

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization UNITED WAY OF NORTHERN NEW JERSEY INC D Employer identification number 22-1487247 E Telephone number 973-993-1160 G Gross receipts \$ 10,112,456. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.UNITEDWAYNJ.ORG K Form of organization: L Year of formation: 1950 M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return... Signature of officer: KIRAN HANDA GAUDIOSO, CEO Date: 1-31-2025 Preparer: MAROUS WHITE, SAX LLP, 389 INTERPACE PARKWAY; STE 3 PARSIPPANY, NJ 07054

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: AT THIS UNITED WAY, WE BELIEVE THAT BY SECURING RACIAL AND ECONOMIC EQUITY FOR ALICE WE CAN IMPROVE LIFE FOR ALL.

OUR UNITED WAY MOBILIZES COMMUNITIES TO ACTION SO ALL CAN THRIVE.

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

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

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

4a (Code:) (Expenses \$ 3,694,915. including grants of \$) (Revenue \$) UNITED IN CARE

TO SUPPORT THE WORKING ALICE POPULATION IN THE EXTENDED COVID-19 PANDEMIC AND THE PROJECTED LONG-TERM ECONOMIC RECOVERY, UNITED WAY OF NORTHERN NEW JERSEY WAS IDENTIFIED AS A LEAD PARTNER FOR A FOUR-YEAR PILOT PROJECT TO DIRECTLY ADDRESS THE STRUCTURAL DEFICIENCIES WITHIN THE CHILDCARE SYSTEM. THIS PILOT IS SEEKING TO REVERSE CHILDCARE DESERTS IN FOUR REGIONS ACROSS NEW JERSEY, INCREASING THE AVAILABILITY OF QUALITY, AFFORDABLE CHILDCARE AND EARLY CHILDHOOD EDUCATION OPPORTUNITIES FOR WORKING FAMILIES. TO ACCOMPLISH THIS, UNITED IN CARE IS CREATING ALLIANCES THAT PAIR TWO PREVIOUSLY DISCONNECTED PILLARS OF THE CHILDCARE SYSTEM HIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERS TO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE

4b (Code:) (Expenses \$ 1,405,285. including grants of \$ 491,111.) (Revenue \$) BUILDING SAVINGS, CAREERS AND STABILITY

WE BELIEVE THAT PUTTING IN A HARD DAY'S WORK SHOULD MEAN THAT ALICE WORKERS CAN AFFORD BASIC BILLS AND SET ASIDE SAVINGS TO SUPPORT THEIR FAMILIES ON GOOD DAYS AND BAD. NEARLY ONE THIRD OF NORTHERN NEW JERSEY HOUSEHOLDS ARE WALKING A FINANCIAL TIGHTROPE, UNABLE TO MEET EXPENSES, DEAL WITH UNEXPECTED HARDSHIPS, AND SAVE FOR THE FUTURE.

OUR TAX PREPARATION PROGRAM ENSURES OUR CLIENTS RECEIVE FREE IRS-QUALIFIED TAX PREPARATION. DURING TAX FILING SEASON, THOSE WITHOUT SUFFICIENT KNOWLEDGE OF TAX LAWS OR THE RESOURCES TO HIRE A TAX PREPARER CAN BE AT A DISADVANTAGE. INDIVIDUALS AND FAMILIES MIGHT MISS OUT ON PROGRAMS, CREDITS AND DEDUCTIONS THAT COULD HELP LOWER THEIR TAX

4c (Code:) (Expenses \$ 1,314,979. including grants of \$) (Revenue \$) UNITED FOR ALICE

UNITED FOR ALICE IS A DRIVER OF INNOVATION, RESEARCH AND ACTION TO IMPROVE LIFE ACROSS THE COUNTRY FOR ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) AND FOR ALL. THROUGH THE DEVELOPMENT OF THE ALICE MEASUREMENTS, A COMPREHENSIVE, UNBIASED PICTURE OF FINANCIAL HARDSHIP HAS EMERGED. HARNESSING THIS DATA AND RESEARCH ON THE MISMATCH BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVAL, ALICE PARTNERS CONVENE, ADVOCATE AND COLLABORATE ON SOLUTIONS THAT PROMOTE FINANCIAL STABILITY AT LOCAL, STATE AND NATIONAL LEVELS. THIS GRASSROOTS ALICE MOVEMENT, LED BY UNITED WAY OF NORTHERN NEW JERSEY, HAS SPREAD TO 31 STATES AND INCLUDES UNITED WAYS, CORPORATIONS, NONPROFITS AND FOUNDATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 919,010. including grants of \$ 2,572,802.) (Revenue \$)

4e Total program service expenses 7,334,189.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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... 23; 1b Enter the number of voting members included... 23; 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 NJ
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
KIRAN HANDA GAUDIOSO - 973-993-1160
222 RIDGEDALE AVENUE, CEDAR KNOLLS, NJ 07927

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH LECHNER BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) LAMONT BRYANT VICE CHAIR	1.00	X		X				0.	0.	0.
(3) AYO BADEJO BOARD SECRETARY	1.00	X		X				0.	0.	0.
(4) NICHOLAS LORDI BOARD TREASURER	1.00	X		X				0.	0.	0.
(5) ALETHIA MENDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(6) MIKE FLYNN BOARD MEMBER	1.00	X						0.	0.	0.
(7) STEVEN MAGEE BOARD MEMBER	1.00	X						0.	0.	0.
(8) MEGHAN HUNSCHER BOARD MEMBER	1.00	X						0.	0.	0.
(9) MARK ROMANSKI BOARD MEMBER	1.00	X						0.	0.	0.
(10) LAUREN BARRA ROURKE BOARD MEMBER	1.00	X						0.	0.	0.
(11) KEITH D. BARRACK BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOSEPH PICHAMUTHU BOARD MEMBER	1.00	X						0.	0.	0.
(13) PETER SCHLICKSUP BOARD MEMBER	1.00	X						0.	0.	0.
(14) JAN BROWN HELGESON BOARD MEMBER	1.00	X						0.	0.	0.
(15) JILLIAN KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(16) JACKLYN DIMITRIOU BOARD MEMBER	1.00	X						0.	0.	0.
(17) HIMA RAJU BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THEODORE O'DELL BOARD MEMBER	1.00	X						0.	0.	0.
(19) BRIAN BOVINO BOARD MEMBER	1.00	X						0.	0.	0.
(20) ARDAMAN SINGH BOARD MEMBER	1.00	X						0.	0.	0.
(21) SUSANNE D. BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(22) BRYAN EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(23) KEN FINNERTY BOARD MEMBER	1.00	X						0.	0.	0.
(24) EDNAN RIZVI BOARD MEMBER	1.00	X						0.	0.	0.
(25) MARIANNE SZAWALUK BOARD MEMBER	1.00	X						0.	0.	0.
(26) VANESSA TRESPALACIOS BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								823,499.	0.	168,261.
d Total (add lines 1b and 1c)								823,499.	0.	168,261.

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 9

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	15,472.				
	b	Membership dues	1b					
	c	Fundraising events	1c	778,883.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,298,913.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,313,967.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 197,941.				
	h	Total. Add lines 1a-1f		9,407,235.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		406,197.			406,197.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	731,324.				
	c	Gain or (loss)	7c	-731,324.				
d	Net gain or (loss)		-731,324.			-731,324.		
8 a	Gross income from fundraising events (not including \$ 778,883. of contributions reported on line 1c). See Part IV, line 18	8a	297,515.					
b	Less: direct expenses	8b	554,512.					
c	Net income or (loss) from fundraising events		-256,997.			-256,997.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	1,509.	1,509.		
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d		1,509.				
12	Total revenue. See instructions		8,826,620.	1,509.	0.	-582,124.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,063,913.	3,063,913.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	640,778.	448,613.	70,578.	121,587.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,094,364.	1,910,307.	398,025.	786,032.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,004,593.	611,923.	87,471.	305,199.
10 Payroll taxes	331,315.	188,045.	42,592.	100,678.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	72,128.	52,771.	5,153.	14,204.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	49,790.	12,495.		37,295.
13 Office expenses				
14 Information technology	44,772.	23,537.	2,122.	19,113.
15 Royalties				
16 Occupancy	64,853.	51,865.	3,246.	9,742.
17 Travel	14,217.	10,045.	89.	4,083.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	74,343.	48,859.	10,857.	14,627.
20 Interest	64,079.	44,560.	4,782.	14,737.
21 Payments to affiliates	81,482.	61,523.	4,988.	14,971.
22 Depreciation, depletion, and amortization	26,352.	18,950.	1,850.	5,552.
23 Insurance	22,330.	16,057.	1,568.	4,705.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL FEES	785,997.	652,690.	17,103.	116,204.
b EQUIPMENT MAINTENANCE A	180,589.	78,322.	8,733.	93,534.
c SUPPLIES	62,695.	33,972.	2,061.	26,662.
d EVENTS FRIENDRAISING	10,555.			10,555.
e All other expenses	11,002.	5,742.	630.	4,630.
25 Total functional expenses. Add lines 1 through 24e	9,700,147.	7,334,189.	661,848.	1,704,110.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	5,346,727.	2 3,356,400.
	3	Pledges and grants receivable, net	155,753.	3 99,562.
	4	Accounts receivable, net	604,074.	4 452,199.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	13,897.	9 12,292.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,813.	
	b	Less: accumulated depreciation	10b 198,796.	10c 17,017.
	11	Investments - publicly traded securities	13,575,340.	11 15,410,220.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	2,000.	15 2,000.
16	Total assets. Add lines 1 through 15 (must equal line 33)	19,734,995.	16 19,349,690.	
Liabilities	17	Accounts payable and accrued expenses	452,457.	17 347,580.
	18	Grants payable	7,090.	18 9,997.
	19	Deferred revenue	5,497,902.	19 3,950,005.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	5,957,449.	26 4,307,582.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	11,756,090.	27 12,843,778.
	28	Net assets with donor restrictions	2,021,456.	28 2,198,330.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	13,777,546.	32 15,042,108.
	33	Total liabilities and net assets/fund balances	19,734,995.	33 19,349,690.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,826,620.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,700,147.
3	Revenue less expenses. Subtract line 2 from line 1	3	-873,527.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,777,546.
5	Net unrealized gains (losses) on investments	5	2,134,265.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,824.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,042,108.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8503603.	17218894.	8854098.	8871426.	9407235.	52855256.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8503603.	17218894.	8854098.	8871426.	9407235.	52855256.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						795,458.
6 Public support. Subtract line 5 from line 4.						52059798.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	8503603.	17218894.	8854098.	8871426.	9407235.	52855256.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	244,621.	56,736.	220,785.	292,124.	406,197.	1220463.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						54075719.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.27 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.18 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
--------------------------------------------------------------------------	---------------------------------------------------------

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>526,579.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,125,000.</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>408,280.</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>275,000.</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>265,633.</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>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
--------------------------------------------------------------------------	---------------------------------------------------------

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/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 569,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 200,000.	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.)

Name of organization UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
--------------------------------------------------------------------------	---------------------------------------------------------

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 UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
--------------------------------------------------------------------------	---------------------------------------------------------

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC Employer identification number 22-1487247

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art collections and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,956,435.	1,817,378.	2,209,084.	1,939,867.	2,057,591.
b Contributions					
c Net investment earnings, gains, and losses	270,948.	206,251.	-298,943.	487,460.	-59,483.
d Grants or scholarships					
e Other expenditures for facilities and programs	70,397.	67,194.	92,763.	218,243.	58,241.
f Administrative expenses					
g End of year balance	2,156,986.	1,956,435.	1,817,378.	2,209,084.	1,939,867.

- 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 42.0000 %
 - c Term endowment 58.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		206,891.	189,874.	17,017.
e Other		8,922.	8,922.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,017.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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.

1	Total revenue, gains, and other support per audited financial statements		1	10,797,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,134,265.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	388,649.	
e	Add lines 2a through 2d	2e		2,522,914.
3	Subtract line 2e from line 1	3		8,274,111.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	552,509.	
c	Add lines 4a and 4b	4c		552,509.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,826,620.

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

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

1	Total expenses and losses per audited financial statements		1	9,532,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	388,649.	
e	Add lines 2a through 2d	2e		388,649.
3	Subtract line 2e from line 1	3		9,143,814.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	556,333.	
c	Add lines 4a and 4b	4c		556,333.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,700,147.

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:

UNITED WAY OF NORTHERN NEW JERSEY'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP"), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS.

INTERPRETATION OF RELEVANT LAW:

THE ORGANIZATION HAS INTERPRETED THE NEW JERSEY UNIFORM PRUDENT MANAGEMENT

Part XIII Supplemental Information (continued)

OF INSTITUTIONAL FUNDS ACT ("NJUPMIFA") AS REQUIRING THE PRESERVATIONS OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, UNITED WAY OF NORTHERN NEW JERSEY CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS (A) THE ORIGINAL VALUE OF THE GIFTS DONATED TO THE ENDOWMENT IN PERPETUITY; (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE ENDOWMENT IN PERPETUITY; AND (C) ACCUMULATIONS TO THE ENDOWMENT IN PERPETUITY MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED AS ENDOWMENT IN PERPETUITY IS CLASSIFIED AS ENDOWMENT SUBJECT TO APPROPRIATION AND EXPENDITURE WHEN A PARTICULAR EVENT OCCURS; OR ENDOWMENT SUBJECT TO SPENDING POLICY AND APPROPRIATION, UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY UNITED WAY OF NORTHERN NEW JERSEY IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY NJUPMIFA. IN ACCORDANCE WITH NJUPMIFA, UNITED WAY OF NORTHERN NEW JERSEY CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR RESTRICTED ENDOWMENT FUNDS.

1. THE DURATION AND PRESERVATION OF THE FUND.
2. THE PURPOSES OF UNITED WAY OF NORTHERN NEW JERSEY AND THE DONOR RESTRICTED ENDOWMENT FUND.
3. GENERAL ECONOMIC CONDITIONS.
4. THE POSSIBLE EFFECT OF INFLATION AND DEFLATION.
5. THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS.
6. OTHER RESOURCES OF UNITED WAY OF NORTHERN NEW JERSEY.

Part XIII Supplemental Information (continued)

7. THE INVESTMENT POLICIES OF UNITED WAY OF NORTHERN NEW JERSEY.

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVES RELATED TO SPENDING POLICY:

UNITED WAY OF NORTHERN NEW JERSEY HAS AN ANNUAL ENDOWMENT SPENDING POLICY THAT IS SPECIFICALLY DESIGNED TO ASSIST IN FUNDING ANNUAL PROGRAMMING OBJECTIVES AND TO PRESERVE THE VALUE OF THE INVESTMENT PORTFOLIO OVER TIME.

FOR THE GENERAL ENDOWMENT FUND, THE SPENDING POLICY IS BETWEEN 5% AND 6% OF THE FUND VALUE AVERAGED OVER THE PRECEDING FIVE YEAR PERIOD AS OF DECEMBER 31 OF THAT PERIOD. IN ESTABLISHING THIS POLICY, UNITED WAY OF NORTHERN NEW JERSEY CONSIDERED THE LONG TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, UNITED WAY OF NORTHERN NEW JERSEY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AND MAINTAIN ITS VALUE TO SUPPORT OPERATIONS IN THE FUTURE. TO MEET THESE OBJECTIVES, UNITED WAY OF NORTHERN NEW JERSEY UTILIZES A TOTAL RETURN INVESTMENT APPROACH WHICH EMPHASIZES TOTAL INVESTMENT RETURN, CONSISTING OF INVESTMENT INCOME AND REALIZED AND UNREALIZED GAINS OR LOSSES AND, ACCORDINGLY, INVESTS IN EQUITIES, FIXED INCOME, AND MONEY MARKET ACCOUNTS.

FOR THE DONOR RESTRICTED ENDOWMENT FUNDS, THERE ARE A RANGE OF SEPARATE FUNDS WHICH HAVE DONOR IMPOSED RESTRICTIONS AS TO TIME AND PURPOSE, AS WELL AS VARYING VALUATION DATES AND FORMULAS FOR THE CALCULATION OF SAME.

PART X, LINE 2:

INCOME TAXES UNITED WAY OF NORTHERN NEW JERSEY IS A NOT-FOR-PROFIT

Part XIII Supplemental Information (continued)

CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 388,649.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 556,333.

ALLOWANCE FOR UNCOLLECTABLES 6,800.

PRIOR YEAR CAMPAIGN COLLECTIONS -10,624.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 552,509.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 388,649.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 556,333.

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	
		HELP FOR CHILDREN GOL (event type)	CRE AWARDS LUNCHEON (event type)	5 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	249,098.	328,745.	498,555.	1,076,398.
	2	Less: Contributions	151,646.	289,772.	337,465.	778,883.
	3	Gross income (line 1 minus line 2)	97,452.	38,973.	161,090.	297,515.
Direct Expenses	4	Cash prizes	1,800.		1,625.	3,425.
	5	Noncash prizes				
	6	Rent/facility costs	97,452.	38,974.	161,092.	297,518.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	77,669.	26,583.	149,317.	253,569.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				554,512.
11	Net income summary. Subtract line 10 from line 3, column (d)				-256,997.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	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: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **UNITED WAY OF NORTHERN NEW JERSEY INC** Employer identification number **22-1487247**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL JERSEY INC 32 FORD AVENUE MILLTOWN, NJ 08850	22-1520408	501C3	75,010.	0.			FUNDED PARTNER DISTRIBUTION
UNITED WAY OF PASSAIC COUNTY 301 MAIN STREET PATERSON, NJ 07505	22-6070498	501C3	41,110.	0.			FUNDED PARTNER DISTRIBUTION
PARSIPPANY CHILD DAY CARE CENTER 300 BALDWIN ROAD PARSIPPANY, NJ 07054	22-1864906	501C3	140,156.	0.			FUNDED PARTNER DISTRIBUTION
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD FLEMINGTON, NJ 08822	22-2431065	501C3	75,810.	0.			FUNDED PARTNER DISTRIBUTION
UNITED WAY OF GREATER MERCER COUNTY INC - 3150 BRUNSWICK PKE, SUITE 230 - LAWRENCEVILLE, NJ 08648	21-0683073	501C3	54,174.	0.			FUNDED PARTNER DISTRIBUTION
BUSY PLACE EARLY LEARNING CENTER 444 CENTRAL AVENUE JERSEY CITY, NJ 07307	06-1646648	501C3	417,604.	0.			FUNDED PARTNER DISTRIBUTION

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

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

Schedule I (Form 990) 2023

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
CAMPAIGN FOR WORKING FAMILIES 1415 N. BROAD STREET, SUITE 221-A PHILADELPHIA, PA 19122	47-5617041	501C3	62,508.	0.			FUNDED PARTNER DISTRIBUTION
CHILD & FAMILY RESOURCES 111 HOWARD BLVD SUITE 104 MT ARLINGTON, NJ 07856	22-1985526	501C3	29,758.	0.			FUNDED PARTNER DISTRIBUTION
GLASSBORO CHILD DEVELOPMENT CENTERS - 31 SOUTH MAIN STREET - GLASSBORO, NJ 08028	22-1910475	501C3	229,321.	0.			FUNDED PARTNER DISTRIBUTION
HOPES COMMUNITY ACTION PARTNERSHIP 301 GARDEN STREET HOBOKEN, NJ 07030	22-1801849	501C3	16,669.	0.			FUNDED PARTNER DISTRIBUTION
LITTLE WONDERS CC CENTER 5 WARNE WAY WASHINGTON, NJ 07882	45-3755016	501C3	81,717.	0.			FUNDED PARTNER DISTRIBUTION
CITIZEN ACTION OF NEW JERSEY 625 BROAD ST, SUITE 270 NEWARK, NJ 07102	22-2395222	501C3	99,155.	0.			FUNDED PARTNER DISTRIBUTION
NORWESCAP 350 MARSHALL ST PHILLIPSBURG, NJ 08865	22-1777156	501C3	83,582.	0.			FUNDED PARTNER DISTRIBUTION
UNITED WAY OF GREATER NEWARK 50 PARK PLACE, STE 1025 NEWARK, NJ 07102	22-6069078	501C3	25,003.	0.			FUNDED PARTNER DISTRIBUTION
VOLUNTEER CENTER OF BERGEN COUNTY, INC - 64 PASSAIC ST - HACKENSACK, NJ 07601	22-1821282	501C3	41,672.	0.			FUNDED PARTNER DISTRIBUTION

Schedule I (Form 990)

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

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

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

SCHEDULE I, PAGE 1, PART II

UNITED WAY OF NORTHERN NEW JERSEY MANAGES CAMPAIGNS FOR CORPORATIONS WHO CHOSE TO DISTRIBUTE MONIES RAISED FOR CHARITABLE PURPOSES DIRECTLY TO THE RECIPIENT ORGANIZATIONS. FOR THE FISCAL YEAR ENDING JUNE 30, 2024, APPROXIMATELY \$556K WAS DISTRIBUTED DIRECTLY. THE ORGANIZATION HAS NOT BEEN PROVIDED WITH THE DETAIL OF THE DONATIONS PAID DIRECTLY TO THE RECIPIENT DUE TO DONATION PRIVACY LAWS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

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) KIRAN HANDA GAUDIOSO CEO	(i)	215,528.	0.	0.	21,543.	349.	237,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THERESA LEAMY CEIO	(i)	166,020.	0.	0.	16,588.	349.	182,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGE XUEREB SR. VP RD	(i)	127,282.	0.	0.	12,877.	22,845.	163,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE ROERS SR. VP	(i)	109,444.	0.	0.	11,220.	30,210.	150,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>HOLIDAY GIFTS</u>)	X	0	102,398.	FMV
26 Other (<u>SCHOOL SUPPLIES</u>)	X	0	95,543.	FMV
27 Other (_____)				
28 Other (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

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

WE IMPROVE LIVES AND COMMUNITY CONDITIONS BY ASSESSING NEEDS,
DEVELOPING SOLUTIONS, RAISING FUNDS, CONVENING PARTNERS AND MOBILIZING
CITIZENS TO ACT.

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

CRITICAL RESOURCES. THIS DATA-DRIVEN PILOT IS MEASURING KEY PERFORMANCE
INDICATORS GATHERED THROUGH FEEDBACK FROM THE PARTICIPATING FAMILIES,
CENTERS AND PROVIDERS AND ANALYZED BY EXPERTS. METRICS, DASHBOARDS, AND
EVALUATION TOOLS ARE THE BEDROCK FOR UNITED IN CARE'S EVOLUTION AND
CONTINUED IMPROVEMENT. THIS PILOT HAS THE POTENTIAL TO BECOME A
NATIONAL MODEL BY TRANSFORMING THIS SECTOR, PROMOTING QUALITY CHILDCARE
AND EARLY EDUCATION, AND SUPPORTING ECONOMIC OPPORTUNITIES FOR WORKING
PARENTS AND EARLY EDUCATION PROFESSIONALS.

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

LIABILITY OR RESULT IN A REFUND THAT COULD HELP PAY DOWN BILLS OR
CREATE SAVINGS FOR FUTURE EMERGENCIES. WE ENSURE ALL APPROPRIATE
DEDUCTIONS AND CREDITS ARE CLAIMED TO MAXIMIZE REFUNDS. IN ADDITION, WE
PROVIDE FINANCIAL EDUCATION THAT HELPS INDIVIDUALS AND FAMILIES LEARN
HOW TO BUDGET AND SAVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALICE @ WORK

UNITED FOR ALICE@WORK HELPS BUSINESSES IMPLEMENT POLICIES THAT ENHANCE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
-------------------------------------------------------------------	----------------------------------------------

WORKFORCE SUCCESS AND SUSTAINABILITY. PARTNERING WITH LOCAL UNITED WAYS AND FORWARD-THINKING COMPANIES, WE HELP EMPLOYERS BUILD STRATEGIES TO REDUCE TURNOVER, INCREASE RETENTION AND BOOST ENGAGEMENT.

ALICE@WORK RESPONDS BY OFFERING A COMPREHENSIVE PROGRAM FOR BUSINESS LEADERS. THE PROGRAM HELPS EMPLOYERS UNDERSTAND THEIR WORKFORCE THROUGH THE LENS OF DATA AND HUMAN EXPERIENCE, WHICH FOSTERS DIGNITY, RESILIENCE AND OPPORTUNITY.

ALICE@WORK PROVIDES KEY OFFERINGS, INCLUDING: DATA, REAL-TIME COURSE FACILITATION, AND ACTION PLANNING. SUCCESSFUL COMPLETION OF THE ALICE@WORK COURSE EARNS 12 SHRM CREDITS.

EXPENSES \$ 635,986. INCLUDING GRANTS OF \$ 957,052. REVENUE \$ 0.

GENERAL COMMUNITY SUPPORTS

UNITED WAY OF NORTHERN NEW JERSEY BOLDLY FOUNDED A MOVEMENT IN 2009 TO BETTER UNDERSTAND, SUPPORT, AND AMPLIFY THE NEEDS OF WORKERS WHO ARE PUTTING IN THE HOURS BUT STRUGGLING FINANCIALLY. WE CALLED THESE LOW-WAGE WORKERS ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED).

THESE ALICE HOUSEHOLDS EARN ABOVE THE POVERTY LEVEL, BUT TOO LITTLE TO AFFORD THE BASICS. LIKewise, ALICE OFTEN DOESN'T QUALIFY FOR GOVERNMENT SUPPORT. AS A RESULT, ALICE REGULARLY FACES EXCRUCIATING CHOICES. PAY FOR QUALITY CHILDCARE OR THE HEATING BILL? GROCERIES OR A COSTLY MEDICATION?

UNITED WAY IS WORKING TOWARD A FUTURE WHERE ESSENTIAL WORKERS CAN AFFORD TO SAVE FOR AN EMERGENCY, ACCESS AFFORDABLE QUALITY CHILD CARE, AND HAVE THE OPPORTUNITY TO ACHIEVE THEIR POTENTIAL IN THE WORKPLACE.

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

OUR NATIONALLY RENOWNED RESEARCH AND ANALYSIS ENGINE UNITED FOR ALICE PLACES A SPOTLIGHT ON ALICE'S UNIQUE STRUGGLE. USING THIS DATA AND RESEARCH, WE, AND CHAMPIONS FOR ALICE ACROSS THE COUNTRY, ARE INNOVATING, ADVOCATING, AND COLLABORATING ON SOLUTIONS THAT SEEK TO ADDRESS RACIAL AND ECONOMIC INEQUITIES AT THE LOCAL, STATE, AND NATIONAL LEVELS.

EXPENSES \$ 283,024. INCLUDING GRANTS OF \$ 1,615,750. REVENUE \$ 0.

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

REVIEWED BY THE AUDIT COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS AND COMMUNITY VOLUNTEERS. THE DRAFT FORM 990 IS CIRCULATED VIA E-MAIL TO THE AUDIT COMMITTEE FOR REVIEW, WHERE FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS. AFTER FILING, THE 990 IS MADE AVAILABLE TO THE BOARD AND THE PUBLIC TO VIEW.

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

ON AN ANNUAL BASIS, ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY. THIS COMPREHENSIVE DOCUMENT OUTLINES ALL PARAMETERS UNDER WHICH BOARD MEMBERS SHOULD ACT. IT IS INTENDED TO SERVE THE BEST INTERESTS OF THE ORGANIZATION. IN ADDITION TO THE SELF-GOVERNING PURPOSE OF THE DOCUMENT, MATTERS WHICH COME TO THE ATTENTION OF THE BOARD OR MANAGEMENT AT UNITED WAY OF NORTHERN NEW JERSEY THAT MAY BE IN CONFLICT WITH THE GUIDING PRINCIPLES ARE REVIEWED AND DISCUSSED AT GOVERNANCE COMMITTEE TO DETERMINE WHETHER FURTHER ACTION NEEDS TO BE TAKEN.

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

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC	Employer identification number 22-1487247
-------------------------------------------------------------------	----------------------------------------------

ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO. THE CEO EVALUATION AND COMPENSATION COMMITTEE IS CHARGED WITH REVIEWING PERFORMANCE AGAINST DESIRED METRICS, DISCUSSING THE RESULTS WITH THE CEO AND REPORTING THE RESULTS TO THE BOARD. IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO EVALUATION AND COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER SIMILAR SCOPED NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES. THE INCREASE IN COMPENSATION IS PROPOSED AND APPROVED AT BOARD LEVEL. DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES.

ON AN ANNUAL BASIS, ALL STAFF, INCLUDING SENIOR AND KEY STAFF, UNDERGO A PERFORMANCE REVIEW BY THE CEO AND WHERE APPROPRIATE, COMMITTEE MEMBERS. THEIR PERFORMANCE IS MEASURED AGAINST DESIRED OUTCOMES, RESULTS ARE DISCUSSED WITH THEM. IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO WILL REVIEW DATA FROM COMPARABLE NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES. THE INCREASE IN COMPENSATION IS APPROVED BY THE CEO. DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES.

FORM 990, PART VI, SECTION C, LINE 19:
THE INFORMATION IS AVAILABLE UPON REQUEST.

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

ALLOWANCE FOR UNCOLLECTABLES	-6,800.
PRIOR YEAR CAMPAIGN COLLECTIONS	10,624.
TOTAL TO FORM 990, PART XI, LINE 9	3,824.

FORM 990 PAGE 12 PART XII LINE 2C

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number

22-1487247

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS A COMMITTEE OF THE
 BOARD. IT IS RESPONSIBLE FOR THE REVIEW OF THE AUDITED FINANCIAL
 STATEMENTS AND 990 RETURN.

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

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF NORTHERN NEW JERSEY INC	Taxpayer identification number (TIN) 22-1487247
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 222 RIDGEDALE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR KNOLLS, NJ 07927	

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

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

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

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

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of **KIRAN HANDA GAUDIOSO**
222 RIDGEDALE AVENUE - CEDAR KNOLLS, NJ 07927

Telephone No. **973-993-1160** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

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

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

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