Form 990

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

_	la vi	ending J	UN 30, 2024	1
B Check if applicable:	C Name of organization		D Employer identi	fication number
Address	UNITED WAY OF NORTHERN NEW JERSEY INC			
Name	Doing business as		22-1487	247
Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
Final return/ termin-	222 RIDGEDALE AVENUE	, toomsount	973-993	
Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,112,456.
Applica-	CEDAR KNOLLS, NJ 07927		H(a) Is this a group	return
pending	F Name and address of principal officer: KIRAN HANDA GAUDIOS SAME AS C ABOVE	0		es? Yes X No
I Tax-ever	W = =		H(b) Are all subordinates	
J Website		r 527		a list. See instructions
	organization: X Corporation Trust Association Other	I. v	H(c) Group exempt	
	Summary	I L Year	of formation; 1950	M State of legal domicile: NJ
0 1 E	Briefly describe the organization's mission or most significant activities: OUR U	NITED	WAY BELIE	VES THAT
ğ <u> </u>	SECURING RACIAL AND ECONOMIC EQUITY FOR A	LICE I	MPROVES LI	FE FOR ALL.
2 0	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	
8 3 1	Number of voting members of the governing body (Part VI, line 1a)		3	3 23
8 4	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			
i 72 7	otal number of volunteers (estimate if necessary)			
A 'a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>Z</u>	
	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
8 (Contributions and grants (Part VIII, line 1h)		8,871,426	
2 9	Program service revenue (Part VIII, line 2g)		0,071,420	
	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		54,811	
" 11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-132,675	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,793,562	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,784,044	
	Benefits paid to or for members (Part IX, column (A), line 4)		0	
ي 15 s	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,145,490	
Head Secured B	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ğ b	Total fundraising expenses (Part IX, column (D), line 25) 1,704,11		1 720 707	1 565 104
- "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,730,797	
	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,660,331	
- 19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Yea	
Assets or 1. Balances.	Total assets (Part X, line 16)		19,734,995	
SSE 21	Total liabilities (Part X, line 26)		5,957,449	
+==	Net assets or fund balances. Subtract line 21 from line 20		13,777,546	
Part II	Signature Block			
	lties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
true, correc	t, and complete. Deglaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	01 202
	IM Tana Can		Date	31-0000
Sign	Signature of officer		Date	
Here	KIRAN HANDA GAUDIOSO, CEO Type or print name and title			
-	1 0 1		Date Check	□ I PTIN
Dald	Print/Type preparer's name MARQUS WHITE MARQUS WHITE		01/30/25 if self-em	
Paid Preparer	Firm's name SAX LLP			81-2950760
Use Only	Firm's address 389 INTERPACE PARKWAY; STE 3			
ous only	PARSIPPANY, NJ 07054		Phone no. 9	73-472-6250
May the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
	Paperwork Reduction Act Notice, see the separate instructions. 332001 1	12-21-23		Form 990 (2023)

Check #Schedule O contains a response or note to any line in this Part III Briefly describe the origination'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 Dod the organization undertake any significant program services during the year which were not listed on the prior form 800 or 600.527 If Yes, 'describe these new services on Schedule O. Yes, 'describe these new services on Schedule O. Yes, 'describe these new services on Schedule O. Yes, 'describe these changes on Schedule O. Yes, 'describe changes on Schedule O. Ye	Pai	t III Statement of Program Service Accomplishments
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 lasted on the proform \$50 of \$50 £27		Check if Schedule O contains a response or note to any line in this Part III
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 wave not lasted on the prior form 590 of 590-627 If 'Yes,' describe these new services on Schedule 0. 10 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1	Briefly describe the organization's mission:
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 fisted on the prior Form 980 or 906-E2?		AT THIS UNITED WAY, WE BELIEVE THAT BY SECURING RACIAL AND ECONOMIC
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 999 or 990 E2? Yes X No 1 Yes, 'describe these fanes wervices on Schedule 0. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 1 Yes, 'describe these changes on Schedule 0. 2 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, socion 501(5)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sponted. 4		EQUITY FOR ALICE WE CAN IMPROVE LIFE FOR ALL.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 999 or 990 E2? Yes X No 1 Yes, 'describe these fanes wervices on Schedule 0. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 1 Yes, 'describe these changes on Schedule 0. 2 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, socion 501(5)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sponted. 4		
prior Form 950 or 990 GEZ? Wyes X No H "Yes." describe these new services on Schedula D. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No H "Yes." describe three new services on Schedula D. Describe three changes on Schedula D. Pescribe three changes on Schedula D. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service seported. The control of the control of the control organization of the control organization of the control organization to the control organization or control organization org		OUR UNITED WAY MOBILIZES COMMUNITIES TO ACTION SO ALL CAN THRIVE.
B "Yes." describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the
Yes X No If Yes, describe these changes on Schedule O. Describe the organization cases conducting or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverus, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverus, if any, for each program service and the total expenses, and reverus, if any, for each program service (costs) (Fernance 1) 10		prior Form 990 or 990-EZ?
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(c)(6) and 50(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (Cose) (Cose-program service) (Cose-p		
4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program services, as measured by expenses, and reverue, if any, for each program services, as measured by expenses, and reverue, if any, for each program services (c) and a service services. The control of the cont	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Section 5016(S) and 5016(S) an		If "Yes," describe these changes on Schedule O.
40 (code) (Generals 3,694,915. reciding grathers) (Recember 3) (Recem	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
40 (come) [Paperses 3,694,915. Declaring groups or S) [Paperses) 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 FILLARS OF THE CHILDCARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDARS FOR HELD CARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDARS FOR CHILD CARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDARS PROVIDERS TO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 40 (code) [Compense 1 1, 405, 285. modering grade of \$ 491, 111.] (Reserved \$ 191, 111.) (Reserve		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
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 MORTHERN 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 SERKING 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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 40 (code) (Respense 1, 405, 285. holded garde of 491, 111.) (Hermer 5) 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 40 (cose) (Respenses 1, 314, 979. holded garde of S.) (Respense 1) (Respense 1) UNITED FOR ALICE IS A DRIVER OF INNOVATION, RESEARCH AND ACTION TO IMPROVE LIFE ACROSS THE COUNTRY FOR ALICE (ASSET LIMITED, INCOME CONSTRAINED, REPLOYED) AND FOR ALL. THROUGH THE DEVELOPMENT OF THE ALICE MEASUREMENTS, A COMPREHENSIVE, UNBIASED PICTURE OF FINANCIAL HARDSHIP HAS EMERGED. HARRESSING THIS DATA AND RESEARCH ON THE MISMATCH BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVALA, ALICE PARTNERS		
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 SEKING 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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE FROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 10 (code) (Picquences) 1,405,285, uncludy quints of 491,111.) (Preventes) 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 HELD HOWER THEIR TAX 40 (code) ((code) (Code) AND FOR ALL. THROUGH THE DEVELOPMENT OF THE ALICE MEASUREMENTS, A COMPREHENSIVE, UNBIASED PICTURE OF FINANCIAL HARDSHIP HAS EMERGED. HARRESSING THIS DATA AND RESEARCH ON THE MISMATCH BETTMEND HAS EMERGED. HARRESSING THIS DATA AND RESEARCH ON THE MISMATCH BETTMEND HAS EMERGED. HARRESSING THIS DATA AND RESEARCH ON THE MISMATCH BETTMEND HAS EMERGED. HA	4a	(Code:) (Expenses \$3,694,915. including grants of \$) (Revenue \$)
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 SERKING 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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE (Code) (Expenses 1, 405, 285. beaulag guize of \$ 491,111.) (Revenues 2) 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 PREPARE CAN BE AT A DISADVANTAGE. INDIVIDUALS AND FAMILIES MIGHT MISS OUT ON PROGRAMS, CREDITS AND DEDUCTIONS THAT COULD HELP LOWER THEIR TAX 40 (code) (Expenses 1, 314,979. beaching guided of 5) (Expenses 1, 314,979. beaching guize of 5) (Expenses 1, 314		
NORTHERN NEW JERSEY WAS IDENTIFIED AS A LEAD PARTMER 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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 10 (Comments of the comments of the		
PILOT PROJECT TO DIRECTLY ADDRESS THE STRUCTURAL DEFICIENCIES WITHIN THE CHILDCARE SYSTEM. THIS PILOT IS SERING 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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE FROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE (Code.) (Compense \$ 1,405,285. moldedg garder of \$ 491,111.) (Persenue \$ 1) BUILDING SAVINGS, CARREERS 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 HOUSENOLDS 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 TRS-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.)(copenses 1,314,979. moldedg parts of S) 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 CONVENIE, ADVOCATE AND COLLABORATE ON SOLUTIONS THAT PROMOTE FINANCIAL HARDSHIP HAS EMERGED HARNESSING THIS DATA AND RESEARCH ON THE MISMATCH BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVAL, ALICE PARTNERS CONVENIE, ADVOCATE AND COLLABORATE ON		· · · · · · · · · · · · · · · · · · ·
THE CHILDCARE SYSTEM. THIS PILOT IS SEKKING 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 FILLARS OF THE CHILDCARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 40 (code: 1 (Codes) (Compensed 1, 405, 285. Including grate of 3 491,111.) (Newwords) BUILDING SAVINGS, CARRERS 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 INS-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 46 (Code: 1) (Expensed 1, 314,979. Including grate of 8 UNITED FOR ALICE 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 BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVAL, ALICE PARTNERS CONVENE, ADVOCATE AND COLLABORATE ON SOLUTIONS THAT PROMOTE FINANCIAL BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVAL, ALICE PARTNERS CONVENE, ADVOCATE AND COLLABORATE ON SOLUTIONS THAT PROMOTE FINANCIAL BETWEEN LOW-PAYING JOBS AND THE COST OF SURVIVAL, ALICE PARTNERS CONVENEY, LEVELS AND LOCALEBORATE ON SOLUTIONS THAT PROMOTE F		
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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 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 OUT ON PROGRAMS, CREDITS AND DEDUCTIONS THAT COULD HELP LOWER THEIR TAX INDIVIDUALS AND FAMILIES MIGHT MISS OUT ON PROGRAMS, CREDITS AND DEDUCTIONS THAT COULD HELP LOWER THEIR TAX 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 PARTEERS CONVENE, ADVOCATE AND COLLABORATE ON SOLUTIONS THAT PROMOTE FINANCIAL STATE AND NATIONAL LEVELS. THIS GRASSROOTS ALICE MOVEMENT, LED BY UNITED WAYS, CORPORATIONS, NONPROFITS AND FOUNDATIONS. 40 OUT OF PROGRAMS SERVICE OF COLLABORATE ON SOLUTIONS THAT PROMO		
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 SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE (Code)[Reputers 1,405,285. Intelling systems of \$ 491,111.) (Meverus 5) 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 parts of 8) (Revenues 2) UNITED FOR ALICE 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 WAYS, CORPORATIONS, NONPROFITS AND FOUNDATIONS. 4d Other program services (Describe on Schedule C) (Econtess 8 7, 334, 189.		
OPPORTUNITIES FOR WORKING FAMILIES. TO ACCOMPLISH THIS, UNITED IN CARE IS CREATING ALLIANCES THAT PAIR TWO PREVIOUSLY DISCONNECTED PILLARS OF THE CHILDCARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 40 (Code:) (Expenses 1, 405, 285. including parts 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 5) (Reverue \$) UNITED FOR ALICE 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. HARNESING 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 WAYS, CORPORATIONS, NONPROFITS AND FOUNDATIONS. 4d Other program services (Describe on Schedule O.) (Expenses 9 199,010 · including grants of \$ 2,572,802.) (Revenue \$) 4e Total program service expenses 7,334,189.		· · · · · · · · · · · · · · · · · · ·
IS CREATING ALLIANCES THAT PAIR TWO PREVIOUSLY DISCONNECTED PILLARS OF THE CHILDCARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 40 (code		
THE CHILDCARE SYSTEMHIGHLY RATED CENTERS AND LOCAL FAMILY CHILDCARE PROVIDERSTO EXPAND CAPACITY, LEVERAGE A COLLECTIVE EXPERTISE, AND SHARE 4b (Code: 1, (Expenses \$ 1,405,285. including grants of \$ 491,111.) (Revenue \$		· · · · · · · · · · · · · · · · · · ·
PROVIDERSTO 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 WAYS OF NORTHERN NEW JERSEY, HAS SPREAD TO 31 STABILITY AT LOCAL, STATE AND NATIONAL LEVELS. THIS GRASSROOTS ALICE MOVEMENT, LED BY UNITED WAYS, CORPORATIONS, NONPROFITS AND FOUNDATIONS. 4d Other program services (Describe on Schedule C) (Expenses \$ 919,010 · including grants of \$ 2,572,802.) (Revenue \$) 4e Total program service expenses 7,334,189.		
BUILDING SAVINGS, CAREERS AND STABILITY (Revenues 1, 405, 285, including grants of \$ 491,111.) (Revenues 1)		
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	416	1 405 005
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, UNBLASED 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 service (Describe on Schedule C.) (Expenses \$ 919,010 · Including grants of \$ 2,572,802 ·) (Revenue \$) 4e Total program service expenses 7,334,189 ·	40	
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 C.) (Expenses 919,010. Including grants of \$ 2,572,802.) (Revenue \$ 7,334,189.		
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 UNITED FOR ALICE 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 \$ 7,334,189.		
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 PARTMERS 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 C.) (Expenses \$ 919,010. including grants of \$ 2,572,802.) (Revenue \$) 4e Total program service expenses 7,334,189.		
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.		
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 C.) (Expenses \$ 919,010 · including grants of \$ 2,572,802 ·) (Revenue \$		DEAL WITH UNEXPECTED HARDSHIPS, AND SAVE FOR THE FUTURE.
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 C.) (Expenses \$ 919,010 · including grants of \$ 2,572,802 ·) (Revenue \$		·
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.		OUR TAX PREPARATION PROGRAM ENSURES OUR CLIENTS RECEIVE FREE
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 \$) 4 Total program service expenses 7,334,189.		IRS-QUALIFIED TAX PREPARATION. DURING TAX FILING SEASON, THOSE WITHOUT
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 \$) 4 Total program service expenses 7,334,189.		SUFFICIENT KNOWLEDGE OF TAX LAWS OR THE RESOURCES TO HIRE A 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 \$		PREPARER CAN BE AT A DISADVANTAGE. INDIVIDUALS AND FAMILIES MIGHT MISS
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.		·
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.	4c	
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		·
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.		
FOUNDATIONS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 919,010 \cdot including grants of \$ 2,572,802 \cdot) \text{ (Revenue \$ }) 4e Total program service expenses 7,334,189.		
4d Other program services (Describe on Schedule O.) (Expenses \$ 919,010 \cdot including grants of \$ 2,572,802 \cdot) (Revenue \$) 4e Total program service expenses 7,334,189 \cdot		· · · · · · · · · · · · · · · · · · ·
(Expenses \$ 919,010 • including grants of \$ 2,572,802 •) (Revenue \$) 4e Total program service expenses 7,334,189 •		
4e Total program service expenses 7,334,189.	4d	
	A.	[Expenses \$ 919,010 including grants of \$ 2,072,002) (Revenue \$) Total program convice expenses 7 33/1 189
	<u>4e</u>	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,,
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₹7
_	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441-		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		Х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	TIC	-	-21
u		11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-22
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		\Box	<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u></u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form	990 (2023) UNITED WAY OF NORTHERN NEW JERSEY INC 22-148	247	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	 		
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		┝≏
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	256		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 25
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а				
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

UNITED WAY OF NORTHERN NEW JERSEY INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\Box	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	\dashv	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\dashv	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
ı.	any contributions that were not tax deductible as charitable contributions?	6a	-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	х	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ייט		
U	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
		14a	\neg	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	$\neg \neg$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\neg \neg$	
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

UNITED WAY OF NORTHERN NEW JERSEY INC 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	avai l al	ble
	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	finan	cial	
	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.

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

- 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.

(list any hours for related organizations or	mated ount of	(F) Estima amour othe	(E) Reportable compensation from related	(D) Reportable compensation from	an	(B) Average hours per week (C) Position (do not check more than or box, unless person is both a officer and a director/truste		(B) Average hours per	(A) Name and title			
DOARD CHAIR	ensation m the nization re l ated	compens from organiz and rel organiza	organizations (W-2/1099-MISC/	the organization (W-2/1099-MISC/	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	(list any hours for related organizations below	
1.00											1.00	
VICE CHAIR	0.		0.	0.	-	H	\vdash	X	Н	X	1 00	
1.00 1.00	0		_	ر ا				37		ا پ	1.00	
NICHOLAS LORDI	0.		0.	0.	-	H	H	X	Н	<u> </u>	1 00	
1.00	0.		0	₀ ا				v		- √	1.00	
SOARD TREASURER			0.	0.	\vdash		H		Н		1.00	
SOARD MEMBER	0.		0.	0.1				x		_x	1.00	
BOARD MEMBER					\neg	\vdash	Т	<u> </u>	Н		1,00	(5) ALETHIA MENDEZ
1.00 BOARD MEMBER	0.		0.	0.						$1_{\rm X}$		BOARD MEMBER
BOARD MEMBER						П		П	П	П	1.00	(6) MIKE FLYNN
BOARD MEMBER	0.		0.	0.						x		BOARD MEMBER
1.00 BOARD MEMBER											1.00	(7) STEVEN MAGEE
BOARD MEMBER	0.		0.	0.						Х		BOARD MEMBER
1.00 BOARD MEMBER											1.00	(8) MEGHAN HUNSCHER
BOARD MEMBER	0.		0.	0.						X		BOARD MEMBER
1.00											1.00	(9) MARK ROMANSKI
BOARD MEMBER X 0. 0. (11) KEITH D. BARRACK 1.00 0. 0. BOARD MEMBER X 0. 0. (12) JOSEPH PICHAMUTHU 1.00 0. 0. BOARD MEMBER X 0. 0. (13) PETER SCHLICKSUP 1.00 0. 0. BOARD MEMBER X 0. 0. (14) JAN BROWN HELGESON 1.00 0. 0. BOARD MEMBER X 0. 0.	0.		0.	0.			$oxed{oxed}$	Ш	Ш	Х		BOARD MEMBER
Column											1.00	(10) LAUREN BARRA ROURKE
BOARD MEMBER X 0. 0. (12) JOSEPH PICHAMUTHU 1.00 0. 0. BOARD MEMBER X 0. 0. (13) PETER SCHLICKSUP 1.00 0. 0. BOARD MEMBER X 0. 0. (14) JAN BROWN HELGESON 1.00 0. 0. BOARD MEMBER X 0. 0.	0.		0.	0.	Щ	_	$ldsymbol{ldsymbol{eta}}$	Щ	Ш	Х		BOARD MEMBER
1.00										4	1.00	
BOARD MEMBER X 0. 0. (13) PETER SCHLICKSUP 1.00 0. 0. BOARD MEMBER X 0. 0. (14) JAN BROWN HELGESON 1.00 0. 0. BOARD MEMBER X 0. 0.	0.		0.	0.	Ш	L	\vdash	\vdash	Ш	X		
(13) PETER SCHLICKSUP 1.00 BOARD MEMBER X (14) JAN BROWN HELGESON 1.00 BOARD MEMBER X	0									ł!	1.00	
BOARD MEMBER X 0. 0. (14) JAN BROWN HELGESON 1.00 0. 0. BOARD MEMBER X 0. 0.	0.		0.	0.	-	H	H	\vdash	Н	X	1 00	
(14) JAN BROWN HELGESON 1.00 X 0. 0.	0		_	_						ا ب	1.00	
BOARD MEMBER X 0. 0.	0.		0.	0.	-	H	H	Н	Н	╇	1 00	
	0.		_	_						$\left \frac{1}{N} \right $	1.00	
			0.	0.	\dashv	\vdash	H	Н	Н	Ĥ	1 00	
BOARD MEMBER X 0. 0.	0.		0 -	ا ۱						$ _{\mathbf{x}} $	1.00	
(16) JACKLYN DIMITRIOU 1.00				Ŭ.	\dashv	\vdash	\vdash	\vdash	Н	1	1.00	
BOARD MEMBER X 0. 0.	0.		0.	0.						$1_{\rm x}$		
(17) HIMA RAJU 1.00			3,	, ,	\neg			Т	П		1.00	
BOARD MEMBER X 0. 0.	0.		0.	0.						1x		BOARD MEMBER

332007 12-21-23 Form **990** (2023)

Form 990 (2023) UNITED WA	AY OF NO	RT	HE	RN	N	ŒW	Ţ	JERSEY INC	22-148	372	47	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	olov	ees,	and	Hig	ghes	st C	Compensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)	П	(F)
Name and title	Average	l		Pos	ition			Reportable	Reportable			nated
	hours per					than o		compensation	compensation			unt of
	week	offic	cer ar	d a d	irecto	r/trus	tee)	from	from related		ot	her
	(list any	director						the	organizations		compe	nsation
	hours for	or dire	س ا			ited		organization	(W-2/1099-MISC	/		n the
	related	stee (ruste		0	bensa		(W-2/1099-MISC/	1099-NEC)		_	ization
	organizations below	al tru	onali		oloye	E co		1099-NEC)				elated
	line)	Individual trustee	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former				organi	zations
(18) THEODORE O'DELL	1.00	드	드	Of	-\$	포등	2			+		
BOARD MEMBER	1.00	X						0.	، ا	.		0.
(19) BRIAN BOVINO	1.00	22		Н	\vdash	\vdash	Н	•		+		- 0 •
BOARD MEMBER	1000	x						0.	1 0	.		0.
(20) ARDAMAN SINGH	1.00	<u> </u>		Т		Т	Т					
BOARD MEMBER		х						0.	l	۱.(0.
(21) SUSANNE D. BROWN	1.00			П		П	Г			\dashv		
BOARD MEMBER		Х						0.	C).		0.
(22) BRYAN EVANS	1.00					П				\neg		
BOARD MEMBER		Х						0.	C).[0.
(23) KEN FINNERTY	1.00											
BOARD MEMBER		Х		$ldsymbol{ld}}}}}}$		╙	L	0.	С).		0.
(24) EDNAN RIZVI	1.00											
BOARD MEMBER	1 00	Х		\vdash	<u> </u>	┡	L	0.	C	<u>- </u>		0.
(25) MARIANNE SZAWALUK	1.00	,,							l ,			0
BOARD MEMBER	1 00	Х	H	H	H	⊢	H	0.		1		0.
(26) VANESSA TRESPALACIOS BOARD MEMBER	1.00	x						0.	, ا).		0.
41. 0 1.1.1.1						_	_	0.		; ; 		0.
1b Subtotal								823,499.			160	,261.
c Total from continuation sheets to Part VI								823,499.			168	,261.
d Total (add lines 1b and 1c) Total number of individuals (including but no										, • <u> </u>	100	, 401.
· -	ot limited to th	ose	liste	a ac	ove	e) Wri	io re	eceived more than \$100,	000 of reportable			9
compensation from the organization											Τv	es No
3 Did the organization list any former officer,	director truet	00 k	·0\/ c	mnl	0.101	0 Or	hic	shoet componented omp	lovoo on	Г	<u> </u>	03 110
											3	х
line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su										١		
and related organizations greater than \$150									-		4 2	х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com					-			-		Г	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated ind	lepe	ndei	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of comper	nsati	on from	
the organization. Report compensation for t	the ca l endar ye	ear e	ndir	ng w	ith c	or wi	thir	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address	NC	INC	3				Description of s	services	Сс	mpens	ation
							_					
							\dashv					
									<u> </u>			
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	l above) who received m	ore than			
\$100,000 of compensation from the organization	zation				()						

SEE PART VII, SECTION A CONTINUATION SHEETS

	AY OF NO	RI	HE	RN	[N	EW	J	ERSEY INC	22-148	7247
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	trus		99/	mpen				organizations
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	10			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) BENJAMIN WEISMAN	1.00			П		П				
BOARD MEMBER		x						0.	0.	0.
(28) LESLIE TRAVER	1.00			Т		П				
BOARD MEMBER		x						0.	0.	0.
(29) KIRAN HANDA GAUDIOSO	35.00		П	П		П				
CEO		1		Х				215,528.	0.	21,892.
(30) THERESA LEAMY	35.00		П	П		П				
CEIO		1			Х			166,020.	0.	16,937.
(31) GEORGE XUEREB	35.00					П				
SR. VP RD		1				Х		127,282.	0.	35,722.
(32) MICHELLE ROERS	35.00									
SR. VP		1				Х		109,444.	0.	41,430.
(33) LAURA BRUNO	35.00		П	П	П	П				
VP		1				Х		100,866.	0.	30,268.
(34) LYNN WECKWORTH	35.00		П	П	П	П				
DIRECTOR						Х		104,359.	0.	22,012.
				П		П				
				$ldsymbol{ldsymbol{eta}}$						
					L					
			$oxed{oxed}$	L	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$				
				_						
		_		\vdash	L		_			
				<u> </u>	_		_			
		_	_	<u> </u>	_	<u> </u>	_			
	+	_	\vdash	<u> </u>	<u> </u>	\vdash	<u> </u>			
	<u> </u>									
	1									
Total to Part VII, Section A, line 1c								823,499.		168,261.

n 990 (202	3)	UNITED	WAY	OF	NORTHERN	NEW	JERSEY	1
rt VIII	Statement of	of Revenue)					
	Chook if Sohod	lula O containa	0 r00n/	2220	r noto to any lina i	n thin D	ort \/III	

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Chock in Constants a response	or moto to arry in t	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated campaigns 1a	15,472.				00011011010112
Contributions, Gifts, Grants and Other Similar Amounts	l d		10,172.				
ij g	D		778,883.				
ts,	С	9	770,003.				
ig ig	a	Related organizations 1d	2 200 012				
ns,	е	Government grants (contributions) 1e	2,298,913.				
er iti	f	All other contributions, gifts, grants, and	6 212 067				
호된		similar amounts not included above 1f	6,313,967.				
ont opt	g		197,941.	0 405 005			
<u>0</u> <u>g</u>	h	Total. Add lines 1a-1f		9,407,235.			
			Business Code				
မွ	2 a						
e Š	b						
S E	С						
am	d						
Program Service Revenue	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		406,197.			406,197.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a		. ,				
	b						
	C	B 111 (1)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	7 a		(ii) Other				
		assets other than inventory 7a					
a)	D	Less: cost or other basis and sales expenses 75 731,324.					
her Revenue			\vdash				
eve				721 204			721 204
Ä		Net gain or (loss)		-731,324.			-731,324.
	8 a	Gross income from fundraising events (not					
ŏ		including \$ 778,883. of					
		contributions reported on line 1c). See					
		Part IV, line 18	297,515.				
		Less: direct expenses 8b	554,512.				
		Net income or (loss) from fundraising events		-256,997.			-256,997.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	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					
	с	Net income or (loss) from sales of inventory					
45			Business Code				
sno	11 a	MISCELLANEOUS	900099	1,509.	1,509.		
and one	b						
ella	c						
Miscellaneous Revenue	d	All other revenue					
Σ	6	Total. Add lines 11a-11d		1,509.			
	12	Total revenue. See instructions		8,826,620.	1,509.	0.	-582,124.
					<u> </u>		· · · · · · · · · · · · · · · · · · ·

332009 12-21-23

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 respon									
	not include amounts reported on lines 6b, 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,	640 550	440 610	E0 EE0	101 505					
	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)	2 004 264	1 010 207	200 005	706 020					
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):									
а	Management									
b	Legal									
С										
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	72,128.	52,771.	5,153.	14,204.					
g	,									
	column (A), amount, list line 11g expenses on Sch O.)	40.500	40 40 5							
12	Advertising and promotion	49,790.	12,495.		37,295.					
13	Office expenses	44 550	02 525	0 100	10 110					
14	Information technology	44,772.	23,537.	2,122.	19,113.					
15	Royalties	64.052	F1 0CF	2 246	0 740					
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									
40	for any federal, state, or local public officials Conferences, conventions, and meetings	74,343.	48,859.	10,857.	14,627.					
19	-	64,079.	44,560.	4,782.	14,737.					
20 21	Interest 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	22,3331	20,0070	= / 5 5 5 1	27,000					
24	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 0.) PROFESSIONAL FEES	785,997.	652,690.	17,103.	116,204.					
a	EQUIPMENT MAINTENANCE A	180,589.	78,322.	8,733.	93,534.					
b	SUPPLIES	62,695.	33,972.	2,061.	26,662.					
C	EVENTS FRIENDRAISING	10,555.	55,314.	2,001.	10,555.					
d	A.11	11,002.	5,742.	630.	4,630.					
e 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	J , , U U , <u>T</u> <u>T</u> 1 •	,, 55 = , ±65 •	001,040 ·	<u> </u>					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	1.15.15.11.11.9 001 00 2 (1.00 000 120)			I	Earm 990 (2022)					

Form 990 (2023)

Part X | Balance Sheet

Pai	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	
	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, directly	ector,				
		trustee, key employee, creator or founder, substantial contributor,	or 35%				
					5		
	6	Loans and other receivables from other disqualified persons (as de					
		under section 4958(f)(1)), and persons described in section 4958(c			6		
sts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		10.005	8	10000	
⋖	9	Prepaid expenses and deferred charges		13,897.	9	12,292.	
	10a	Land, buildings, and equipment: cost or other	.15 010				
			215,813.	25 004		15 015	
	b		L98,796.	37,204.		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	r		13		
	14	Intangible assets	2 000	14	2 000		
	15	Other assets. See Part IV, line 11	2,000. 19,734,995.	15	2,000. 19,349,690.		
-	16	Total assets. Add lines 1 through 15 (must equal line 33)		452,457.	16 17	347,580.	
	17	Accounts payable and accrued expenses		7,090.	17	9,997.	
	18	Grants payable		5,497,902.	19	3,950,005.	
	19 20	Deferred revenue		5,451,502.	20	3,730,003.	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule			21		
	22	Loans and other payables to any current or former officer, director					
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor,					
þilli					22		
Lia	23				23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related the					
	-	parties, and other liabilities not included on lines 17-24). Complete					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		5,957,449.	26	4,307,582.	
		Organizations that follow FASB ASC 958, check here					
Ses		and complete lines 27, 28, 32, and 33.	- 1				
and	27	Net assets without donor restrictions		11,756,090.	27	12,843,778.	
Ba	28	Net assets with donor restrictions		2,021,456.	28	2,198,330.	
pu		Organizations that do not follow FASB ASC 958, check here					
Ę.		and complete lines 29 through 33.	- 1				
S O	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equipment fund	r		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fun			31		
Net	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.	
						Form 990 (2023)	

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,70	0,1	47.
3	Revenue less expenses. Subtract line 2 from line 1	3		-87	3,5	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,77	7,5	46.
5	Net unrealized gains (losses) on investments	5	2	,13	4, 2	65.
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	,04	2,1	08.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?				Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	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?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number UNITED WAY OF NORTHERN NEW JERSEY INC 22-1487247 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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.
	ction B. Total Support						P20337301
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	8503603.	17218894.	8854098.	8871426.	9407235.	
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		00,,000				
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						54075719.
	Gross receipts from related activities,	oto (ooo inatruotia	\no\			12	P=0/3/13:
	First 5 years. If the Form 990 is for the	,	,	iourth or fifth tax v			
13	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (fl)		14	96.27 %
	Public support percentage from 2022					15	96.18 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	_					37
h	33 1/3% support test - 2022. If the o	. , , , , ,	· ·				
	and stop here. The organization qual	_					
175	10% -facts-and-circumstances test						
176	and if the organization meets the fact	_					
	meets the facts-and-circumstances te						
L		•				72. and line 15 is	
r	10% -facts-and-circumstances test						1070 UI
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n dia not check a l	box on line 13, 168	a, 100, 17a, or 17b	, check this box at		(Farm 000) 0002

Schedule A (Form 990) 2023

(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	on A. Public Support	now, please comp	Diete Part II.)				
	r year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	fts, grants, contributions, and	(4, 2010	(5) 2020	(0, 2021	(4) 2022	(0, 2020	(i) i Stai
	embership fees received. (Do not						
	clude any "unusual grants.")						
	oss receipts from admissions,						
	erchandise sold or services per-						
	med, or facilities furnished in						
	y activity that is related to the ganization's tax-exempt purpose						
`	oss receipts from activities that				 		
	e not an unrelated trade or bus-						
	ess under section 513						
	x revenues levied for the organ-				 		
	ation's benefit and either paid to						
	expended on its behalf						
					 		
	e value of services or facilities rnished by a governmental unit to						
	e organization without charge						
	· · · · · · · · · · · · · · · · · · ·				-		
	otal. Add lines 1 through 5						
	nounts included on lines 1, 2, and						
	received from disqualified persons				-		
	ounts included on lines 2 and 3 received m other than disqualified persons that						
	eed the greater of \$5,000 or 1% of the						
	ount on line 13 for the year				-		
	ld lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	on B. Total Support				1		
	r year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	nounts from line 6						
	oss income from interest, vidends, payments received on						
se	curities loans, rents, royalties,						
	d income from similar sources						
	related business taxable income						
,	ss section 511 taxes) from businesses						
	quired after June 30, 1975						
	ld lines 10a and 10b						
	et income from unrelated business tivities not included on line 10b,						
	nether or not the business is						
	gularly carried on						
	her income. Do not include gain loss from the sale of capital						
	sets (Explain in Part VI.)						
	tal support. (Add lines 9, 10c, 11, and 12.)						
14 Fir	rst 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
Section	on C. Computation of Public	c Support Per	centage				
15 Pu	ıblic support percentage for 2023 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	ıblic support percentage from 2022					16	%
Section	on D. Computation of Inves	tment Income	e Percentage				
17 Inv	vestment income percentage for 20	23 (line 10c, colur	mn (f), divided by l i	ne 13, column (f))		17	%
18 Inv	vestment income percentage from 2	2022 Schedu l e A,	Part III, line 17			18	%
	1/3% support tests - 2023. If the					3 1/3%, and line 17	' is not
	ore than 33 1/3%, check this box an						
	1/3% support tests - 2022. If the						nd
	e 18 is not more than 33 1/3%, chec	-					
	ivate foundation. If the organization						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	0.5		
	3с		
	30		
	4-		
	4a		
	41		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	U		
	7		
	7		
	_		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forr	n 990)	2023
		/	

332024 12-21-23

Ра	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	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? If "Yes," explain in			
	· · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	ton of Type in eapperting enganizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type III oupporting 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	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.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

UNITED WAY OF NORTHERN NEW JERSEY INC

22-1487247

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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\$					
answer '	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.

Page 2

Name of organization Employer identification number

UNITED WAY OF NORTHERN NEW JERSEY INC

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		\$ 526,579.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,125,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 408,280.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 275,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 265,633.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page 2

Name of organization	Employer identification number

22-1487247 UNITED WAY OF NORTHERN NEW JERSEY INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 7 X Person **Payroll** 400,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person **Payroll** 569,970. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 200,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll

323452 12-26-23

Noncash (Complete Part II for noncash contributions.) Name of organization Employer identification number

UNITED WAY OF NORTHERN NEW JERSEY INC

22-1487247

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number

Name of organization

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

Inspection

Name of the organization

UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number 22-1487247

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		oimilar Funds	or Accounts. Complete if the
	2.gamzatori anoviota 100 ori orii 000,1 att IV, IIII	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		ĺ	
4	Aggregate value at end of year		ĺ	
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?			
Pai				
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreating		Preservation of	a historically important land area
	Protection of natural habitat	, _		a certified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				
С	Number of conservation easements on a certified historic stru-			_
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	-		2d
3	Number of conservation easements modified, transferred, rele			
	year	, <u>g</u> ,		g
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
	violations, and enforcement of the conservation easements it		_	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<u> </u>			Ç
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and er	forcing conservat	ion easements during the year
			, and the second	,
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial stateme	ents that describes the
	organization's accounting for conservation easements.	· ·		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in fui	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furth	erance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
2	If the organization received or held works of art, historical trea	sures, or other simi l ar a	ssets for financial	
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	=		\$
_ b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

t III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or C	Other S	imilar A	ssets	(continue	ed)
Using the organization's acquisition, accession	, and other records	, check any of the f	ollowing that m	ake signi	ificant use	of its		
collection items (check all that apply).								
Public exhibition	d	Loan or exch	nange program					
	е							
_	ections and explain	how they further th	e organization's	s exempt	nurnose	in Part	XIII	
	·	•	•			iiii air	,	
						[Yes	No
							_	
							,	
Is the organization an agent, trustee, custodian	, or other intermed	iary for contribution	s or other asset	ts not inc	luded			
on Form 990, Part X?						\square	Yes	No
							Amount	
Beginning balance					1c			
					1d			
					1e			
							Yes	No
_				_				
		(b) Prior year			Three year	rs back	(e) Four y	ears back
Beginning of year balance	1,956,435.	1,817,378.	2,209,0	084.	1,939	,867.	2,0	57,591.
	270,948.	206,251.	-298,9	943.	487	,460.	-	59,483.
			,					,
				\neg				
	70,397.	67,194.	92,5	763.	218	243.		58,241.
	, ,	, -	,			, -		
	2,156,986.	1,956,435.	1,817,3	378.	2,209	.084.	1.9	39,867.
						, -	,	
	t your one balanco	-	, riola ao.					
	%							
	Legual 100%							
	•	ion that are he l d an	d administered	for the				
	on or the organizat	ion that are nois an	a aariii iiotoroa	101 1110			ſΥ	es No
								X
								X
If "Yes" on line 3a(ii) are the related organization	ns listed as require	ed on Schedule B?						
							0.0	
		inoni ianao.						
		Part IV. line 11a. So	ee Form 990. P	art X. line	e 10.			
	1					\top	(d) Book	/alue
Description of property	1 ' '						(a) Book	raide
Land	 	,	,	- 1				
						\dashv		
		2.0	6,891.	18	9,874		17	,017.
								0.
						_	17	,017.
	Using the organization's acquisition, accession collection items (check all that apply). Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collection items (check all that apply). Provide a description of the organization's collection in the part of the organization solicit or responsible to the sold to raise funds rather than to be main to be sold to raise funds rather than to be main reported an amount on Form 990, Part X? Is the organization an agent, trustee, custodian on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and Beginning balance Additions during the year Distributions during the year Distributions during the year Distributions during the year Ending balance Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIII. City Endowment Funds Complete if the Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment Permanent endowment Permanent endowment funds not in the possession organization by: (i) Unrelated organizations? If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the organization by: Complete if the organization answered "Description of property Land Buildings Leasehold improvements Equipment Other	Using the organization's acquisition, accession, and other records collection items (check all that apply). Public exhibition d Scholarly research e Preservation for future generations Provide a description of the organization's collections and explain During the year, did the organization solicit or receive donations of to be sold to raise funds rather than to be maintained as part of the TIV Escrow and Custodial Arrangements Completer reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermed on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the folion form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the folion form 990, Part X, line 2. Beginning balance Additions during the year Distributions during the year Distributions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 2. If "Yes," explain the arrangement in Part XIII. Check here if the expension of the organization answer the organization answer to the organization and the provided the estimated percentage of the current year end balance to the organization by: (i) Unrelated organizations? If "Yes" on line 3a(ii), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's endowner to the organization's endowner to the organization's endowner to basis (investment to the organization answered "Yes" on Form 990, Part XI II the intended uses of the organization's endowner to basis (investment to be a part XIII the intended uses of the organization's endowner to basis (investment to basi	Using the organization's acquisition, accession, and other records, check any of the focollection items (check all that apply). Public exhibition Public exhibition Preservation for future generations Provide a description of the organization's collections and explain how they further th During the year, did the organization solicit or receive donations of art, historical treat to be sold to raise funds rather than to be maintained as part of the organization's collections and explain how they further th During the year, did the organization solicit or receive donations of art, historical treat to be sold to raise funds rather than to be maintained as part of the organization's collections and explain how they further th During the year, and Custodial Arrangements. Complete if the organization's collections during an agent, trustee, custodian, or other intermediary for contribution on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Distributions during the year Ending balance Additions during the year than the arrangement in Part XIII. Check here if the explanation has been in the organization include an amount on Form 990, Part X, line 21, for escrow or cut if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been in the programs and explain the arrangement in Part XIII. Check here if the explanation has been in the programs and explain the arrangement in Part XIII. Check here if the explanation has been in the programs and explain the arrangement in Part XIII. Check here if the explanation has been in the programs and explain the arrangement in Part XIII the explain the arrangement in Part XIII the explain the arrangement in Part XIII the programs and explain the arrangement in Part XIII the programs and explain the arrangemen	Using the organization's acquisition, accession, and other records, check any of the following that mocollection items (check all that apply). Public exhibition d Loan or exchange program	Using the organization's acquisition, accession, and other records, check any of the following that make sign collection items (check all that apply). Public exhibition Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt Provide a description of the organization's collections and explain how they further the organization's exempt During the year, did the organization solicit or receive donations of art, historical treasures, or other similar as to be sold to raise funds rather than to be maintained as part of the organization's collection? Try Total Scrow and Custodial Arrangements Complete if the organization an aswered "Yes" on Fore reported an amount on Form 990, Part X, line 21. for exercising the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not into a form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Distributions during the year Distribut	Using the organization's acquisition, accession, and other records, check any of the following that make significant use collection items (check all that apply). Public exhibition d Loan or exchange program	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). Public oxhibition	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply). Public swhibition

Schedule D (Form 990) 2023

Schedule L) (Form 990) 2023	UNITED W.	AY OI	F NORTHERN	NEW	JERSEY	INC	22-1487247	Page 3
Part VII	Investments - O								· age
	Complete if the organ			Form 990. Part IV. I	line 11b	. See Form 990	. Part X. line 12.		
(a) Descri	ption of security or categor			(b) Book value	1			or end-of-year market v	alue
			_	(b) Book value	-	(c) Wethod of	valuation: 003t c	or end or year marker v	
					-				
(2) Closely	held equity interests				-				
(3) Other									
(A)									
(B)					$\neg \Gamma$				
(C)					$\neg \vdash$				
(D)					\neg				
					$\overline{}$				
(E)					_				
<u>(F)</u>			_		-				
(G)			_		-				
(H)					-				
Total. (Col.	(b) must equal Form 990, F	Part X, line 12, col. (E	3))						
Part VII	I Investments - Pi	•							
	Complete if the organ	nization answered '	'Yes" on	Form 990, Part IV, I	ine 11c.	. See Form 990	, Part X, line 13.		
	(a) Description of in	vestment		(b) Book value		(c) Method of	valuation: Cost of	or end-of-year market v	alue
(1)								-	
(2)					\neg				
(3)			_		_				
(4)			_		_				
(5)					_				
(6)									
(7)									
(8)									
(9)									
	(b) must equal Form 990, F	Part X. line 13. col. (F	3))						
Total. (Col.	(b) must equal Form 990, F	Part X, line 13, col. (E	3))						
	Other Assets			Form 990, Part IV	line 11d	See Form 990	Part X. line 15		
Total. (Col.			'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(h) Rook va	lue
Total. (Col. Part IX	Other Assets		'Yes" on	ı Form 990, Part IV, I	line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
Total. (Col. Part IX	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
Total. (Col. Part IX	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
Total. (Col. Part IX	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
Total. (Col. Part IX	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
Total. (Col. Part IX (1) (2) (3)	Other Assets		'Yes" on		ine 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4)	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4)	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7)	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7)	Other Assets		'Yes" on		line 11d	. See Form 990	, Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organ	nization answered '	'Yes" on (a) De	escription				(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Color	Other Assets Complete if the organ	nization answered '	'Yes" on (a) De	escription				(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organ	nization answered '	'Yes" on (a) De	escription					lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Color	Umn (b) must equal Form Other Liabilities Complete if the organ	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	Umn (b) must equal Form Other Liabilities Complete if the organ	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) (3) (4)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fee (2) (3) (4) (5)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cole Part X 1. (1) Fee (2) (3) (4) (5) (6)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fee (2) (3) (4) (5) (6) (7)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fed (2) (3) (4) (5) (6)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fee (2) (3) (4) (5) (6) (7)	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered '	'Yes" on (a) De	escription					
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fee (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X	Umn (b) must equal Form Other Liabilities Complete if the organ (a) Des	nization answered of the second of the secon	"Yes" on (a) De	B)) Form 990, Part IV, I	ine 11e	or 11f. See For	m 990, Part X, lir	(b) Book va	

Schedule D (Form 990) 2023

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

SCHE	edule D (Form 990) 2023 ONTIED WAT OF NORTHERN NEW	ORIG	DI INC	44	THO/ZH/ Page -
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Witl	n Revenue per Re	turn	
	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:				
а	Net unrealized gains (losses) on investments	2a	2,134,265.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		388,649.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	552,509.		
С	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.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	'n
	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:				
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	388,649.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	556,333.		
С	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.
l Pa	rt 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 REOUIRING 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. 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.

- . THE DURATION AND PRESERVATION OF THE FUND.
- . 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.

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITED WAY OF NORTHERN NEW JERSEY INC 22-1 Part XIII Supplemental Information (continued)	.487247 Page 5
CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)	(3) OF
THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXE	S HAS
BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET	ASSETS.
THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOU	NTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE ORGANIZATI	ON'S TAX
POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERT	AIN 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.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF NORTHERN NEW JERSEY INC 22-1487247 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations f b Solicitation of government grants Phone solicitations Special fundraising events С q d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

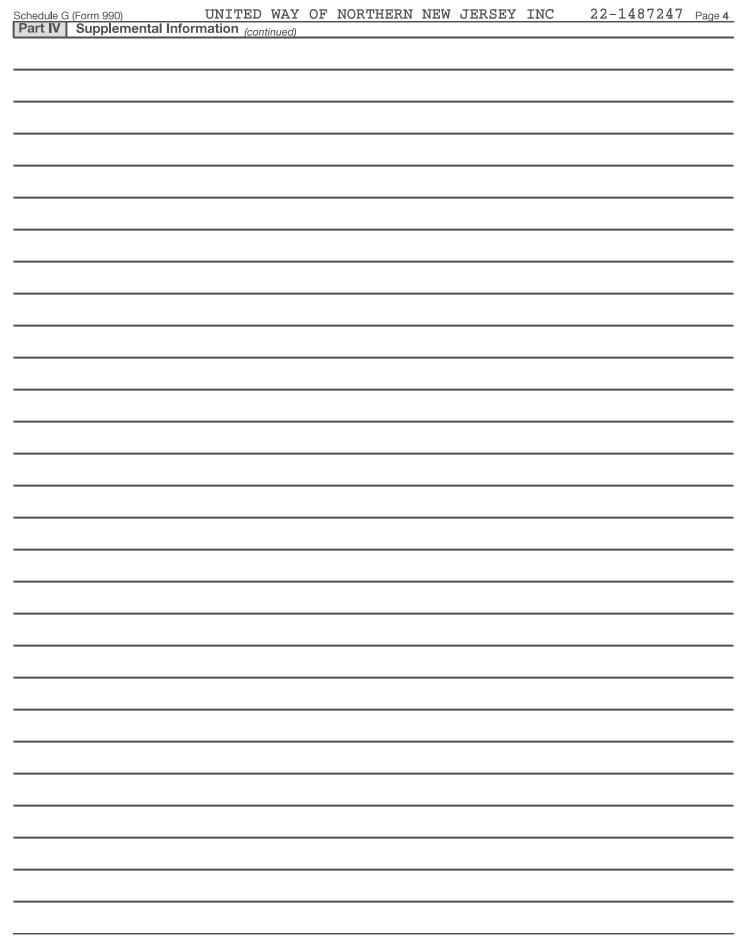
Schedule G (Form 990) 2023

			WAY OF NORTH			1487247 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
		or fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			` '	CRE AWARDS	(=)	(d) Total events
			CHILDREN GOL		5	(add col. (a) through col. (c))
d)			(event type)	(event type)	(total number)	coi. (c)
Revenue	1	Gross receipts	249,098.	328,745.	498,555.	1,076,398.
ă			151,646.	289,772.	337,465.	778,883.
		Less: Contributions				
_	3	Gross income (line 1 minus line 2)	97,452.	38,973.	161,090.	297,515.
	4	Cash prizes	1,800.		1,625.	3,425.
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	97,452.	38,974.	161,092.	297,518.
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	77,669.	26,583.	149,317.	253,569.
		Direct expense summary. Add lines 4 through	. ,			554,512.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Part IV line 10 or a	roported more than	-256,997.
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	990, 1 alt [v, [iiie 19, 011	eported more than	
nne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		ne organization licensed to conduct gaming at No," explain:				res No
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No

Schedule G (Form 990) 2023

332082 09-13-23

Sch	nedule G (Form 990) 2023 UNITED WAY OF NORTHERN NEW JERSEY INC 22-	<u> 1487247</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	0/
	a The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	5 in 163, office frame and address of the time party.		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Booking tion of dol vices provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	note the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



SCHEDULE I (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization							Employer identification number
UNITED WA		22-1487247					
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?					tance, and the selecti	on Yes X No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
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							

140,156.

75,810.

54,174.

0.

0.

0.

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

22-1864906 501C3

22-2431065 501C3

21-0683073 501C3

06-1646648 501C3

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

FUNDED PARTNER

FUNDED PARTNER

FUNDED PARTNER

FUNDED PARTNER

DISTRIBUTION

ISTRIBUTION

DISTRIBUTION

DISTRIBUTION

LHA 332101 11-01-23

300 BALDWIN ROAD

PARSIPPANY, NJ 07054

4 WALTER FORAN BLVD

FLEMINGTON, NJ 08822

444 CENTRAL AVENUE

JERSEY CITY, NJ 07307

08648

UNITED WAY OF HUNTERDON COUNTY

UNITED WAY OF GREATER MERCER COUNTY INC - 3150 BRUNSWICK PKE, SUITE 230 - LAWRENCEVILLE, NJ

BUSY PLACE EARLY LEARNING CENTER

Schedule I (Form 990)

22-1487247

Page 2

UNITED WAY OF NORTHERN NEW JERSEY INC

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.

Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

UNITED WAY OF NORTHERN NEW JERSEY INC

22-1487247

Employer identification number

	art Questions negarating compensation		V	NI-
4-	Check the appropriate boy(so) if the argonization provided any of the following to ar far a parson listed on Form 000		Yes	No
ia	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	Independent compensation consultant X Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		Х
h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	U.S		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
0	contingent on the net earnings of:			
_		60		Х
a	The organization?	6a	$\vdash\vdash$	X
b		6b		Λ
_	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			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7	\vdash	X
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	\Box	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i	

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIRAN HANDA GAUDIOSO	(i)	215,528.	0.	0.	21,543.	349.	237,420.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THERESA LEAMY	(i)	166,020.	0.	0.	16,588.	349.	182,957.	0.
CEIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGE XUEREB	(i)	127,282.	0.	0.	12,877.	22,845.	163,004.	0.
SR. VP RD	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE ROERS	(i)	109,444.	0.	0.	11,220.	30,210.	150,874.	0.
SR. VP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)						<u> </u>	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						0.11	l (Form 000) 2022

Schedule J (Form 990) 2023

332112 11-06-2

Schedule J (Form 990) 2023 UNITED WAY OF NORTHERN NEW JERSEY INC Part III Supplemental Information	22-1487247	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also com-	plete this part for any additional information	on.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	UNITED WAY OF NORTHERN NEW JERSEY INC 22-1487247								
Pai	t 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	nc 1g	(d) Method of de oncash contribu			S
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 (HOLIDAY GIFTS)	X	0	102,398	FMV				
26	Other (SCHOOL SUPPLIES)	X	0	95,543	B.FMV				
27	Other ()				-				
28	Other ()			L					
29	Number of Forms 8283 received by the organization	_	· -						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
						ı		Yes	No
30a	During the year, did the organization receive by				_	nat it			
	must hold for at least 3 years from the date of								37
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								37
31	Does the organization have a gift acceptance p	-		-			31	$\vdash\vdash\vdash$	X
32a	Does the organization hire or use third parties		_						v
	contributions?						32a		X
	If "Yes," describe in Part II.	ali was (-) f		Many valadala activismo (-) !	احتيامهما				
33	If the organization didn't report an amount in codescribe in Part II	olumn (c) foi	a type of property	rior wnich co l umn (a) is c	пескеа,				

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	UNITED W	AY OF .	<u>NORTHERN</u>	NEW	JERSEY	INC	22-1487247	Page 2
Part II	Supplementa	I Information	Provide the	information rec	uired by	Part I. lines 3	0b, 32b, ar	nd 33, and whether the organiza combination of both. Also com	ıtion
	is reporting in Par	t I, column (b), th	e number of	contributions, th	ne numbe	er of items rec	eived, or a	combination of both. Also com	plete
	this part for any a	dditional informat	ion.						

332142 09-11-23

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.

2023
Open to Public Inspection

OMB No. 1545-0047

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

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

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

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.

FOR QUALITY CHILDCARE OR THE HEATING BILL? GROCERIES OR A COSTLY

MEDICATION?

Schedule O (Form 990) 2023 Page **2**

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:

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer** identification number UNITED WAY OF NORTHERN NEW JERSEY INC 22-1487247 ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS 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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
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 COMMITT	EE OF THE
BOARD. IT IS RESPONSIBLE FOR THE REVIEW OF THE AUDITED FIN	IANCIAL
STATEMENTS AND 990 RETURN.	

Form **8868**

(Rev. January 2024)

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

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 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 Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** UNITED WAY OF NORTHERN NEW JERSEY INC 22-1487247 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 222 RIDGEDALE AVENUE instructions. 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 Return Application Is For Application Is For Return Code 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) Form 8870 12 05 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 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. 973-993-1160Fax 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 . 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. I request an automatic 6-month extension of time until MAY 15 $\underline{}$, 20 $\underline{25}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 ____ or JUN 30. ___,20<u>24</u> X tax year beginning JUL <u>1</u> , 20 <u>23</u> , and ending _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс