1a... 44; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, DC, FL, GA, IL, MD, MA, NJ, NY, NC, OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CATHY PETRUCCI - VP, CONTROLLER - (212) 251-2449 205 EAST 42ND STREET, NEW YORK, NY 10017

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHEENA WRIGHT PRESIDENT, CEO (OUTGOING)	45.00			X				426,980.	0.	49,151.
(2) MEGHAN BROWN SVP, CHIEF DEVELOP. OFFICE	45.00				X			237,255.	0.	22,877.
(3) EICHAKEEM MCCLARY SVP, CHIEF LEGAL AND ADMIN	45.00				X			189,310.	0.	21,108.
(4) CATHY PETRUCCI VP, CONTROLLER	35.00					X		155,299.	0.	37,007.
(5) MICHELLE M. GONZALES MATHESON VICE PRESIDENT	35.00					X		160,536.	0.	19,904.
(6) VICTOR MILLSAP VP, INFORMATION TECHNOLOGY	35.00					X		157,015.	0.	21,139.
(7) SOPHONISBA LEMURIA ALAWODE-EL VP, STRENGTHENING NYC	35.00					X		128,931.	0.	35,322.
(8) LAC D TRAN VP, FINANCIAL PLANNING & ANALYSIS	35.00					X		145,032.	0.	14,617.
(9) TOM GUILTINAN CFO	45.00			X				117,487.	0.	10,663.
(10) AMANI TOOMER DIRECTOR	1.00	X						0.	0.	0.
(11) ANDREW BREGENZER DIRECTOR	1.00	X						0.	0.	0.
(12) ANISH MELWANI DIRECTOR	1.00	X						0.	0.	0.
(13) ANTONIO RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
(14) BERNICE CLARK DIRECTOR	1.00	X						0.	0.	0.
(15) BRAD A. ROTHBAUM DIRECTOR	1.00	X						0.	0.	0.
(16) CAROLYN BIDWELL DIRECTOR	1.00	X						0.	0.	0.
(17) CHRISTINE FENSKE TREASURER	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER J. PERRY DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID TURNER DIRECTOR	1.00	X						0.	0.	0.
(20) DENISE PICKETT DIRECTOR & VICE CHAIR	1.00	X		X				0.	0.	0.
(21) DIPTI S. GULATI DIRECTOR	1.00	X						0.	0.	0.
(22) DONALD DONAHUE DIRECTOR & CO-CHAIR	1.00	X		X				0.	0.	0.
(23) ELLY KEINAN DIRECTOR	1.00	X						0.	0.	0.
(24) EVAN KAUFMAN DIRECTOR	1.00	X						0.	0.	0.
(25) EVELYN CASTILLO DIRECTOR	1.00	X						0.	0.	0.
(26) FELIX MATOS RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,717,845.	0.	231,788.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,717,845.	0.	231,788.

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 **11**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
D. FRASER ASSOCIATES, LLC, 525 WEST LAKE DRIVE, EAST STROUDSBURG, PA 18301	EXPANSION OF CHOICE HEALTHY LIFE CHURCHE	505,000.
BENNETT MIDLAND LLC, 245 W 29TH STREET, FL 12A, NEW YORK, NY 10001	PROJECT MANAGEMENT FOR CHOICE HEALTHY L	292,486.
THE BHE GROUP, LLC, 10603 GLENWILD ROAD, SLIVER SPRING, MD 20901	EDUCATION PROGRAM FOR CHOICE HEALTHY L	241,284.
POINT SUR CONSULTING, LLC, 2716 W EVERGREEN AVE APT 3, CHICAGO, IL 60622	ONBOARDING FOR FOOD PANTRIES-PLENTIFUL A	237,995.
HSIANG MARX, LLC 121 STERLING PLACE, BROOKLYN, NY 11217	GRANT WRITER	211,000.

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 **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HEDIEH FAKHRIYAZDI DIRECTOR	1.00	X						0.	0.	0.
(28) JANA FLEISHMAN DIRECTOR	1.00	X						0.	0.	0.
(29) JENNIFER PIEPSZAK DIRECTOR	1.00	X						0.	0.	0.
(30) JENNIFER WARREN DIRECTOR	1.00	X						0.	0.	0.
(31) JOSEPH CABRERA DIRECTOR & VICE-CHAIR	1.00	X		X				0.	0.	0.
(32) JOSHUA B. MASON DIRECTOR	1.00	X						0.	0.	0.
(33) KARYN L TWARONITE DIRECTOR	1.00	X						0.	0.	0.
(34) KATHRYN KAMINSKY DIRECTOR	1.00	X						0.	0.	0.
(35) KENNETH BRONFIN DIRECTOR	1.00	X						0.	0.	0.
(36) KEVIN STONE SECRETARY	1.00	X		X				0.	0.	0.
(37) LARRY KLANE DIRECTOR	1.00	X						0.	0.	0.
(38) LORRAINE M. LYNCH DIRECTOR	1.00	X						0.	0.	0.
(39) MICHAEL SCHMIDTBERGER DIRECTOR & CO-CHAIR	1.00	X		X				0.	0.	0.
(40) NEIL MASTERSON DIRECTOR	1.00	X						0.	0.	0.
(41) PAUL PAPAS DIRECTOR	1.00	X						0.	0.	0.
(42) RANDALL KESSLER DIRECTOR	1.00	X						0.	0.	0.
(43) ROBERT FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(44) ROBERT MULLEN DIRECTOR	1.00	X						0.	0.	0.
(45) ROBYN ZIVIC DIRECTOR	1.00	X						0.	0.	0.
(46) SAMIR A GANDHI DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) STEPHANIE ERICSON DIRECTOR	1.00	X						0.	0.	0.
(48) STEVEN CHOI DIRECTOR	1.00	X						0.	0.	0.
(49) TED MOUDIS DIRECTOR	1.00	X						0.	0.	0.
(50) THEO YEDINSKY DIRECTOR	1.00	X						0.	0.	0.
(51) TODD SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(52) TRACEY GAVEN-BRIDGMAN DIRECTOR	1.00	X						0.	0.	0.
(53) YESENIA SCHEKER IZQUIERDO DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 11,869,796.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 3,090,804.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 33,538,539.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 13,765,163.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		62,264,302.			
Program Service Revenue	<b>2 a</b>	CAMPAIGN FEES	<b>Business Code</b> 900099	42,715.	42,715.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		42,715.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		211,569.		211,569.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	42,686.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b> 0.				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 42,686.				
	<b>d</b>	Net rental income or (loss) .....		42,686.		42,686.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	1,650,700.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b> 1,375,188.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b> 275,512.				
<b>d</b>	Net gain or (loss) .....		275,512.		275,512.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 3,090,804. of contributions reported on line 1c). See Part IV, line 18 .....		295,080.				
			233,049.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		62,031.		62,031.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	FORGIVENESS OF DEBT	<b>Business Code</b> 900099	984,621.	984,621.		
	<b>b</b>	OTHER INCOME	900099	243,735.	243,735.		
	<b>c</b>	NET LOSS FROM LEASE	900099	-547,946.	-547,946.		
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		680,410.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		63,579,225.	723,125.	0.	591,798.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38,019,229.	38,019,229.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	736,309.	736,309.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	536,383.	187,734.	348,649.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,992,817.	5,183,940.	1,414,665.	1,394,212.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	737,600.	424,912.	199,331.	113,357.
<b>9</b> Other employee benefits	357,482.	209,018.	91,429.	57,035.
<b>10</b> Payroll taxes	747,586.	425,172.	211,256.	111,158.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,321.		2,321.	
<b>c</b> Accounting	138,000.		138,000.	
<b>d</b> Lobbying	60,000.		60,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17	186,000.			186,000.
<b>f</b> Investment management fees	62,256.		62,256.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,820,230.	126,816.	1,474,051.	219,363.
<b>12</b> Advertising and promotion	663,066.	3,000.		660,066.
<b>13</b> Office expenses	193,883.	128,798.	43,754.	21,331.
<b>14</b> Information technology	58,658.	7,670.	43,907.	7,081.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,130,136.	824,999.	180,822.	124,315.
<b>17</b> Travel	21,746.	1,964.	14,348.	5,434.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	73,160.	2,575.	53,504.	17,081.
<b>20</b> Interest	384,929.		384,929.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	255,159.	180,751.	41,006.	33,402.
<b>23</b> Insurance	285,034.	208,076.	45,605.	31,353.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES TO NAT'L, &amp; STATE</b>	928,602.	586,630.	253,576.	88,396.
<b>b EQUIP. RENTALS &amp; EXP.</b>	362,842.	47,445.	271,596.	43,801.
<b>c BAD DEBT EXPENSE</b>	152,806.		152,806.	
<b>d DUES AND SUBSCRIPTIONS</b>	58,457.	14,039.	27,205.	17,213.
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	55,964,691.	47,319,077.	5,515,016.	3,130,598.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,243,698.	<b>1</b>	2,262,866.
	<b>2</b> Savings and temporary cash investments .....	141,575.	<b>2</b>	149,307.
	<b>3</b> Pledges and grants receivable, net .....	19,491,332.	<b>3</b>	21,811,539.
	<b>4</b> Accounts receivable, net .....	64,384.	<b>4</b>	215,495.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	87,637.	<b>9</b>	265,716.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,585,988.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,108,873.		
	<b>11</b> Investments - publicly traded securities .....	6,144,862.	<b>10c</b>	3,477,115.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,442,323.	<b>11</b>	6,412,566.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,896,835.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,512,646.	<b>15</b>	3,127,377.	
		<b>16</b>	37,721,981.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,480,215.	<b>17</b>	1,866,873.
	<b>18</b> Grants payable .....	11,646,417.	<b>18</b>	7,162,424.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	10,414,641.	<b>24</b>	6,135,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,184,964.	<b>25</b>	6,021,729.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	29,726,237.	<b>26</b>	21,186,026.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,611,760.	<b>27</b>	3,892,584.
	<b>28</b> Net assets with donor restrictions .....	8,174,649.	<b>28</b>	12,643,371.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,786,409.	<b>32</b>	16,535,955.
<b>33</b> Total liabilities and net assets/fund balances .....	40,512,646.	<b>33</b>	37,721,981.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	63,579,225.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,964,691.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,614,534.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,786,409.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,446,850.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-418,138.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	16,535,955.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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		<input checked="" type="checkbox"/>
<b>b</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	<input checked="" type="checkbox"/>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b>	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? _____		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

15  
OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF NEW YORK CITY** Employer identification number **13-2617681**

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	59973152.	53752423.	59900733.	60806753.	62264302.	296697363
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	59973152.	53752423.	59900733.	60806753.	62264302.	296697363
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						296697363

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	59973152.	53752423.	59900733.	60806753.	62264302.	296697363
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	148,135.	160,889.	235,423.	401,998.	254,255.	1200700.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	470,844.	548,057.	412,409.	445,307.	1523436.	3400053.
<b>11 Total support.</b> Add lines 7 through 10						301298116
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	379,636.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.47 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	98.70 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER REVENUE**

2017 AMOUNT: \$ 49,284.

2018 AMOUNT: \$ 104,823.

2019 AMOUNT: \$ 31,572.

2020 AMOUNT: \$ 155,047.

2021 AMOUNT: \$ 243,735.

**FUNDRAISING INCOME**

2017 AMOUNT: \$ 421,560.

2018 AMOUNT: \$ 351,150.

2019 AMOUNT: \$ 58,236.

2020 AMOUNT: \$ 112,710.

2021 AMOUNT: \$ 295,080.

**BOARD SERVE NYC**

2018 AMOUNT: \$ 3,073.

**FORGIVENESS OF DEBT**

2019 AMOUNT: \$ 290,542.

2020 AMOUNT: \$ 177,550.

2021 AMOUNT: \$ 984,621.

**UWW FLEX CREDIT**

2019 AMOUNT: \$ 32,059.

**401K FORFEITURES**

**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.)

2018 AMOUNT: \$ 89,011.

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021**

Name of the organization

UNITED WAY OF NEW YORK CITY

Employer identification number

13-2617681

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>UNITED WAY OF NEW YORK CITY</b>	Employer identification number  <b>13-2617681</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,847,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,048,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,207,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>4,209,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>6,269,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>3,387,685.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF NEW YORK CITY</b>	Employer identification number  <b>13-2617681</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>10,702,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF NEW YORK CITY</b>	Employer identification number  <b>13-2617681</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED WAY OF NEW YORK CITY</b>	Employer identification number  <b>13-2617681</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

29  
OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► **Complete if the organization is described below.** ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF NEW YORK CITY</b>	Employer identification number <b>13-2617681</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	60,000.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	60,000.													
<b>d</b>	Other exempt purpose expenditures	55,904,691.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	55,964,691.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	67,000.	55,050.	60,250.	60,000.	242,300.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	67,000.	55,050.	60,250.	60,000.	242,300.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF NEW YORK CITY Employer identification number 13-2617681

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,407,420.	2,020,076.	2,063,580.	2,397,733.	2,378,134.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	-379,040.	502,106.	80,315.	145,483.	19,599.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	119,084.	114,762.	123,819.	479,636.	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,909,296.	2,407,420.	2,020,076.	2,063,580.	2,397,733.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100 %
  - c** Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations   | <input checked="" type="checkbox"/> |                                     |
| <b>(ii)</b> Related organizations  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |                                     |                                     |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		5,325,315.	1,950,351.	3,374,964.
<b>d</b> Equipment		234,377.	133,501.	100,876.
<b>e</b> Other		26,296.	25,021.	1,275.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,477,115.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN PERPETUAL TRUST</b>	549,029.
(2) <b>CASH SURRENDER VALUE - INSURANCE</b>	951,492.
(3) <b>RESTRICTED CASH</b>	1,626,856.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,127,377.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CAMPAIGN DONOR DESIGNATIONS</b>	
(3) <b>PAYABLE</b>	789,453.
(4) <b>PENSION AND POSTRETIREMENT</b>	
(5) <b>OBLIGATION</b>	3,460,364.
(6) <b>DEFERRED RENT</b>	570,408.
(7) <b>LEASE RECONVEYANCE LIABILITY</b>	1,201,504.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,021,729.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,236,613.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,446,850.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	48,280.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-6,324,814.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-7,723,384.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	62,959,997.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	62,256.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	556,972.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	619,228.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	63,579,225.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	49,620,870.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	48,280.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-5,031.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	43,249.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	49,577,621.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	62,256.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	6,324,814.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	6,387,070.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	55,964,691.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE PRIMARILY USED IN PERPETUITY TO PROVIDE A PERMANENT SOURCE OF INCOME.

**PART X, LINE 2:**

UWNYC BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DONOR DESIGNATIONS

-6,172,008.

**Part XIII** Supplemental Information (continued)

PROVISION FOR BAD DEBT -152,806.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -6,324,814.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 5,031.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 102,269.

PENSION PLAN RELATED CHANGES 809,178.

POST RETIREMENT LIFE INSURANCE PLAN -359,506.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 556,972.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES -5,031.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 6,172,008.

PROVISION FOR BAD DEBT 152,806.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 6,324,814.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

37  
OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **UNITED WAY OF NEW YORK CITY** Employer identification number **13-2617681**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SMK EVENT SOLUTIONS, LLC - 1441 BROADWAY SUITE 5001, NEW	GRIDIRON GALA	X		2,426,465.	96,000.	2,330,465.
GLOW GLOBAL EVENTS - 575 5TH AVE, 14TH FLOOR, NEW YORK, NY	WOMENS UNITED LUNCHEON	X		959,419.	90,000.	869,419.
<b>Total</b>				3,385,884.	186,000.	3,199,884.

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.  
**CA, CT, DC, FL, GA, IL, MD, MA, NY, NJ, NC, OH, PA, RI, SC, VA**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GRIDIRON GALA (event type)	LUNCHEON (event type)	NONE (total number)		
Revenue	1	Gross receipts	2,426,465.	959,419.		3,385,884.
	2	Less: Contributions	2,186,465.	904,339.		3,090,804.
	3	Gross income (line 1 minus line 2)	240,000.	55,080.		295,080.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	136,887.	96,162.		233,049.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					62,031.

**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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: SMK EVENT SOLUTIONS, LLC

(I) ADDRESS OF FUNDRAISER: 1441 BROADWAY SUITE 5001, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: GLOW GLOBAL EVENTS

(I) ADDRESS OF FUNDRAISER: 575 5TH AVE, 14TH FLOOR, NEW YORK, NY 10017



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

41  
OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF NEW YORK CITY** Employer identification number **13-2617681**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BRONXWORKS 60 EAST TREMONT AVE. BRONX, NY 10453	13-3254484	501(C)(3)	12,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
CHILDREN OF PROMISE NYC 54 MACDONOUGH ST BROOKLYN, NY 11216	83-0440009	501(C)(3)	12,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
GETTING OUT AND STAYING OUT, INC. 2283 THIRD AVENUE NEW YORK, NY 10035	06-1711370	501(C)(3)	12,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
LIVING REDEMPTION COMMUNITY DEVELOPMENT CORPORATION - 302 W 124TH STREET - NEW YORK, NY 10027	83-4024277	501(C)(3)	12,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
THE DOOR - A CENTER OF ALTERNATIVES - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-6127348	501(C)(3)	12,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
SALESFORCE.COM, INC. 415 MISSION STREET 3RD FL SAN FRANCISCO, CA 94105	94-3320693	501(C)(3)	12,758.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **129.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **89.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACEDONIA COMMUNITY DEVELOPMENT CORP. - 106-16 GUY R BREWER BLVD - JAMAICA, NY 11433	11-3475572	501(C)(3)	13,418.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
67TH PRECINCT CLERGY COUNCIL, INC. 203 E 37TH STREET NEW YORK, NY 11203	27-4581070	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
ELITE LEARNERS, INC. 45 BELMONT AVE BROOKLYN, NY 11212	81-4482839	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
HUNGRY 4 GOD CHURCH 2052A PACIFIC STREET BROOKLYN, NY 11233	46-3308217	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
KINGS AGAINST VIOLENCE INITIATIVE, INC. - 451 CLARKSON AVENUE SUITE A7221 - BROOKLYN, NY 11203	81-1626947	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
MARY MITCHELL FAMILY AND YOUTH CENTER, INC. - 2007 MAPES AVENUE - BRONX, NY 10940	13-3385032	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
THE CENTER FOR TRANSFORMATIVE ACTION - 119 ANNABEL TAYLOR HALL - ITHACA, NY 14853	16-0990318	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
UPTOWN GRAND CENTRAL CORPORATION 1974 MADISON AVENUE NEW YORK, NY 10035	81-1133229	501(C)(3)	15,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
TATE HAUSMAN CONSULTING, INC. 110 LIVINGSTON ST. 2B NEW YORK, NY 11201	20-8435076		18,125.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRONX DOCUMENTARY CENTER, INC. 614 COURTLANDT AVENUE BRONX, NY 10451	45-2403312	501(C)(3)	19,412.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
BE WISE, INC. 1734 MADISON AVENUE STE 11D NEW YORK, NY 10029	81-2090234	501(C)(3)	20,177.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
BUILDING BEATS, INC. 37 NORTH 15TH STREET #210 NEW YORK, NY 11222	46-1233303	501(C)(3)	21,122.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
MAUREEN DATE SYSTEMS INC. 500 WEST 43RD STREET STE 330 NEW YORK, NY 10036	13-3817821		21,740.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
BDO USA LLP 5300 PATTERSON AVENUE SE, STE 100 GRAND RAPIDS, MI 49512	13-5381590		25,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
PROJECT MANAGEMENT INSTITUTE, INC 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073	23-1887442		27,080.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
THE CHRIS S. OWENS FOUNDATION, INC. - 350 TOMPKINS AVE SUITE 2 - BROOKLYN, NY 11216	27-1794499	501(C)(3)	28,000.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
REFORUM CONSULTING, LLC. 1762 BERGEN ST APT 1 BROOKLYN, NY 11233	84-2212941		28,499.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF
FFT PARTNERS LLC 1221 SOUTH DUNN STREET BLOOMINGTON, IN 47401	46-4001997		29,856.	0.			ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSEED 119 TOWNE STREET APT 570 STAMFORD, CT 06902	89-1298709		32,925.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
RELATIONSHIP & PSYCHOLOGY CONSULTING, PLLC - 79 WALKER STREET 2ND FL - NEW YORK, NY 10013	47-1405305		35,825.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
WHERE DO WE GO FROM HERE, INC. 15618 107TH AVENUE JAMAICA, NY 11433	83-2091778	501(C)(3)	35,900.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	38,001.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
WAVE TRAINING AND CONSULTING, LLC 48 LANDERS SAN FRANCISCO, CA 94114	83-4167896		40,450.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
EQUAL MEASURE 520 WALNUT STREET STE 1450 PHILADELPHIA, PA 19106	23-2694572	501(C)(3)	53,239.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
RACE EQUITY LLC 2237 BRISBANE WOODS WAY CARY, NC 27518	83-1481691		62,474.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
QUEUE ASSOCIATES, INC 420 LEXINGTON AVENUE STE 300 NEW YORK, NY 10170	13-3675742		63,027.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
NOT ANOTHER CHILD, INC. 464 LIBERTY AVENUE NEW YORK, NY 11207	26-0894097	501(C)(3)	75,308.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CDW DIRECT, LLC 300 N MILWAUKEE AVENUE VERNON HILLS, IL 60061	36-4530079		79,032.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
FLUX LABS, INC. 2261 MARKET STREET #4060 SAN FRANCISCO, CA 94114	47-3953732		83,150.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
CATCHAFIRE INC 1885 MISSION STREET D3 SAN FRANCISCO, CA 94103	27-0649371	501(C)(3)	100,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
NEW YORKERS AGAINST VIOLENCE 675 THIRD AVENUE #2216 NEW YORK, NY 10017	13-3808186	501(C)(3)	100,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
PROGRESS FOR GOOD, INC. 124 NEW YORK AVENUE STE #8 BROOKLYN, NY 11216	82-3293766	501(C)(3)	125,500.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
QUEENS ROYAL PRIEST, INC. 5419 BEACH BLVD STE 704 NEW YORK, NY 11691	46-5640085		130,838.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
BEYOND THE HORIZON(THE WIMR GROUP) 3200 MAIN STREET STE 1.2 DALLAS, TX 75226	46-0711234		138,225.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
WHENLOVEWORKS, INC. 1990 LEXINGTON AVENUE 3K NEW YORK, NY 10035	46-3479173		161,954.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
EAST FLATBUSH VILLAGE, INC. 1011 UTICA AVENUE BROOKLYN, NY 11203	80-0612019		171,378.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF

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FUNCTIONAL FAMILY THERAPY (FFT, LLC) - 1251 NW ELFORD DRIVE - SEATTLE, WA 98177	88-0419448		178,673.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
WHEELCHAIRS AGAINST GUNS, INC. 320 STERLING STREET STE 5CE BROOKLYN, NY 11255	46-4304659		190,743.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
BENNET MIDLAND LLC 245 W 29TH STREET FLOOR 12A NEW YORK, NY 10001	20-5149826		211,459.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
NEW YORK CITY CRIMINAL JUSTICE AGENCY - 299 BROADWAY 4TH FLOOR - NEW YORK, NY 10007	13-2900682	501(C)(3)	711,663.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501(C)(3)	314,300.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
CARE4SOFTWARE, INC. 51 W DAYSTON STREET STE 101 EMONDS, WA 98020	82-0683862		342,000.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
EVIDENCE BASED ASSOCIATES, LLC. 3490 PIEDMONT RD NE STE 304 ATLANTA, GA 30305	20-1589774	501(C)(3)	588,605.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
URBAN YOUTH ALLIANCE INTERNATIONAL, INC. - 432 EAST 149TH STREET - BRONX, NY 10455	13-2969182	501(C)(3)	832,363.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF
RISING GROUND, INC. 463 HAWTHORNE AVENUE YONKERS, NY 10705	13-1860451	501(C)(3)	1,883,345.	0.			ATLAS/ONS - LED BY UWNYS AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYS EXTENSIVE LIST OF

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CDW DIRECT, LLC 300 N MILWAUKEE AVENUE VERNON HILLS, IL 60061	36-4530079		5,640.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
ATAPE GROUP, LLC 555 KAPPOCK STREET BRONX, NY 10463	46-1739670		790,673.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
BENNET MIDLAND LLC 245 W 29TH STREET FLOOR 12A NEW YORK, NY 10001	20-5149826		75,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
DELL MARKETING L.P. ONE DELL WAY ROUND ROCK, TX 78682	74-2487834		159,146.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	52,179.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
THE EAGLE ACADEMY FOUNDATION 31 WEST 125TH STREET 3RD FL NEW YORK, NY 10027	20-1532382	501(C)(3)	25,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
EAST SIDE HOUSE SETTLEMENT INC. 337 ALEXANDER AVE BRONX, NY 10454	13-1623989	501(C)(3)	180,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
THE EDUCATION TRUST, INC. 1501 K STREET NYW WTE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	60,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
LIFT-NY 349 E. 149TH STREET #500 BRONX, NY 10451	52-2168409	501(C)(3)	35,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,

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MILES AHEAD ENTERTAINMENT 3314 SPRIGGS REQUEST WAY BOWIE, MD 20721	22-3210603		25,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
NEW VISION PROGRAM 205 E 42ND STREET 4TH FL NEW YORK, NY 10017	13-3538961	501(C)(3)	45,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
OPEN CHANNELS GROUP, LLC 5049 EDWARDS RANCH RD FORT WORTH, TX 76109	43-1984067		404,461.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
READ ALLIANCE 160 BROADWAY 8TH FLOOR, EAST BUILDING NEW YORK, NY 10038	13-4091062	501(C)(3)	40,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 94612	77-0568469	501(C)(3)	20,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
RESTAURANT ASSOCIATES 2400 YORKMONT RD CHARLOTTE, NC 28217	13-1772253		34,308.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
SCHOLASTIC INC 557 BROADWAY NEW YORK, NY 10012	13-1824190		139,651.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
THE CHILDREN'S HEALTH FUND 215 WEST 125TH STREET SUITE 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	35,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
THE CHILDREN'S VILLAGE ONE ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	75,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,

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THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	25,000.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
YOUNGIVEGOODS, LLC. 88 EAST MAIN STREET STE 406 MENDHAM, NJ 07945	27-4548762		11,979.	0.			READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN,
ANTIOCH BAPTIST CHURCH OF BROOKLYN, INC. - 828 GREENE AVENUE - BROOKLYN, NY 11221	13-3002523	501(C)(3)	9,333.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
ABYSSINIAN BAPTIST CHURCH 132 ODELL CLARK PLACE NEW YORK, NY 10030	13-1635250	501(C)(3)	89,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
AGAPE FAMILY WORSHIP CENTER, INC 501 E HAZELWOOD AVENUE RAHWAY, NJ 07065	22-3056048	501(C)(3)	37,729.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
AMEN MINISTRIES, INC. 4200 HUTCHINSON RIVER PARKWAY E. ST BRONX, NY 10475	46-5488839	501(C)(3)	23,179.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
BATTALION PENTECOSTAL ASSEMBLY, INC. - 454 BEACH 67TH STREET - AVERNE, NY 11692	36-4391337	501(C)(3)	20,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
BENNET MIDLAND LLC 245 W 29TH STREET, 12A NEW YORK, NY 10001	20-5149826		266,048.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
BETHANY BAPTIST CHURCH OF JAMAICA 157-11 111TH AVENUE JAMAICA, NY 11433	11-2538705	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH

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BRONX CHRISTIAN FELLOWSHIP BAPTIST CHURCH - 4287 KATONAH AVENUE STE 147 - BRONX, NY 10470	13-3870351	501(C)(3)	57,500.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
BROWN MEMORIAL BAPTIST CHURCH 484 WASHINGTON AVENUE BRONX, NY 11238	11-1962041	501(C)(3)	16,293.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
CANAAAN BAPTIST CHURCH OF CHRIST 132 W 116TH STREET NEW YORK, NY 10026	13-6013037	501(C)(3)	6,600.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
CHRIST FELLOWSHIP BAPTIST CHURCH 11 SUMPTE3R STREET BROOKYN, NY 11233	11-2597280	501(C)(3)	62,295.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
CITY HOPE MINISTRIES 92-102 SOUTH 6TH STREET NEWARK, NJ 07107	22-3206499	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
CLEAR VIEW BAPTIST CHURCH 314-320 HOBSON STREET NEWARK, NJ 07112	22-2610331	501(C)(3)	93,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
CORNERSTONE BAPTIST CHURCH 562-74 MADISON STREE BROOKYN, NY 11221	11-2028472	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
D. FRASER ASSOCIATES, LLC. 525 WEST LAKE DRIVE EAST STROUDSBURG, PA 18301	82-2753240		500,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
EVERYACTION, INC. 655 15TH ST NW STE 650 WASHINGTON, DC 20005	52-2013900	501(C)(3)	129,982.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH

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FAITH @ WORK CHRISTIAN CHURCH 120 DEKRUID PLACE STREET LEVEL BRONX, NY 10475	27-0127215	501(C)(3)	6,600.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
FAR ROCKAWAY CHURCH OF THE NAZARENE - 1414 CENTRAL AVENUE - FAR ROCKWAY, NY 11691	11-3299262	501(C)(3)	6,600.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
FIRST BAPTIST CHURCH 100-10 ASTORIA BLVD EAST ELMHURST, NY 11369	58-0572416	501(C)(3)	20,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
FIRST CENTRAL BAPTIST CHURCH 117 WRIGHT STREET STATEN ISLAND, NY 10304	13-3066978	501(C)(3)	75,424.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
FIRST CORINTHIAN BAPTIST CHURCH 1912 ADAM CLAYTON POWELLJR BOULEVAR NEW YORK, NY 10026	13-3686242	501(C)(3)	27,974.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
GOD'S BATTALION OF PRAYER CHURCH 661 LINDEN BLVD BROOKYN, NY 11203	11-2412215	501(C)(3)	41,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
GREATER MOUNT MORIAH BAPTIST CHURCH - 210 CLINTON AVENUE - NEWARK, NJ 07108	22-3019594	501(C)(3)	56,600.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
HESTER STREET COLLABORATIVE 113 HESTER STREET NEW YORK, NY 10002	20-0774906	501(C)(3)	365,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
JEHOVAH-JIREH PRAISE & WORSHIP CHURCH CENTER - 505 S 15TH STREET - NEWARK, NJ 07103	04-3630960	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH

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JOY MEDIA COLLECTIVE, LLC 7804 RADNER ROAD BETHSEDA, MD 20817	46-3697637		100,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
LEADERSHIP COUNCIL FOR HEALTHY COMMUNITIES - 712 RANDOLPH STREET NW - WASHINGTON, DC 20011	45-2938187	501(C)(3)	1,211,145.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
LYFT, INC. 185 BERRY STREET, STE 5000 SAN FRANCISCO, CA 94107	20-8809830		56,863.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
MOUNT PISGAH BAPTIST CHURCH 212 TOMPKINS AVENUE BROOKLYN, NY 11216	11-2652949	501(C)(3)	43,562.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
MT. CALVARY MISSIONARY BAPTIST CHURCH - 231-251 SEYMOUR AVE - NEWARK, NJ 07108	22-2564772	501(C)(3)	71,600.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
MT. SINAI UNITED CHRISTIAN CHURCH, INC. - 15 PIKE STREET - STATEN ISLAND, NY 10301	13-3137301	501(C)(3)	40,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
NATIONAL ACTION NETWORK 106 W. 145TH STREET NEW YORK, NY 10039	11-3269182		75,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
NATIONAL URBAN LEAGUE, INC. 80 PINE STREET NEW YORK, NY 10005	13-1840489		193,024.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH
NEW TESTAMENT TEMPLE CHURCH OF GOD 3356 SEYMOUR AVENUE BRONX, NY 10469	13-3762440	501(C)(3)	28,800.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH

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PILGRIM BAPTIST CHURCH PO BOX 8036 NEWARK, NJ 07108	22-2747594	501(C)(3)	46,433.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
PLEASANT GROVE BAPTIST CHURCH 198 CHADWICK AVENUE NEWARK, NJ 07108	75-3227222	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
RACE FOR EQUITY LLC 1111 EXCELSIOR GRANT AVE DURHAM, NC 27713	83-1481691		12,383.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
RIVER REGION UNITED WAY PO BOX 868 MONTGOMERY, AL 36101	63-0330778	501(C)(3)	502,209.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
ST. MARK UNIFIED FREEWILL BAPTIST CHURCH - 669 SOUTH 11TH STREET - NEWARK, NJ 07103	59-3785936	501(C)(3)	59,479.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
ST. MARKS A.M.E CHURCH 95-18 NORTHERN BLVD JACKSON HEIGHTS, NY 11372	11-2438038	501(C)(3)	26,050.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
ST. PAUL COMMUNITY BAPTIST CHURCH 859 HENDRIX STREET BROOKLYN, NY 11207	11-2453951	501(C)(3)	73,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
TARGETSMART COMMUNICATIONS, LLC. 1155 15TH ST. NW STE 750 WASHINGTON, DC 20005	46-1544314		35,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
THE ALABAMA CONFERENCE OF BLACK MAYORS - PO BOX 1142 - SLOCOMB, AL 36375	35-2512564	501(C)(3)	75,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH

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THE BALM IN GILEAD, INC. 620 150 MOOREFIELD PARK DRIVE STE 1 RICHMOND, VA 23236	13-3696064		327,501.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
THE BHE GROUP, LLC 10603 GLENWILD ROAD SILVER SPRING, MD 20901	83-0783975		241,284.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
THE TASC GROUP, LLC 1239 BROADWAY, STE 1508 NEW YORK, NY 10001	13-4340272		34,350.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
THE WAKEMAN AGENCY, LLC 445 HAMILTON AVENUE STE 1102 WHITE PLAINS, NY 10601	84-4261202		492,625.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
THE WILLING HEART COMMUNITY CARE CENTER - 555 MARTIN LUTHER KIND BLVD - NEWARK, NJ 07103	27-0331295	501(C)(3)	33,267.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNION GROVE BAPTIST CHURCH 1488 HOE AVE BRONX, NY 10460	13-5078662	501(C)(3)	93,100.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED CHURCH OF JESUS CHRIST (APOSTOLIC) INC. - 3936 BRONXWOOD AVENUE - BRONX, NY 10466	13-3372330	501(C)(3)	20,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD STE 500 - DETROIT, MI 48202	20-3099071	501(C)(3)	933,582.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY OF DELAWARE 74 W WILLIAM STREET DELAWARE, OH 43015	31-4423899	501(C)(3)	68,800.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH

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

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UNITED WAY OF DELAWARE, INC. 625 N ORANGE STREET 3RD FL WILMINGTON, DE 19801	51-0073399	501(C)(3)	17,200.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET NE ATLANTA, GA 30303	58-0566194	501(C)(3)	864,623.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY OF METROPOLITAN CHICAGO 560 WESTLAKE STREET CHICAGO, IL 60661	30-0200478	501(C)(3)	282,260.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	72-0471369	501(C)(3)	262,135.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD - VIENNA, VA 22182	53-0234290	501(C)(3)	494,948.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
WILLING HEART COMMUNITY CARE CENTER - 555 DR MARTIN LUTHER KING JR BLVD - NEWARK, NJ 07102	27-0331295	501(C)(3)	23,333.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
YMCA OF METROPOLITAN WASHINGTON 1325 W STREET., NW, STE A WASHINGTON, DC 20009	53-0207403	501(C)(3)	700,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
YOUTH DESIGN CENTER INC 50 BELMONT AVE BROOKLYN, NY 11212	81-0693987		50,000.	0.			CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH
COMMUNITY DEVELOPMENT FUTURES, LLC. - 247 RUBY RD - BROOKLYN, NY 11226	46-4750953		10,000.	0.			CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15

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BEDFORD-STUYVESANT RESTORATION CORP. - 1368 FULTON STREET - BROOKLYN, NY 11216	11-6083182	501(C)(3)	20,500.	0.			CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15
BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION - 863 PROSPECT AVENUE - BRONX, NY 10549	13-2934000	501(C)(3)	120,500.	0.			CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15
GOOD OLD LOWER EAST SIDE (GOLES) 173 AVENUE B NEW YORK, NY 10009	13-2915659	501(C)(3)	219,850.	0.			CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15
MAKE THE ROAD NY 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	220,500.	0.			CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15
NFOCUS SOLUTIONS 6225 NORTH 24TH STREET, GL 100 PHOENIX, AZ 85016	74-2608234		5,394.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
CHINESE-AMERICAN PLANNING COUNCIL, INC. - 150 ELIZABETH ST - NEW YORK, NY 10012	13-6202692	501(C)(3)	138,366.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC - 56 BAY STREET - STATEN ISLAND, NY 10301	13-3556132	501(C)(3)	97,500.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
COUNCIL OF THE PEOPLE ORGANIZATION 1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	75-3046891	501(C)(3)	81,207.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
HUNGER FREE AMERICA 16 BEAVER ST. 3RD FLOOR NEW YORK, NY 10004	13-3471350	501(C)(3)	344,504.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP

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MULTI MEDIA PROMOS, LLC. 33 SOUTHWICK COURT S PLAINVIEW, NY 11803	68-0594421		8,349.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
PART OF THE SOLUTION 2759 WEBSTER AVE BRONX, NY 10458	13-3471350	501(C)(3)	206,316.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
RISEBORO COMMUNITY PARTNERSHIP 217 WYCKOFF AVENUE BROOKLYN, NY 11237	11-2453853	501(C)(3)	158,824.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
WEST SIDE CENTER FOR COMMUNITY LIFE - 263 W. 86TH STREET - NEW YORK, NY 10024	71-0908184	501(C)(3)	105,449.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION - 50 EAST 168TH STREET - BRONX, NY 10452	11-3099604	501(C)(3)	90,368.	0.			FOOD SUPPORT CONNECT (FSC) -FSC FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP
CHRIST APOSTOLIC CHURCH WOSEM COGA CATHEDRAL - 442 EAST 183RD STREET - BRONX, NY 10458	27-1358987	501(C)(3)	5,200.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
AIDS CENTER OF QUEENS COUNTY 161-21 JAMAICA AVENUE 6TH FLOOR JAMAICA, NY 11432	11-2837894	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BEDSTUY CAMPAIGN AGAINST HUNGER. 2004 FULTON STREET NEW YORK, NY 11233	20-0934854	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BERACA SDA CHURCH 91-19 191ST ST HOLLIS, NY 11423	11-3188884	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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BETHEL ARVERNE COMMUNITY DEVELOP CORP. - 215 BEACH 77TH STREET - NEW YORK, NY 11692	06-1539611	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BNAI RAPHAEL CHESED ORG. 1741 MCDONALD AVENUE BROOKLYN, NY 11230	22-3884890	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BROADWAY COMMUNITY INC, 601 WEST 114TH STREET NEW YORK, NY 10025	13-3652817	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BROOKLYN RESCUE MISSION 255 BAINBRIDGE ST BROOKLYN, NY 11233	32-0019367	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BROOKS MEMORIAL UNITED METHODIST CHURCH - 143-22 109TH AVE - JAMAICA, NY 11435	11-1832868	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CABRINI IMMIGRANT SERVICES 139 HENRY ST NEW YORK, NY 10002	45-5258656	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CHILD DEVELOPMENT SUPPORT CORP 352-358 CLASSON AVENUE BROOKLYN, NY 11238	11-2395258	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CHURCH OF THE ANNUNCIATION 88 CONVENT AVE NEW YORK, NY 10027	13-1861799	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CHURCH OF THE HOLY APOSTLES SOUP KITCHEN - 296 NINTH AVE - NEW YORK, NY 10001	13-2892297	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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COMMUNITY HELP IN PARK SLOPE, INC 200 FOURTH AVENUE BROOKLYN, NY 11217	11-2449994	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
COMMUNITY IMPACT 105 EARL HALL COLUMBIA UNIVERSITY NEW YORK, NY 10027	13-3386904	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
COMMUNITY SERVICE HOUSING DEVELOPMENT CORP - 1474 EASTERN PARKWAY, STE #1B - BROOKLYN, NY 11233	11-2598992	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
COUNCIL OF THE PEOPLE ORGANIZATION 1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	13-6202692	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CROSSROADS COMMUNITY SERVICES 325 PARK AVENUE NEW YORK, NY 10022	13-3562651	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
EVANGELICAL CHURCH CHRIST IS THE LIGHT - 89-16 84TH AVENUE - ELMHURST, NY 11373	11-2778293	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
FRATERNITE NOTRE DAME 420 12TH STREET, #A-21 BROOKLYN, NY 11215	13-3600714	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
GRACE EPISCOPAL CHURCH 1909 VYSE AVE BRONX, NY 10460	13-3055547	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SERVICE, INC - 333 EAST 115TH STREET - NEW YORK, NY 10029	13-2867881	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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MANNA OF LIFE MINISTRIES, INC 1101 BOSTON ROAD BRONX, NY 10456	13-4038422	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
NATIONAL COMMITTEE FOR THE FURTHERANCE OF JEWISH EDUCATION - 824 EASTERN PARKWAY - BROOKLYN, NY 11225	11-6003180	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
NEIGHBORS TOGETHER 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
NEW COVENANT COMMUNITY DEVELOPMENT CORP. - 1175 BOSTON RD - BROOKLYN, NY 10456	13-4167577	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
PROJECT HOPE CHARITIES, INC. 256-21 UNION TURNPIKE GLEN OAKS, NY 10044	26-0897746	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
REACHING-OUT COMMUNITY SERVICE 7708 NEW UTRECHT AVE BROOKLYN, NY 11214	11-3615625	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
SALEM COMMUNITY SERVICE COUNCIL 211 WEST 129TH STREET NEW YORK, NY 10027	13-2665561	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES - 14306 45TH AVE - FLUSHING, NY 11355	11-3632920	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
SOUTH BROOKLYN SDA CHURCH COMMUNITY SERVICE PROGRAM 4 - 42 PROSPECT PLACE - BROOKLYN, NY 11217	11-3005000	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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ST. EDMUNDS YOUTH PROGRAMS, INC. 1905 MORRIS AVENUE BRONX, NY 10453	13-4136007	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
STATEN ISLAND SDA/NEW BRIGHTON COMMUNITY SDA - 80 UNION AVENUE - STATEN ISLAND, NY 10303	13-1865286	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
THE FATHER'S HEART MINISTRIES 543-545 EAST 11TH STREET NEW YORK, NY 10009	22-3495873	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
THE RED DOOR PLACE, INC 201 WEST 13TH STREET NEW YORK, NY 10011	84-1859955	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
THE RESOURCE CENTER FOR COMMUNITY DEVELOPMENT - 884 EAST 163RD STREET - BRONX, NY 10459	13-3603303	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
WEST HARLEM GROUP ASSISTANCE, INC 1652 AMSTERDAM AVENUE NEW YORK, NY 10031	23-7169558	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
YESHUA WORLDWIDE MINISTRIES 6649 WETHEROLE STREET APT 3E REGO PARK, NY 11374	90-0872459	501(C)(3)	6,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BROOKLYN PACKERS 224 MARCUS GARVEY BLVD BROOKLYN, NY 11221	81-2563811		6,400.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
ST. LUKE'S EPISCOPAL CHURCH 765 EAST 222ND STREET BRONX, NY 10467	13-2747442	501(C)(3)	6,900.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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LENOX HILL NEIGHBORHOOD HOUSE INC. 331 EAST 70TH STREET NEW YORK, NY 10021	13-1628180	501(C)(3)	10,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
MEKONG, INC. 2741 UNIVERSITY AVE BSMT BRONX, NY 10467	80-0834777	501(C)(3)	10,000.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
GONZALEZ FARM 12 LINCOLN STREET MIDDLETOWN, NY 10940			13,200.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
EVERY DAY IS A MIRACLE, INC 477 BROOKE AVE BRONX, NY 10455	27-4262907	501(C)(3)	15,200.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
NATIONAL COUNCIL OF JEWISH WOMEN, INC. ESSEX COUNTY - 70 S. ORANGE AVE. SUITE 120 - LIVINGSTON, NJ 07039	22-1687993	501(C)(3)	15,800.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
SHABBOS FISH MARKET 417 KINGSTON AVENUE BROOKLYN, NY 11225	11-3180901		24,866.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
RED APPLE FRUIT AND VEGETABLE 455 ALBANY AVENUE BROOKLYN, NY 11213	06-2607071		25,093.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
DAVID ELLIOT POULTRY FARM 300 BRECK STREET SCRANTON, PA 18505	24-0835679		29,061.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BENZ'S FOOD PRODUCTS, INCORPORATED 332 ALBANY AVENUE BROOKLYN, NY 11213	11-2841450		50,614.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

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ANGEL FAMILY FARM INC. 6 HARVEST LANE GOSHEN, NY 10924	82-3320943		53,665.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
BALTER SALES COMPANY, INC. 209 BOWERY NEW YORK, NY 10002	13-1911598		60,163.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
STONELEDGE FARM LLC 359 ROSS RULAND RD SOUTH CAIRO, NY 12482	20-4541185		63,600.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
EL MIMOMEX FARM CORP 8 MCNAMARA LANE GOSHEN, NY 10924	26-2534563		75,345.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
TECHBRIDGE, INC 100 PEACHTREE ST. NW STE 2090 ATLANTA, GA 30303	58-2531971		81,528.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
WINDFLOWER FARM 585 MEETING HOUSE ROAD VALLEY FALLS, NY 12185	52-2336178		82,720.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
THE FARM AT MILLER'S CROSSING 81 ROXBURY ROAD HUDSON, NY 12534	14-1811452		91,080.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
CRANBERRY HALL FARM P.O. BOX 227 COOKSTOWN, NJ 08551	22-2897065		101,504.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
HEARTY ROOTS FARM P.O. BOX 277 TIVOLI, NY 12583	20-2925491		105,600.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEADWATER FOODS, INC. 6318 ONTARIO CENTER RD ONTARIO, NY 14519	26-4389324		504,499.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
GROWNYC 51 CHAMERS STREET, ROOM 228 NEW YORK, NY 10007	13-2765465	501(C)(3)	544,295.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
DRISCOLL FOODS 174 DELAWANNA AVENUE CLIFTON, NJ 07014	22-3482240		5,872,523.	0.			HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE
WACH STRATEGIES, LLC. 3403 36TH STREET, NW WASHINGTON, DC 20016	81-4661530		97,500.	0.			FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND
CITY HARVEST 6 E 32ND STREET NEW YORK, NY 10016	13-3170676	501(C)(3)	355,412.	0.			FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND
POINT SUR CONSULTING, LLC 1 ERIE STREET STE 525-5347 CHICAGO, IL 60611	84-3752291		400,000.	0.			FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND
AGAPE FAMILY WORSHIP CENTER, INC. 501 E HAZELWOOD AVE RAHWAY, NJ 07065	22-3056048	501(C)(3)	10,000.	0.			COVID-19 FUND-THE COVID-19 COMMUNITY FUND WILL PROVIDE RESOURCES TO OUR PARTNER AGENCIES AND
S I COMMUNITY JOB CENTER, INC.(LA COLMENA) - 774 RICHMOND AVENUE - STATEN ISLAND, NY 10302	47-2787706	501(C)(3)	5,700.	0.			COVID-19 FUND-THE COVID-19 COMMUNITY FUND WILL PROVIDE RESOURCES TO OUR PARTNER AGENCIES AND
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS, 6TH FL NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.	0.			BOARDSERVENYC - BOARD RECRUITMENT, TRAINING, AND PLACEMENT PROGRAM, IN PARTNERSHIP WITH NYC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER FOR EDUCATION AND CAREER ADVANCEMENT - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.	0.			BOARDSERVENYC - BOARD RECRUITMENT, TRAINING, AND PLACEMENT PROGRAM, IN PARTNERSHIP WITH NYC
HESTER STREET COLLABORATIVE 113 HESTER STREET NEW YORK, NY 10002	20-0774906	501(C)(3)	288,526.	0.			TOGETHER WE THRIVE (TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS
PERCH ADVISORS, LLC 177 BEACH 90TH STREET FAR ROCKAWAY, NY 11693	47-5217506		90,000.	0.			TOGETHER WE THRIVE (TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS
YOUTH DESIGN CENTER INC 50 BELMONT AVE BROOKLYN, NY 11212	81-0693987		42,000.	0.			TOGETHER WE THRIVE (TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS
JOBSFIRST NYC 11 PARK PLACE, STE 1106 NEW YORK, NY 10007	41-2242653	501(C)(3)	10,000.	0.			WORKNYC ASPIRES TO BE AN EMPLOYER-DRIVEN WORKFORCE DEVELOPMENT PROGRAM THAT WILL HELP WORK-INSECURE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DESIGNATIONS	1	13,500.	0.		
FOOD ASSISTANCE COLLABORATIVE	1	14,697.	0.		
MAYOR'S OFFICE OF CRIMINAL JUSTICE	1	18,000.	0.		
CHOOSE HEALTHY LIFE	6	569,737.	0.		
CHANGE CAPITAL FUND	2	120,375.	0.		

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

**PART I, LINE 2:**

AS PART OF THE PROCESS OF MONITORING THE COMMUNITY BASED ORGANIZATIONS THAT  
 UWNYC FUNDS, UWNYC REQUIRES A DETAILED BUDGET TO IDENTIFY HOW THE AGENCY  
 INTENDS TO SPEND THE CONTRACT AWARD AND AN EXPENDITURE REPORT TO  
 SUBSTANTIATE THE AMOUNT REQUESTED FOR PAYMENT. UWNYC ALSO REQUIRES AND  
 REVIEWS AGENCIES' PROGRAMMATIC DATA AND ACCOMPLISHMENTS. FINALLY, UWNYC  
 CONDUCTS PROGRAMMATIC REVIEWS AT THE PROGRAM SITES AND PROVIDE FEEDBACK.

**PART II, LINE 1, COLUMN (H):**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BRONXWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN OF PROMISE NYC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: GETTING OUT AND STAYING OUT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO

**Part IV** Supplemental Information

INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

LIVING REDEMPTION COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: THE DOOR - A CENTER OF ALTERNATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SALESFORCE.COM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

MACEDONIA COMMUNITY DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: 67TH PRECINCT CLERGY COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES

**Part IV Supplemental Information**

FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: ELITE LEARNERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: HUNGRY 4 GOD CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

KINGS AGAINST VIOLENCE INITIATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

MARY MITCHELL FAMILY AND YOUTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER FOR TRANSFORMATIVE ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING

**Part IV** Supplemental Information

MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: UPTOWN GRAND CENTRAL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: TATE HAUSMAN CONSULTING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE BRONX DOCUMENTARY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: BE WISE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING BEATS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES

**Part IV** Supplemental Information

FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: MAUREEN DATE SYSTEMS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: BDO USA LLP

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT MANAGEMENT INSTITUTE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHRIS S. OWENS FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: REFORUM CONSULTING, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO

**Part IV** Supplemental Information

INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: FFT PARTNERS LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: EARTHSEED

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

RELATIONSHIP & PSYCHOLOGY CONSULTING, PLLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: WHERE DO WE GO FROM HERE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO

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INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: WAVE TRAINING AND CONSULTING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: EQUAL MEASURE

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: RACE EQUITY LLC

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(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: QUEUE ASSOCIATES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: NOT ANOTHER CHILD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT

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THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: CDW DIRECT, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: FLUXX LABS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: CATCHAFIRE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,

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ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORKERS AGAINST VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: PROGRESS FOR GOOD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYC AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYCS EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
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INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY

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STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: QUEENS ROYAL PRIEST , INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: BEYOND THE HORIZON(THE WIMR GROUP)

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: WHENLOVEWORKS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY

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BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: EAST FLATBUSH VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: FUNCTIONAL FAMILY THERAPY (FFT, LLC)

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

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SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: WHEELCHAIRS AGAINST GUNS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: BENNET MIDLAND LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK CITY CRIMINAL JUSTICE AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY

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BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: THE LEGAL AID SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: CARE4SOFTWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS, ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

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SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: EVIDENCE BASED ASSOCIATES, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT:

URBAN YOUTH ALLIANCE INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY  
BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING  
MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES  
FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO  
INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT  
THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY  
STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC  
SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: RISING GROUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATLAS/ONS - LED BY UWNYP AND ONS,  
ATLAS WILL WORK IN COLLABORATION WITH UWNYP'S EXTENSIVE LIST OF COMMUNITY

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BASED ORGANIZATIONS (CBO) TO PROVIDE A SUITE OF SERVICES INCLUDING MENTORSHIPS FAMILY THERAPY, COGNITIVE BEHAVIORAL THERAPY, OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION, AND ADDITIONAL RESOURCES AND SUPPORTS TO INDIVIDUALS AWAITING TRIAL WHO CHOOSE TO PARTICIPATE IN THE PROGRAM. AT THE SAME TIME, ATLAS IMPROVES THE VITALITY AND SAFETY OF A COMMUNITY BY STRENGTHENING LOCAL ORGANIZATIONS AND ELEVATING COMMUNITY-DRIVEN PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: CDW DIRECT, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: ATAPE GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: BENNET MIDLAND LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

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NAME OF ORGANIZATION OR GOVERNMENT: DELL MARKETING L.P.

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: DOLLYWOOD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: THE EAGLE ACADEMY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: EAST SIDE HOUSE SETTLEMENT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

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NAME OF ORGANIZATION OR GOVERNMENT: THE EDUCATION TRUST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: LIFT-NY

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: MILES AHEAD ENTERTAINMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

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NAME OF ORGANIZATION OR GOVERNMENT: OPEN CHANNELS GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: READ ALLIANCE 160 BROADWAY

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: READING PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: RESTAURANT ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

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NAME OF ORGANIZATION OR GOVERNMENT: SCHOLASTIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S HEALTH FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

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NAME OF ORGANIZATION OR GOVERNMENT: YOUNGIVEGOODS, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: READNYC- READNYC IS A COMPREHENSIVE, ALIGNED, AND COLLECTIVE STRATEGY TO SUPPORT CHILDREN, FAMILIES, AND COMMUNITIES WITH RESOURCES TO BUILD AND SUSTAIN A CULTURE OF LEARNING AND ACHIEVEMENT, CAPTURED IN THE PROOF POINT OF STUDENT SUCCESS IN GRADE THREE.

NAME OF ORGANIZATION OR GOVERNMENT:

ANTIOCH BAPTIST CHURCH OF BROOKLYN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ABYSSINIAN BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE FAMILY WORSHIP CENTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

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AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: AMEN MINISTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BATTALION PENTECOSTAL ASSEMBLY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BENNET MIDLAND LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

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NAME OF ORGANIZATION OR GOVERNMENT: BETHANY BAPTIST CHURCH OF JAMAICA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

BRONX CHRISTIAN FELLOWSHIP BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BROWN MEMORIAL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CANAAN BAPTIST CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

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BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CHRIST FELLOWSHIP BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CITY HOPE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CLEAR VIEW BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

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SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CORNERSTONE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: D. FRASER ASSOCIATES, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: EVERYACTION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FAITH @ WORK CHRISTIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

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BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FAR ROCKAWAY CHURCH OF THE NAZARENE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CENTRAL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

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SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CORINTHIAN BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: GOD'S BATTALION OF PRAYER CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: GREATER MOUNT MORIAH BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HESTER STREET COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

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BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

JEHOVAH-JIREH PRAISE & WORSHIP CHURCH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: JOY MEDIA COLLECTIVE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

LEADERSHIP COUNCIL FOR HEALTHY COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

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COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: LYFT , INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT PISGAH BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

MT. CALVARY MISSIONARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

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NAME OF ORGANIZATION OR GOVERNMENT:

MT. SINAI UNITED CHRISTIAN CHURCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL URBAN LEAGUE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: NEW TESTAMENT TEMPLE CHURCH OF GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

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BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PILGRIM BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PLEASANT GROVE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: RACE FOR EQUITY LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

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SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: RIVER REGION UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

ST. MARK UNIFIED FREEWILL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARKS A.M.E CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL COMMUNITY BAPTIST CHURCH

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(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: TARGETSMART COMMUNICATIONS, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

THE ALABAMA CONFERENCE OF BLACK MAYORS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: THE BALM IN GILEAD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

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COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: THE BHE GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: THE TASC GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: THE WAKEMAN AGENCY, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS  
BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES  
AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK  
COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND  
COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH  
SERVICES

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NAME OF ORGANIZATION OR GOVERNMENT:

THE WILLING HEART COMMUNITY CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNION GROVE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED CHURCH OF JESUS CHRIST (APOSTOLIC) INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY FOR SOUTHEASTERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

**Part IV** Supplemental Information

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYC, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

**Part IV** Supplemental Information

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF METROPOLITAN CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHEAST LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF THE NATIONAL CAPITAL AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS

BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES

AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK

COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND

COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: WILLING HEART COMMUNITY CARE CENTER

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METROPOLITAN WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH DESIGN CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHOOSE HEALTHY LIFE - CHL HAS BROUGHT TOGETHER LOCAL UNITED WAY AGENCIES UNDER THE UWNYP, WHICH SERVES AS ITS IMPLEMENTATION PARTNER. THE CHURCHES AND THE AGENCIES WORK COLLABORATIVELY WITH LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY-BASED ORGANIZATIONS TO ENSURE ACCESS TO MUCH-NEEDED HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY DEVELOPMENT FUTURES, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGE CAPITAL FUND - CHANGE CAPITAL FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15 PHILANTHROPIC FOUNDATIONS AND FINANCIAL INSTITUTIONS THAT POOL FUNDS TO INVEST IN COMMUNITY DEVELOPMENT EFFORTS ACROSS NEW YORK CITY. CCF BEGAN FUNDING

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COMMUNITY DEVELOPMENT CORPORATIONS TOWARDS THE GOAL OF MORE EFFECTIVELY  
REDUCING PERSISTENT AND CHRONIC POVERTY. EACH PARTICIPATING NONPROFIT  
ORGANIZATION WILL BE FUNDED OVER FOUR YEARS AND RECEIVE TECHNICAL  
ASSISTANCE SUPPORT TOWARDS THE GOAL OF BUILDING INTERNAL CAPACITY FOR  
MULTI-DISCIPLINARY PRACTICES AND IMPROVED OUTCOMES TRACKING SYSTEMS, AND  
DEVELOPING MORE EFFECTIVE BUSINESS MODELS.

NAME OF ORGANIZATION OR GOVERNMENT: BEDFORD-STUYVESANT RESTORATION CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGE CAPITAL FUND - CHANGE CAPITAL  
FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15 PHILANTHROPIC  
FOUNDATIONS AND FINANCIAL INSTITUTIONS THAT POOL FUNDS TO INVEST IN  
COMMUNITY DEVELOPMENT EFFORTS ACROSS NEW YORK CITY. CCF BEGAN FUNDING  
COMMUNITY DEVELOPMENT CORPORATIONS TOWARDS THE GOAL OF MORE EFFECTIVELY  
REDUCING PERSISTENT AND CHRONIC POVERTY. EACH PARTICIPATING NONPROFIT  
ORGANIZATION WILL BE FUNDED OVER FOUR YEARS AND RECEIVE TECHNICAL  
ASSISTANCE SUPPORT TOWARDS THE GOAL OF BUILDING INTERNAL CAPACITY FOR  
MULTI-DISCIPLINARY PRACTICES AND IMPROVED OUTCOMES TRACKING SYSTEMS, AND  
DEVELOPING MORE EFFECTIVE BUSINESS MODELS.

NAME OF ORGANIZATION OR GOVERNMENT:

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGE CAPITAL FUND - CHANGE CAPITAL  
FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15 PHILANTHROPIC  
FOUNDATIONS AND FINANCIAL INSTITUTIONS THAT POOL FUNDS TO INVEST IN  
COMMUNITY DEVELOPMENT EFFORTS ACROSS NEW YORK CITY. CCF BEGAN FUNDING  
COMMUNITY DEVELOPMENT CORPORATIONS TOWARDS THE GOAL OF MORE EFFECTIVELY  
REDUCING PERSISTENT AND CHRONIC POVERTY. EACH PARTICIPATING NONPROFIT  
ORGANIZATION WILL BE FUNDED OVER FOUR YEARS AND RECEIVE TECHNICAL

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ASSISTANCE SUPPORT TOWARDS THE GOAL OF BUILDING INTERNAL CAPACITY FOR  
MULTI-DISCIPLINARY PRACTICES AND IMPROVED OUTCOMES TRACKING SYSTEMS, AND  
DEVELOPING MORE EFFECTIVE BUSINESS MODELS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD OLD LOWER EAST SIDE (GOLES)

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGE CAPITAL FUND - CHANGE CAPITAL  
FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15 PHILANTHROPIC  
FOUNDATIONS AND FINANCIAL INSTITUTIONS THAT POOL FUNDS TO INVEST IN  
COMMUNITY DEVELOPMENT EFFORTS ACROSS NEW YORK CITY. CCF BEGAN FUNDING  
COMMUNITY DEVELOPMENT CORPORATIONS TOWARDS THE GOAL OF MORE EFFECTIVELY  
REDUCING PERSISTENT AND CHRONIC POVERTY. EACH PARTICIPATING NONPROFIT  
ORGANIZATION WILL BE FUNDED OVER FOUR YEARS AND RECEIVE TECHNICAL  
ASSISTANCE SUPPORT TOWARDS THE GOAL OF BUILDING INTERNAL CAPACITY FOR  
MULTI-DISCIPLINARY PRACTICES AND IMPROVED OUTCOMES TRACKING SYSTEMS, AND  
DEVELOPING MORE EFFECTIVE BUSINESS MODELS.

NAME OF ORGANIZATION OR GOVERNMENT: MAKE THE ROAD NY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGE CAPITAL FUND - CHANGE CAPITAL  
FUND THE CHANGE CAPITAL FUND (CCF) IS A COLLABORATION OF 15 PHILANTHROPIC  
FOUNDATIONS AND FINANCIAL INSTITUTIONS THAT POOL FUNDS TO INVEST IN  
COMMUNITY DEVELOPMENT EFFORTS ACROSS NEW YORK CITY. CCF BEGAN FUNDING  
COMMUNITY DEVELOPMENT CORPORATIONS TOWARDS THE GOAL OF MORE EFFECTIVELY  
REDUCING PERSISTENT AND CHRONIC POVERTY. EACH PARTICIPATING NONPROFIT  
ORGANIZATION WILL BE FUNDED OVER FOUR YEARS AND RECEIVE TECHNICAL  
ASSISTANCE SUPPORT TOWARDS THE GOAL OF BUILDING INTERNAL CAPACITY FOR  
MULTI-DISCIPLINARY PRACTICES AND IMPROVED OUTCOMES TRACKING SYSTEMS, AND  
DEVELOPING MORE EFFECTIVE BUSINESS MODELS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NFOCUS SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

CHINESE-AMERICAN PLANNING COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL OF THE PEOPLE ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH

**Part IV** Supplemental Information

INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: HUNGER FREE AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: MULTI MEDIA PROMOS, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: PART OF THE SOLUTION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: RISEBORO COMMUNITY PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH

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INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE CENTER FOR COMMUNITY LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SUPPORT CONNECT (FSC) -FSC

FACILITATES AND IMPROVES NYC RESIDENTS ACCESS TO SNAP BENEFITS BY  
CONDUCTING GRASSROOTS OUTREACH WITH SPECIALIZED COMPUTER SOFTWARE CREATED  
BY UNITED WAY OF NEW YORK CITY TO INCREASE AWARENESS, AND WORK WITH  
INDIVIDUALS TO DETERMINE POTENTIAL ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

CHRIST APOSTOLIC CHURCH WOSEM COGA CATHEDRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS CENTER OF QUEENS COUNTY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BEDSTUY CAMPAIGN AGAINST HUNGER.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BERACA SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

BETHEL ARVERNE COMMUNITY DEVELOP CORP.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BNAI RAPHAEL CHESED ORG.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BROADWAY COMMUNITY INC,

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLYN RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV Supplemental Information**

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

BROOKS MEMORIAL UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: CABRINI IMMIGRANT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD DEVELOPMENT SUPPORT CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE ANNUNCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

CHURCH OF THE HOLY APOSTLES SOUP KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HELP IN PARK SLOPE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY IMPACT

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICE HOUSING DEVELOPMENT CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL OF THE PEOPLE ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

EVANGELICAL CHURCH CHRIST IS THE LIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: FRATERNITE NOTRE DAME

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SERVICE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: MANNA OF LIFE MINISTRIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL COMMITTEE FOR THE FURTHERANCE OF JEWISH EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORS TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW COVENANT COMMUNITY DEVELOPMENT CORP.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOPE CHARITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: REACHING-OUT COMMUNITY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: SALEM COMMUNITY SERVICE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

**Part IV** Supplemental Information

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH BROOKLYN SDA CHURCH COMMUNITY SERVICE PROGRAM 4

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: ST. EDMUNDS YOUTH PROGRAMS, INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:  
STATEN ISLAND SDA/NEW BRIGHTON COMMUNITY SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: THE FATHER'S HEART MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: THE RED DOOR PLACE, INC

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:  
THE RESOURCE CENTER FOR COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: WEST HARLEM GROUP ASSISTANCE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: YESHUA WORLDWIDE MINISTRIES

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(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLYN PACKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: LENOX HILL NEIGHBORHOOD HOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION

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ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: MEKONG, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: GONZALEZ FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: EVERY DAY IS A MIRACLE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND

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AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL COUNCIL OF JEWISH WOMEN, INC. ESSEX COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: SHABBOS FISH MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: RED APPLE FRUIT AND VEGETABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND

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AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: DAVID ELLIOT POULTRY FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BENZ'S FOOD PRODUCTS, INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: ANGEL FAMILY FARM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE

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COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: BALTER SALES COMPANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: STONELEDGE FARM LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION  
EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS  
WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION  
ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: EL MIMOMEX FARM CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION  
ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND  
AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE  
COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION

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EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: TECHBRIDGE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: WINDFLOWER FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: THE FARM AT MILLER'S CROSSING

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS

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WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: CRANBERRY HALL FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTY ROOTS FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: HEADWATER FOODS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION

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ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: GROWNYC

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION

ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: DRISCOLL FOODS

(H) PURPOSE OF GRANT OR ASSISTANCE: HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP) - HPNAP HELPS ENSURE THE ACCESSIBILITY AND AVAILABILITY OF SAFE, NUTRITIOUS FOOD IN NYCS MOST VULNERABLE COMMUNITIES; SUPPORTS COMPREHENSIVE NUTRITION AND HEALTH EDUCATION EFFORTS; MONITORS NEED AND ISSUES RELATED TO FOOD SECURITY; AND PARTNERS WITH OTHER EMERGENCY FOOD PROVIDERS ON FOOD SECURITY AND NUTRITION

ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: WACH STRATEGIES, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND EFFICIENCY ACROSS THE EMERGENCY FOOD NETWORK IN NEW YORK CITY. THIS IS ACCOMPLISHED PRIMARILY THROUGH THE PROVISION OF ADDITIONAL FOOD IN HIGHLY CONCENTRATED AREAS OF NEED AS WELL AS CAPITAL SUPPORT TO NON-PROFITS IN NEED OF INFRASTRUCTURAL RESOURCES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND EFFICIENCY ACROSS THE EMERGENCY FOOD NETWORK IN NEW YORK CITY. THIS IS ACCOMPLISHED PRIMARILY THROUGH THE PROVISION OF ADDITIONAL FOOD IN HIGHLY CONCENTRATED AREAS OF NEED AS WELL AS CAPITAL SUPPORT TO NON-PROFITS IN NEED OF INFRASTRUCTURAL RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: POINT SUR CONSULTING, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD ASSISTANCE COLLABORATIVE - THE FAC EXISTS FOR THE PURPOSE OF INCREASING EQUITY AND EFFICIENCY ACROSS THE EMERGENCY FOOD NETWORK IN NEW YORK CITY. THIS IS ACCOMPLISHED PRIMARILY THROUGH THE PROVISION OF ADDITIONAL FOOD IN HIGHLY CONCENTRATED AREAS OF NEED AS WELL AS CAPITAL SUPPORT TO NON-PROFITS IN NEED OF INFRASTRUCTURAL RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE FAMILY WORSHIP CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 FUND-THE COVID-19 COMMUNITY FUND WILL PROVIDE RESOURCES TO OUR PARTNER AGENCIES AND COMMUNITY-BASED ORGANIZATIONS THAT WORK WITH COMMUNITIES WHO ARE DISPROPORTIONATELY IMPACTED BY CORONAVIRUS AND THE ECONOMIC CONSEQUENCES OF THE OUTBREAK. WE WILL MOBILIZE OUR BROAD NETWORK OF OVER 600 COMMUNITY-BASED PARTNERS THROUGHOUT THE CITY TO PROVIDE ASSISTANCE TO FAMILIES TO WEATHER THE COVID-19 CRISIS. THIS NETWORK OF COMMUNITY PARTNERS WILL PROVIDE DIRECT SERVICES THROUGH OUR READNYC, FEEDNYC AND STRENGTHENNYC PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

S I COMMUNITY JOB CENTER, INC.(LA COLMENA)

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(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 FUND-THE COVID-19 COMMUNITY FUND WILL PROVIDE RESOURCES TO OUR PARTNER AGENCIES AND COMMUNITY-BASED ORGANIZATIONS THAT WORK WITH COMMUNITIES WHO ARE DISPROPORTIONATELY IMPACTED BY CORONAVIRUS AND THE ECONOMIC CONSEQUENCES OF THE OUTBREAK. WE WILL MOBILIZE OUR BROAD NETWORK OF OVER 600 COMMUNITY-BASED PARTNERS THROUGHOUT THE CITY TO PROVIDE ASSISTANCE TO FAMILIES TO WEATHER THE COVID-19 CRISIS. THIS NETWORK OF COMMUNITY PARTNERS WILL PROVIDE DIRECT SERVICES THROUGH OUR READNYC, FEEDNYC AND STRENGTHENNYC PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: FUND FOR THE CITY OF NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARDSEVENYC - BOARD RECRUITMENT, TRAINING, AND PLACEMENT PROGRAM, IN PARTNERSHIP WITH NYC SERVICE, BUILDS THE CAPACITY OF NONPROFITS IN NEW YORK CITY BY CONNECTING THEM TO A POOL OF PROSPECTIVE BOARD MEMBERS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S CENTER FOR EDUCATION AND CAREER ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARDSEVENYC - BOARD RECRUITMENT, TRAINING, AND PLACEMENT PROGRAM, IN PARTNERSHIP WITH NYC SERVICE, BUILDS THE CAPACITY OF NONPROFITS IN NEW YORK CITY BY CONNECTING THEM TO A POOL OF PROSPECTIVE BOARD MEMBERS.

NAME OF ORGANIZATION OR GOVERNMENT: HESTER STREET COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TOGETHER WE THRIVE ( TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS AND TECHNICAL ASSISTANCE TO SUPPORT THE SURVIVAL, SUCCESS AND SUSTAINABILITY OF BLACK-OWNED BUSINESSES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PERCH ADVISORS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TOGETHER WE THRIVE ( TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS AND TECHNICAL ASSISTANCE TO SUPPORT THE SURVIVAL, SUCCESS AND SUSTAINABILITY OF BLACK-OWNED BUSINESSES.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH DESIGN CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TOGETHER WE THRIVE ( TWT)- TWT IS A COALITION THAT PROVIDES ACCESS TO CAPITAL, SOCIAL NETWORKS AND TECHNICAL ASSISTANCE TO SUPPORT THE SURVIVAL, SUCCESS AND SUSTAINABILITY OF BLACK-OWNED BUSINESSES.

NAME OF ORGANIZATION OR GOVERNMENT: JOBSFIRST NYC

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKNYC ASPIRES TO BE AN EMPLOYER-DRIVEN WORKFORCE DEVELOPMENT PROGRAM THAT WILL HELP WORK-INSECURE NEW YORKERS ACCESS WORKFORCE DEVELOPMENT PROGRAMS TO BUILD SKILLS SPECIFIC TO HIGH-GROWTH INDUSTRIES THAT OFFER CAREER PATHWAYS AND HIGHER INCOME LEVELS. CHECK BACK FOR PROGRESS ON THIS INITIATIVE.

## SCHEDULE I, PART II

SOME GRANTS ON SCHEDULE I WERE MADE TO ENTITIES THAT PROVIDE SERVICES TO NONPROFIT ORGANIZATIONS, WHICH ARE THE ULTIMATE BENEFICIARIES OF THE PROGRAM. THESE ENTITIES ARE TATE HAUSMAN CONSULTING, INC., MAUREEN DATE SYSTEMS INC., BDO USA LLP, PROJECT MANAGEMENT INSTITUTE, INC, REFORUM CONSULTING, LLC, FFT PARTNERS LLC, EARTHSEED, RELATIONSHIP & PSYCHOLOGY CONSULTING, PLLC, WAVE TRAINING AND CONSULTING, LLC, RACE EQUITY LLC, QUEUE ASSOCIATES, INC, CDW DIRECT, LLC, FLUXX LABS, INC., BEYOND THE HORIZON (THE WIMR GROUP), QUEENS ROYAL PRIEST, INC, WHENLOVEWORKS,

**Part IV** Supplemental Information

INC., EAST FLATBUSH VILLAGE, INC., FUNCTIONAL FAMILY THERAPY (FFT,  
 LLC), WHEELCHAIRS AGAINST GUNS, INC., BENNET MIDLAND LLC,  
 CARE4SOFTWARE, INC., CDW DIRECT, LLC, ATAPE GROUP, LLC, DELL MARKETING  
 L.P., MILES AHEAD ENTERTAINMENT, OPEN CHANNELS GROUP, RESTAURANT  
 ASSOCIATES, SCHOLASTIC INC., YOUNGIVEGOODS, LLC., D. FRASER ASSOCIATES,  
 LLC., JOY MEDIA COLLECTIVE, LLC., LYFT, INC., NATIONAL ACTION NETWORK,  
 NATIONAL URBAN LEAGUE, INC., RACE FOR EQUITY LLC, TARGETSMART  
 COMMUNICATIONS, LLC, THE BALM IN GILEAD, INC., THE BHE GROUP LLC, THE  
 TASC GROUP LLC, THE WAKEMAN AGENCY LLC, YOUTH DESIGN CENTER, INC.,  
 COMMUNITY DEVELOPMENT FUTURES, NFOUCS COLUTIONS, MULTI MEDIA PROMOS  
 LLC, BROOKLYN PACKERS, GONZALEZ FARM, SHABBOS FISH MARKET, RED APPLE  
 FRUIT AND VEGETABLE, DAVID ELLIOT POULTRY FARM, BENZ'S FOOD PRODUCTS,  
 INCORPORATED, ANGEL FAMILY FARM, INC., BALTER SALES COMPANY, INC.,  
 STONELEDGE FARM LLC, EL MIMOMEX FAR CORP, TECHBRIDGE, INC., WINDFLOWER  
 FARM, THE FARM AT MILLER'S CROSSING, CRANBERRY HALL FARM, HEARTY ROOTS  
 FARM, HEADWATER FOODS, INC., DRISCOLL FOODS, WACH STRATEGIES, LLC.,  
 POINT SUR CONSULTING, LLC, PERCH ADVISORS, LLC, YOUTH DESIGN CENTER  
 INC.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **UNITED WAY OF NEW YORK CITY** Employer identification number **13-2617681**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHEENA WRIGHT PRESIDENT, CEO (OUTGOING)	(i)	417,497.	0.	9,483.	21,250.	27,901.	476,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEGHAN BROWN SVP, CHIEF DEVELOP. OFFICE	(i)	236,652.	0.	603.	7,219.	15,658.	260,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EICHAKEEM MCCLARY SVP, CHIEF LEGAL AND ADMIN	(i)	188,852.	0.	458.	5,775.	15,333.	210,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CATHY PETRUCCI VP, CONTROLLER	(i)	153,828.	0.	1,471.	4,860.	32,147.	192,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELLE M. GONZALES MATHESON VICE PRESIDENT	(i)	159,027.	0.	1,509.	4,871.	15,033.	180,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VICTOR MILLSAP VP, INFORMATION TECHNOLOGY	(i)	154,702.	0.	2,313.	4,781.	16,358.	178,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SOPHONISBA LEMURIA ALAWODE-EL VP, STRENGTHENING NYC	(i)	128,632.	0.	299.	4,181.	31,141.	164,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAC D TRAN VP, FINANCIAL PLANNING & ANALYSIS	(i)	144,560.	0.	472.	4,392.	10,225.	159,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

SCHEDULE J, PART II, COLUMN B(III):

SHEENA WRIGHT, PRESIDENT, CEO (OUTGOING) RECEIVED AUTO ALLOWANCE AND IT IS REPORTED IN COLUMN B(III).



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
D. FRAZER ASSOCIATES, LLC	OFFICER'S MOTHER	500,000.	ESTABLISHME		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: D. FRAZER ASSOCIATES, LLC

(D) DESCRIPTION OF TRANSACTION: ESTABLISHMENT OF CHURCH LEADERSHIP.

THE ORGANIZATION TOOK THE FOLLOWING MEASURES WHEN APPROVING THE CONTRACT:

- THE CONTRACT WAS APPROVED BY UNITED WAY'S BOARD MEMBERS,
  - THE CONTRACT WAS REVIEWED USING THE UNITED WAY'S CONFLICT OF INTEREST POLICY PROCESS,
  - THE CONTRACT WAS SUBJECT TO AN OUTSIDE AGREED UPON PROCEDURES AUDIT,
- AND
- THE CONTRACT WAS APPROVED BY HEALTH RESOURCES AND SERVICES ADMINISTRATION, AN AGENCY OF U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL GOVERNMENT AGENCY, THE CONTRACTING AGENCY.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

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OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF NEW YORK CITY

Employer identification number

13-2617681

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

AND BUILDS OPPORTUNITIES FOR LOW-INCOME NEW YORKERS FOR THE BENEFIT OF  
ALL. WE HOLD A VISION FOR COMMUNITIES WHERE INDIVIDUALS AND FAMILIES  
HAVE ACCESS TO QUALITY EDUCATION, EQUITABLE OPPORTUNITIES, AND THE  
RESOURCES THEY NEED TO LEAD HEALTHY AND FINANCIALLY SECURE LIVES.

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

AND THE RESOURCES THEY NEED TO LEAD HEALTHY AND FINANCIALLY SECURE  
LIVES.

UWNYC SERVES APPROXIMATELY 1 MILLION NEW YORK CITY RESIDENTS STRUGGLING  
TO MAKE ENDS MEET, AS WELL AS THE AGENCIES, ORGANIZATIONS, PARTNERS,  
AND INSTITUTIONS THAT SERVE THEM. WE SIT AT THE NEXUS OF THE CORPORATE,  
GOVERNMENT, AND NON-PROFIT SECTORS, WORKING CLOSELY WITH MORE THAN 300  
CORPORATIONS, 600 NONPROFIT ORGANIZATIONS, CITY, STATE AND FEDERAL  
AGENCIES, 20,000 INDIVIDUAL DONORS AND VOLUNTEERS. WE BELIEVE IN  
OPPORTUNITY AND ECONOMIC MOBILITY. OUR WORK RESPONDS TO STRUCTURAL AND  
SYSTEMIC FAILURES, INCLUDING PUBLIC POLICIES AND INSTITUTIONAL  
PRACTICES DESIGNED TO DISADVANTAGE COMMUNITIES OF COLOR FOR GENERATIONS

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

THROUGH FOOD SUPPORT CONNECTIONS (FSC), SUPPORTING LOW-INCOME  
INDIVIDUALS AND FAMILIES ENROLL IN SUPPLEMENTAL NUTRITIONAL ASSISTANCE  
PROGRAM (SNAP) BENEFITS, FORMERLY KNOWN AS FOOD STAMPS. UWNYC FUNDS  
COMMUNITY-BASED ORGANIZATIONS ACROSS THE FIVE BOROUGHES TO PROVIDE  
SCREENING, APPLICATION, AND ENROLLMENT ASSISTANCE SERVICES FOR THE  
HARDEST TO REACH INDIVIDUALS AND FAMILIES.

Name of the organization UNITED WAY OF NEW YORK CITY	Employer identification number 13-2617681
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INCOME AND ECONOMIC MOBILITY

ALIGNING THE WORKFORCE DEVELOPMENT SYSTEM WITH THE NEEDS OF JOBSEEKERS AND EMPLOYERS, TO BUILD SUSTAINABLE CAREER PATHWAYS.

THROUGH TOGETHER WE THRIVE: BLACK BUSINESS NETWORK, PROVIDE WRAPAROUND SERVICES DESIGNED BY AND FOR BLACK-OWNED BUSINESSES WHILE ALSO STRENGTHENING THE ENTIRE BLACK BUSINESS ECOSYSTEM TO PROMOTE SELF-DETERMINATION, GENERATIONAL WEALTH, AND EQUITABLE NEIGHBORHOODS.

SUPPORTING NEW YORKERS TO DEVELOP THE SKILLS ALIGNED WITH HIGH-DEMAND, HIGH-PAYING INDUSTRIES THAT ARE POSITIONED FOR EXPANSIVE GROWTH IN TOMORROW'S ECONOMY.

CONVENING A LEADERSHIP TABLE OF CORPORATE PARTNERS TO DRIVE STRATEGIC SECTOR-BASED WORKFORCE DEVELOPMENT TRAINING.

EXPENSES \$ 2,613,499. INCL GRANTS OF \$ 1,683,224. REVENUE \$ 723,125.

CLOSING GAPS IN EDUCATIONAL OPPORTUNITY

SUPPORTING CHILDREN, FAMILIES, EDUCATORS, AND COMMUNITIES TO FOSTER EQUITABLE ACCESS TO EDUCATIONAL OPPORTUNITIES. THROUGH READNYC, ALIGNING RESOURCES AND WRAPAROUND SUPPORTS TO INCREASE 3RD GRADE READING PROFICIENCY. PARTICULARLY FOR CHILDREN OF COLOR.

THROUGH MOTT HAVEN PARENT COLLECTIVE, SUPPORTING BOTH LITERACY AND FINANCIAL EMPOWERMENT IN THE BRONX.

THROUGH A CROSS-SECTOR COALITION WORKING IN PARTNERSHIP WITH NEW YORK CITY SCHOOLS, DRIVING THE DEVELOPMENT AND IMPLEMENTATION OF A FIRST-OF-ITS KIND INTERDISCIPLINARY BLACK STUDIES CURRICULUM FOR ALL NYC STUDENTS (PRE-K-12).

EXPENSES \$ 3,584,993. INCLUDING GRANTS OF \$ 2,291,332. REVENUE \$ 0.

Name of the organization UNITED WAY OF NEW YORK CITY	Employer identification number 13-2617681
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DONOR DESIGNATIONS.

EXPENSES \$ 7,294,830. INCLUDING GRANTS OF \$ 7,017,004. REVENUE \$ 0.

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

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND THEN REVIEWED WITH OUR AUDIT COMMITTEE. ONCE APPROVED, THE 990 IS PROVIDED ELECTRONICALLY TO THE ENTIRE BOARD FOR ITS REVIEW AND COMMENT AND THEN IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

UWNYC'S BOARD MEMBERS, OFFICERS, SENIOR EXECUTIVES AND CERTAIN OTHER DESIGNATED EMPLOYEES ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST DISCLOSURE STATEMENTS ANNUALLY AND HAVE AN OBLIGATION TO UPDATE SUCH STATEMENTS THROUGHOUT THE FISCAL YEAR. THE INFORMATION IS REVIEWED BY THE GENERAL COUNSEL AND CATALOGUED. RELATED PARTY ISSUES ARE REGULARLY SCRUTINIZED AND ADDRESSED AS PART OF THE GRANTMAKING PROCESS AND VENDOR SELECTION PROCESS. THE APPROPRIATE BOARD COMMITTEE REVIEWS THE PROPOSED TRANSACTION, REVIEWS THE RATIONALE AND COMPARABILITY DATA, AND DETERMINES WHETHER TO PROCEED. THE ORGANIZATION HAS PROTOCOLS TO BE FOLLOWED BY STAFF IN ORDER TO REVIEW AND ADDRESS CONFLICTS RELATING TO NON-EXECUTIVE STAFF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS RECOMMENDED BY THE COMPENSATION COMMITTEE, APPROVED BY THE EXECUTIVE COMMITTEE, AND REPORTED TO THE BOARD OF DIRECTORS.

THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED PURSUANT TO COMPENSATION

Name of the organization UNITED WAY OF NEW YORK CITY	Employer identification number 13-2617681
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COMMITTEE OVERSIGHT AND APPROVAL.

IN 2019, UNITED WAY OF NEW YORK CITY RETAINED THE COMPENSATION CONSULTING FIRM, SIBSON CONSULTING, TO PROVIDE GUIDANCE ON EXECUTIVE AND GENERAL STAFF COMPENSATION GOING FORWARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CT, DC, FL, GA, IL, MD, MA, NJ, NY, NC, OH, PA, RI, SC, VA

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORAGNIZATION DIRECTLY.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-102,269.
NET PERIODIC PENSION CREDIT	194,254.
NET PERIODIC POSTRETIREMENT COST	-60,451.
PENSION PLAN RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	-809,178.
POST-RETIREMENT LIFE INSURANCE PLAN RELATED CHANGES	359,506.
TOTAL TO FORM 990, PART XI, LINE 9	-418,138.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.