EXTENDED TO FEBRUARY 16, 2021

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or the	e 2019 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ending <u>M</u>	AR 31, 2020	
B c	Check if pplicable	C Name of organization	_	D Employer identific	cation number
	Addre				
	Name chang			22-60289	59
	Initial return	6 FOREST AVENUE	Room/suite	E Telephone number 201-291-	
_	⊥return termir ated			G Gross receipts \$	17,401,423.
	Amen return	ded DADAMIIC NT 07652		H(a) Is this a group re	
F	Applic	,		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1 1	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 ` ′	list. (see instructions)
		te: WWW.BERGENUNITEDWAY.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		1 State of legal domicile; NJ
Pa	art I	Summary		•	
	1	Briefly describe the organization's mission or most significant activities: WE AF	RE BUI	LDING. IN EV	/ERY ASPECT
Governance		OF OUR WORK, WE ARE BUILDING BETTER LIVES			
na L	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
တ္	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			18
iţi	6	Total number of volunteers (estimate if necessary)			24
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		14,472,233.	17,064,856.
Revenue	9	Program service revenue (Part VIII, line 2g)		63,043.	72,377.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,897.	59,684.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,451.	123,029.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		14,627,624.	17,319,946.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,798,435.	15,650,970.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,358,720.	1,164,232.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) 248, 56			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		588,941.	526,205.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,746,096.	17,341,407.
		Revenue less expenses. Subtract line 18 from line 12		-118,472.	-21,461.
Assets or d Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		18,606,429.	22,947,954.
Net A	1	Total liabilities (Part X, line 26)		9,128,546.	8,459,862.
_	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		9,477,883.	14,488,092.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatom	unter and to the heet of my	knowledge and heliaf it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	Kilowieuge allu bellel, it is
uu,	, correc	is, and complete. Declaration of preparer (other than officer) is based on all information of win	iicii pi epai ei	lias any knowledge.	
Sigi	n	Signature of officer		Date	
Her		THOMAS TORONTO, PRESIDENT/CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Paid	ı	JOSEPH N.RUSSELL JOSEPH N.RUSSELI	ا ن	2/16/21 if self-employ	P00168046
	arer	Firm's name PKF O'CONNOR DAVIES, LLP			27-1728945
	Only	Firm's address 300 TICE BOULEVARD, SUITE 315			
	-	WOODCLIFF LAKE, NJ 07677		Phone no. 20	1-712-9800
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	_		_		

Fai	Tim Statement of Frogram Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	<u>\</u>
1	Briefly describe the organization's mission:	
	THE MISSION OF BERGEN COUNTY'S UNITED WAY IS TO CONNECT COMMUNITY	_
	MEMBERS IN NEED WITH RESOURCES THROUGH NJ211, TO STABILIZE FAMILIES ON	_
	THE VERGE OF LOSING THEIR HOUSING THROUGH THE COMPASSION FUND AND TO	_
	DEVELOP AFFORDABLE HOUSING FOR SENIORS, VETERANS, FAMILIES AND ADULTS	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	Ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,195,773. including grants of \$535,655.) (Revenue \$	_)
	AFFORDABLE HOUSING	
	BERGEN COUNTY'S UNITED WAY WORKS TO ADDRESS THE AFFORDABLE HOUSING	_
	CRISIS IN NORTHERN AND CENTRAL NEW JERSEY BY BUILDING SAFE AND	
	AFFORDABLE HOUSING FOR SENIORS, VETERANS, WORKING FAMILIES AND ADULTS	
	WITH DISABILITIES (I.E., DOWN SYNDROME, AUTISM AND MULTIPLE SCLEROSIS).	_
	WITH DIDADIDITIES (1:E:, DOWN SINDROME, ACTION AND MODITIES OCCEROSIS):	_
		_
	THE ORGANIZATION MANAGES ALL ASPECTS OF DEVELOPMENT FROM SITE	_
	ACQUISITION AND FINANCING TO CONSTRUCTION AND SERVICE COORDINATION.	_
	TO COLD I THE PROPERTY OF THE	_
	THIS YEAR, BERGEN COUNTY'S UNITED WAY BUILT 6 NEW AFFORDABLE HOUSING	_
4b	(Code:) (Expenses \$1,111,789 •including grants of \$914,677 •) (Revenue \$	
	NJ211	- ′
	BERGEN COUNTY'S UNITED WAY PROVIDES OVERSIGHT OF THE NATIONALLY	
	ACCREDITED NJ211 INFORMATION AND REFERRAL SYSTEM. ACCESS TO NJ211 IS	
	FREE, CONFIDENTIAL, MULTILINGUAL AND ALWAYS OPEN.	
	NJ211 CONNECTS THESE CALLERS TO ITS NETWORK OF OVER 3,000 AGENCIES THAT	
	PROVIDE MORE THAN 10,000 SERVICES SUCH AS MENTAL HEALTH COUNSELING,	_
	FOOD ASSISTANCE AND HOMELESSNESS PREVENTION.	_
	THE COLO. MAIL MEDITATED AND EMPERATIONS WITCH COLD. CORRECTAL TOMA WANDLED	
	IN 2019, THE TRAINED AND EXPERIENCED NJ211 CALL SPECIALISTS HANDLED 667,096 REQUESTS FOR HELP STATEWIDE WITH THOUSANDS OF REQUESTS FROM	
4.		_
4C	(Code:) (Expenses \$ 117,425. Including grants of \$ 99,212.) (Revenue \$)	_)
	WOMEN UNITED IN FITTERNITIROFT	_
	BERGEN COUNTY'S UNITED WAY IS THE FIDUCIARY AGENT FOR WOMEN UNITED IN	_
	PHILANTHROPY, NEW JERSEY'S FIRST WOMEN'S GIVING CIRCLE. IN-KIND	_
	SUPPORT AND OFFICE SPACE IS ALSO PROVIDED BY BCUW, MAKING IT POSSIBLE	_
	FOR 100% OF MEMBER CONTRIBUTIONS TO GO DIRECTLY TOWARD THEIR ANNUAL	_
	GRANT AWARD. SINCE 2005, WOMEN UNITED IN PHILANTHROPY HAS COLLECTIVELY	_
	LAUNCHED 13 NEW PROGRAMS FOR WOMEN AND GIRLS BY PROVIDING LARGE IMPACT	
	GRANTS TOTALING \$900,000.	_
		_
	THIS YEAR, WUIP MEMBERS VOTED TO AWARD A \$60,000 GRANT TO WOMEN'S	_
	RIGHTS INFORMATION CENTER TO FUND THE CENTER'S SHARED HOUSING PROGRAM	_
4d	Other program services (Describe on Schedule O.)	_
-	(Expenses \$ 14,085,035. including grants of \$ 14,101,426.) (Revenue \$ 72,377.)	
<u>4</u> e	Total program service expenses ▶ 16,510,022.	
	- 000	

Form 990 (2019) UNITED WAY O 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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,			
	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	100		v
00-	complete Schedule G, Part III	19		X
20a	The state of the s	20a		
b O4	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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

Form 990 (2019) UNITED WAY OF BERGEN COUNTY

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 (# "Yes," complete Schedule () Part I and if I 20 in the organization aware "art to Part IVI, Section A, line 34, or 6 a shout compensation of the organization's current and former offices, directions, frustees, key employees, and injented compensation of the organization's current and former offices, directions, frustees, key employees, and injented compensation demolyces?" (# "Yes," complete Schedule K, I" "No." *go to line 25a *		Continued)		Yes	No			
Part X. column (A), line 2? (if "ves," complete Schedule I, Parts and III 20 Did the organization sourcert and former officers, directors, trustees, key employees, and highest compensated employees? If "ves," complete Schedule I, Part IV 28 Did the organization trave a tax exempt bonds sew with an auditariding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "ves," analyze insec 26th through 24th and complete Schedule K. If "No," go to lime 25s. 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d and complete Schedule K. If "No," go to lime 25s. 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization marked and exception of Did the organization marked and exception of Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the activity of Did the organization and the activity of Did the organization and the second of Did the organization and the second of Did the organization with a disqualified person of writing they and If I "yes," complete Schedule I, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "yes," complete Schedule I, Part IV 25b Did the organization repords any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "yes," complete Schedule I, Part IV 25c Did the organization receive on them 35th Schedule I, Part IV 25c Did the organization receive or more individuated on the foliosing parties (see Schedule I, Par	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO			
23 Did the organization answer "Ne" to Part WI, Section A, lins 3, 4, or 5 about compensation of the organization's current and terms of forces, directors, trustees, key employees, and highest compensated employees? "#"Yes," complete Schedule (" " " " " " " " " " " " " " " " " " "			22	х				
and former officers, directions, brustees, key employees, and highest companisated employees? If Yes, "complete Schedule I, Part IV. 24 a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the list day of the year, that was issued after December 31, 2002? If Yes, "answer lines 240 through 24d and complete Schedule I, If Yes, "one year principal amount of more than \$10,0000 as of the list day of the year, that was issued after December 31, 2002? If Yes, "answer lines 240 through 24d and complete Schedule I, Part IV. 25 Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a retunding escrow at any time during the year? 27 Did be the organization exempted as any "In "yes," complete Schedule I, Part I IV. 28 Schedule I, Part I IV. 29 Did the organization avera that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the advantage of the organization with a disqualified person in a prior year, and that the transaction have the advantage of the organization with a disqualified person in a prior year, and that the transaction have the organization prompted any maintain the organization expense of the organization with an of the organization provide a part or other assistance to any current or former organization specially or annih permitty or family member of any current or former orflice, director, trustee, key employee, creator or founder, aubstantial contributor? If IV. 28 Was the organization provide a part or other assistance to any current or former orflice, director, trustee, key employee, organization select	23							
Schedule / I. Wo. "go to line 25a								
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "We," go to line 25s b Did the organization markstain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24b Did the organization markstain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c/k), 601(c/k), and folk(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c/k), 601(c/k), and folk(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b I St B Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25c Did the organization proded age agent or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25c Did the organization a party to a business transaction with one of the folkowing parties (see Schedule L, Part III instructions, or applicable ling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part III instructions, for applicable ling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule III Instructions, and exceptions):		•	23	Х				
Schedule K. If "No." yo to fine 25a. \$24b\$ \$2b\$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 22c 25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 909E27 "If "Yes," complete Schedule L, Part I yes, "organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity finding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity from thereof or founder, or substantial contributor? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee threefor, or substantial contributor? If "Yes," complete Schedule L, Part II yes, and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule II, Part II yes, "complete Schedule II, Part II yes, "complete Schedule II, Part II yes, "complete Schedule II, Part II	24a							
Schedule K. If "No." yo to fine 25a. \$24b\$ \$2b\$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 22c 25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 909E27 "If "Yes," complete Schedule L, Part I yes, "organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity finding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity from thereof or founder, or substantial contributor? If "Yes," complete Schedule L, Part II yes, to substantial contributor or employee threefor, or substantial contributor? If "Yes," complete Schedule L, Part II yes, and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule II, Part II yes, "complete Schedule II, Part II yes, "complete Schedule II, Part II yes, "complete Schedule II, Part II		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Saction 501(c/3), 901(c/3) and 501(c/30) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'ves,' complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not any of the organizations prior Forms 990 or 990 E27 If 'Yes,' complete Schedule I, Part I 25b X 25b X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part III 25c X 28 Was the organization party to a business transaction with one of the following parties (see Schedule I, Part III 27c X 28 Was the organization as party to a business transaction with one of the following parties (see Schedule I, Part III 27c X 28 A C A 35% controlled entity of one or more individual searched in line 28a? If 'Yes,' complete Schedule I, Part II 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I, Part II 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I, Part II 34 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II and III X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II III X 29 Did the organization relat			24a		X			
any tax-exempt bonds? d Did the organization act as an 'on behalf or' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a X 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranily member of any of these persons? If 'Yes,' complete Schedule I, Part II 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (Including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part IV 28b X b A family member of any individual described in line 28a / If 'Yes,' complete Schedule I, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule I, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 256 Section 501(28), 501(44), and 501(42) organizations. Did the organization engage in an excess benefit transaction with a discualified person during the year? if "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a discualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Former 950 or 950 E27; if "Yes," complete Schedule L, Part I 25 Did the organization propert any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% 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 aparty to a business transaction with one of the following parties (see Schedule L, Part III 27 X 28 Vas the organization or provide and part of the p	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
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b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Sah A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization in elevent of the substantial contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and 301,7701.2			24d		<u> </u>			
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27 "Pres," complete Schedule L, Part I 250 bil the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee thereof) or farmily member of any of these persons? If "Yes," complete Schedule L, Part III 26	25a				37			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity officially member of any of these persons? If "Yes," complete Schedule L, Part II 28 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A Ca 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III 20 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule III 21 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013 Pi "Yes," complete Schedule III 23 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013 Pi "Yes," complete Schedule III 24 Did the organization have a controlled entity		, ,	25a		<u> </u>			
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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization periode a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, III or 35 A, did the org	b							
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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 27 X X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28b X C A 35% controlled entity of one or more individuals and/or organization secsoribed in line 28a? If "Yes," complete Schedule L, Part IV 28c X 29b D X c A 35% controlled entity of one or more individuals and/or organization secsoribed in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29b D X c and season second or substantial contributions? If "Yes," complete Schedule L, Part IV 28c X 29b D	00		250					
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	26							
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or a fary of these persons? if "res," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a7 if "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization idjudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization idjudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 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, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization organization								
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? // "Yes," complete Schedule L, Part II //	27	, ,	20					
entitly (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # "Yes," complete Schedule L, Part IV 28c X "Yes," complete Schedule L, Part IV 28c X 10 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 30 X 20 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule N, Part I 31 X 21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II 32 X 23 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 35b X 25b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 35b X 25c Section 501(c)(3) organization complete S	ZI							
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instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule 1, Part IV. b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? ## "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Vine 1 33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Vine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b ## "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)? ## "Yes," complete Schedule R, Part V, Vine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Vine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 X 38 Did the org	28	, , ,						
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"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 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 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 31 X 32 Did 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 33 If "Yes" complete Schedule R, Part V, III or IV, and Part V, III or IV, III or IV	а							
b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? // if "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // if "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? // if "Yes," complete Schedule N, Part I 31 Did the organization isell, exchange, dispose of, or transfer more than 25% of its net assets? // if "Yes," complete Schedule N, Part II 31 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 32 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 33 Jay Tay V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 Jay Did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 2 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 10 The organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Yes No 1a Enter the number of Forms W-26 included in lin			28a		X			
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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 iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 II 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 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, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11 and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pize winners? 11 Did the organization comp	b		28b		X			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34								
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contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Section 501(c)(3) organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Section 501(c)(3) 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 Note: All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Abstract The number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ight The United Schedule O and provide explanations of rot applicable Ight The United Schedule O and provide explanations of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30							
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 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 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 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 V I 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O may line in this Part V Y Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 114 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		contributions? If "Yes," complete Schedule M						
Schedule N, Part II 32			31		<u> </u>			
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	32	,			v			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, Iine 2 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 Note: All Form 990 filers are required to complete Schedule O 38 X 39 Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		·	32					
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	33				v			
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 V! 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	24		33					
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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 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 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 V 37 X X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 114 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	35a	Did the organization have a controlled entity within the meaning of section 512/b)(13)?						
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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			35b					
If "Yes," complete Schedule R, Part V, line 2 36	36	· · · · · · · · · · · · · · · · · · ·						
27 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 28 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 12 X			36		X			
Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The initial schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37							
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			<u> </u>					
(gambling) winnings to prize winners?			-					
	С			y				
	03300				(2010)			

Form 990 (2019) UNITED WAY OF BERGEN COUNTY

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

	etatemente riegaranig etner mer innige and rax compilaries (continued)							
			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		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v				
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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				
h	If "Yes," enter the name of the foreign country	4 a						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f 7g		X				
g								
h								
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		X				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X				
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 10b							
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						
b	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans 13b							
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping sources during the tay year?	1/10		Х				
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " avaide on evaluation as School to Company the services are supplied to the service of	14a 14b						
15	 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 							
13	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.	.5						
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.							
	· · · · · · · · · · · · · · · · · · ·	F	990	(0010)				

Form **990** (2019)

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	1a	1	3					
	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	1b	1	2					
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								
				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asset					Х			
6	Did the organization have members or stockholders?				Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?		•	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а									
b	Each committee with authority to act on behalf of the governing body?			8a 8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
•	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonue	Code)	<u> </u>					
	(This occuping requests information about policies not required by the internal ne	verrae	Oode./		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
		•	, , , , , , , , , , , , , , , , , , , ,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х				
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	in Schedule O how this was done	,		12c	X				
13	Did the organization have a written whistleblower policy?			40	Х				
14	Did the organization have a written document retention and destruction policy?				Х				
15	Did the process for determining compensation of the following persons include a review and approval								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•						
	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, ar	nd 990)-T (Section 501(c)(3)s only	availa	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 S	chedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd 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 boo	ks an	d records 🕨						
	CAROL LOWDEN - 201-291-4050								
	6 FOREST AVENUE, PARAMUS, NJ 07652								

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS TORONTO	37.50	l						100.000	•	45 604
PRESIDENT & CEO	27 50	Х		Х				183,839.	0.	47,631
(2) CAROL LOWDEN	37.50	-				7,		101 120	0	21 166
CONTROLLER	27 50					X		101,139.	0.	31,166
(3) PETER ARBEITER CFO	37.50	1				x		128,053.	0.	197
(4) PETER J. INGRASCI	1.50					T				
CHAIR		Х		Х	L	L	L	0.	0.	0.
(5) JOSEPH M. HEALY	1.50									
VICE CHAIR		Х		Х				0.	0.	0
(6) VALERIE A. REARDON	1.50									
TREASURER		Х		Х				0.	0.	0 .
(7) JAMES ARAMANDA	1.00	1							_	
BOARD MEMBER		Х						0.	0.	0
(8) GREGORY C. DUNLAP	1.00	ļ							•	
BOARD MEMBER	1 00	Х	_					0.	0.	0
(9) ALEX KELLENBERGER	1.00	37							0	•
BOARD MEMBER (10) ELINOR J. FERDON	1 00	Х						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(11) ROBERT J. IACULLO	1.00	Λ	\vdash					0.	0.	0
BOARD MEMBER	1.00	х						0.	0.	0
(12) JAMES E. HEALEY, CPA	1.00	-25						•	•	-
BOARD MEMBER		х						0.	0.	0
(13) REVEREND RICHARD S. HONG	1.00	_ <u>-</u> _							3.	
BOARD MEMBER		Х						0.	0.	0
(14) ANN M. LIMBERG	1.00								-	
BOARD MEMBER		Х						0.	0.	0
(15) IRWIN M. POLLACK	1.00									
BOARD MEMBER		Х						0.	0.	0 .
		-								

Form 990 (2019)

22-6028959

Section A. Officers, Directors, Tru		pioy	ees,			gnes	it C		,	$\overline{}$	/ F	`			
(A)	(B) Average			Pos	C) sition	1		(D)	(E)		(F				
Name and title	hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation	- 1	Estima amou				
	week					or/trus		from	from related	- 1	oth				
	(list any	ctor						the	organization		compen				
	hours for	r dire				pe		organization	(W-2/1099-MIS	3C)	from	the			
	related	stee o	ustee			ensat		(W-2/1099-MISC)			organiz	ation			
	organizations	Individual trustee or director	Institutional trustee		sey employee	Highest compensated employee					and re				
	below line)	dividu	stitutio	Officer	/ emp	the st	Former				organiz	ations			
	11110)	Ĕ	Ë	₽	ş.	훈	요			\dashv					
		-													
_															
		$\frac{1}{1}$													
		-													
1b Subtotal								413,031.		0. 78,994.					
c Total from continuation sheets to Part \	II, Section A							0.		0. 0.					
d Total (add lines 1b and 1c)							<u> </u>	413,031.		0.	78,	994.			
Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable)		3			
											Ye	s No			
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on						
line 1a? If "Yes," complete Schedule J for	such individual										3	X			
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization						
and related organizations greater than \$15	50,000? If "Yes,	," co	mple	ete S	Sche	edule	J f	or such individual			4 X				
5 Did any person listed on line 1a receive or	·				•			•				1,7			
rendered to the organization? If "Yes," CO Section B. Independent Contractors	mplete Schedul	e J f	or su	ıch ı	pers	on .					5	X			
<u> </u>	omponented inc	dono	ndo	nt co	ontr	acto	rc th	ast received more than \$	100 000 of com		tion from				
1 Complete this table for your five highest c the organization. Report compensation for										Jensai	tion irom				
(A)								(B)			(C)				
Name and busines	s address							Description of s	ervices	C	ompensa	tion			
CASCOL LLC															
48 CLIFF ROAD, WEST MILF	ORD, NJ	07	49	0			_	ELECTRICAL WO	ORK		126,	140.			
							\dashv								
							_								
2 Total number of independent contractors	(including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than						

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\$100,000 of compensation from the organization

Form 990 (2019) UNITED
Part VIII Statement of Revenue

			Check if Schedule O contains	resnonse (or note to any lin	a in this Part VIII			
			Officer if Schedule O contains a	a response t	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
ir a		b	Membership dues	1b					
s, C		С	Fundraising events	1c	154,101.				
ar /		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e					
Sign		f	All other contributions, gifts, grants, an	d					
bel			similar amounts not included above	1f	16,910,755.				
ള		а	Noncash contributions included in lines 1a-1f	1g \$	542,012.				
Sor		_	Total. Add lines 1a-1f	,		17,064,856.			
<u> </u>		•	Totally lad miles fa if		Business Code	, ,			
_	2	_	SOCIAL SERVICE FEES		624200	72,377.	72,377.		
ice	2	_			021200	72,377.	72,377.		_
er ne		b							
n S		С							
Jrar Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			72,377.			
	3		Investment income (including divid						
			other similar amounts)			59,684.			59,684.
	4		Income from investment of tax-exe	mpt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	•	u	assets other than inventory 7a		()				
		h	Less: cost or other basis						
ø.		D							
Ď		_	and sales expenses						
her Revenue			Gain or (loss)						
r B			Net gain or (loss)		P				
the	8	а	Gross income from fundraising events						
ŏ			including \$ 154,101	_					
			contributions reported on line 1c).	I .					
			Part IV, line 18	I .	66,787.				
			Less: direct expenses		81,477.				
			Net income or (loss) from fundraising		<u></u>	-14,690.			-14,690.
	9	а	Gross income from gaming activities	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	I .					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of it						
			,		Business Code				
sno	11	а	PLEDGE PROCESSING FEES		624200	137,719.			137,719.
Miscellaneous Revenue	• •	b				, ,			, ,
er.									
Sce		۲ C	All other revenue						
Ξ			All other revenue			137,719.			
		е	Total Add lines 11a-11d			17,319,946.	72,377.	0.	182,713.
	12		Total revenue. See instructions			11,313,340.	14,311.	Ι .	104,/13.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 14,349,991. 14,349,991. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,300,979. 1,300,979. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 32,205. 232,626. 115,497. 84,924. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 768,245. 381,428. 280,462. 106,355. Other salaries and wages 7 Pension plan accruals and contributions (include 37,214. 18,476. 13,586. 5,152. section 401(k) and 403(b) employer contributions) 24,895. 18,304. 50,142. 6,943. Other employee benefits 9 76,005. 37,736. 27,747. 10,522. 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,276. 11,681. 5,954. 3,451. Legal 6,972. 4,598. 23,600. 12,030. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 152,512. 77,740. 45,054. 29,718. column (A) amount, list line 11g expenses on Sch O.) 3,593. 3,593. Advertising and promotion 12 117,687. 57,558. 43,380. 16,749. Office expenses 13 Information technology 14 15 Royalties 58,715. 88,499. 21,595. 8,189. 16 Occupancy 20,373. 10,115. 7,438. 2,820. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 6,274. 3,115. 2,290. 869. Conferences, conventions, and meetings 19 20 25,240. 12,532. 9,214. 3,494. Payments to affiliates 21 6,782. 4,987. 1,891. 13,660. Depreciation, depletion, and amortization 22 53,501. 35,495. 13,055. 4,951. 23 Other expenses. Itemize expenses not covered 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 O.) 8,102. 8,102. CAMPAIGN MATERIALS REPAIRS & MAINTENANCE 1,483. 984. 362. 137. С All other expenses 17,341,407. 16,510,022. 582,821. 248,564. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,663,662.	1	1,560,260.
	2	Savings and temporary cash investments			2,762,364.	2	2,535,924.
	3	Pledges and grants receivable, net			1,307,986.	3	1,200,439.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			47,059.	9	42,300.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	321,525. 312,553.	1.0 - 0.0		
	b	Less: accumulated depreciation			18,782.	10c	8,972.
	11	Investments - publicly traded securities		11	112 222		
	12	Investments - other securities. See Part IV, lin		142,548.	12	113,362.	
	13	Investments - program-related. See Part IV, lin	10,956,911.	13	16,720,380.		
	14	Intangible assets		14	E.C. 24E		
	15	Other assets. See Part IV, line 11		707,117.	15	766,317.	
	16	Total assets. Add lines 1 through 15 (must e			18,606,429.	16	22,947,954.
	17	Accounts payable and accrued expenses	1,474,853.	17	1,171,355.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		- 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul				00	
Ei.	00	controlled entity or family member of any of the	· ·			22	
	23 24	Secured mortgages and notes payable to unrunced notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lir					
		of Schedule D			7,653,693.	25	7,288,507.
	26	Total liabilities. Add lines 17 through 25			9,128,546.	26	8,459,862.
		Organizations that follow FASB ASC 958, c	heck her	e 🕨 X	<u> </u>		0/100/001
es		and complete lines 27, 28, 32, and 33.					
anc	27				7,400,779.	27	13,625,987.
Bala	28				2,077,104.	28	862,105.
둳		Organizations that do not follow FASB ASC					·
Ξ		and complete lines 29 through 33.	,	,			
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				9,477,883.	32	14,488,092.
	33	Total liabilities and net assets/fund balances			18,606,429.	33	22,947,954.
			•		-		Form 990 (2019)

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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 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	17,31 17,34	9,9 1,4 1,4	07. 61.		
6 7	Donated services and use of facilities Investment expenses	6 7					
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 9						
10 Pai	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) rt XII Financial Statements and Reporting	10	14,48	8,0	92.		
. u	Check if Schedule O contains a response or note to any line in this Part XII				X		
	Officer if octredule of contains a response of flote to any line in this flat All			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 in Schedule 0	D.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
h	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a		Х			
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singard and OMB Circular A-133?		3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Employer identification number

22-6028959

Name of the organization

UNITED WAY OF BERGEN COUNTY

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support			,						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	, ,				
	membership fees received. (Do not									
	include any "unusual grants.")	2351225.	2122186.	2270886.	3873638.	2981728.	13599663.			
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	2351225.	2122186.	2270886.	3873638.	2981728.	13599663.			
	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)						3886208.			
6	Public support. Subtract line 5 from line 4.						9713455.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	2351225.	2122186.	2270886.	3873638.	2981728.	13599663.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	12,302.	14,596.	28,802.	55,897.	59,684.	171,281.			
9	Net income from unrelated business	•	•	,	·	,	, , , , , , , , , , , , , , , , , , ,			
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	257,749.	364,323.	370,421.	139,898.	137,719.	1270110.			
11	Total support. Add lines 7 through 10	, -					15041054.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12	400,705.			
	First five years. If the Form 990 is for	•	,							
	organization, check this box and stop	-								
Se	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2019 (li	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	64.58 %			
	Public support percentage from 2018					15	70.27 %			
	1 33 1/3% support test - 2019. If the c					ore, check this bo				
	stop here. The organization qualifies									
k	33 1/3% support test - 2018. If the o									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	rt VI how the organ	nization			
	meets the "facts-and-circumstances"		*	•	•	•				
k	10% -facts-and-circumstances test									
	more, and if the organization meets th	ū				•				
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizatio						s			
			<u>-</u>	<u> </u>			or 990-EZ) 2019			

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	6		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pai	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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				
	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 (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	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) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions 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		
	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrated	d Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer			
2	Amou				
	organi				
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	Line	amount arrada sy into o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i		over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
-	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
Ū		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
'	and 4	-			
Ω		down of line 7:			
8_		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

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22-6028959

2019

OMB No. 1545-0047

Name of the organization Employer identification number

UNITED WAY OF BERGEN COUNTY

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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 or 990-EZ), 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

UNITED WAY OF BERGEN COUNTY

22-6028959

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		\$884,542.	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			
2		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

UNITED WAY OF BERGEN COUNTY

22-6028959

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

Name of organization **Employer identification number** UNITED WAY OF BERGEN COUNTY 22-6028959 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 Open to Public Inspection

Name of the organization

UNITED WAY OF BERGEN COUNTY

Employer identification number 22-6028959

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the			
organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	1				
2	Aggregate value of contributions to (during year)	2,828,671.				
3	Aggregate value of grants from (during year)	3,383,537.				
4	Aggregate value at end of year	7,369,930.				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) \left(\frac{1}{$	exclusive legal control?	X Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	•			
_						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		4.			
	-	value to all of the (a)				
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.					
a	Number of conservation easements included in (c) acquired a					
2	listed in the National Register					
3	Number of conservation easements modified, transferred, rel year	eased, extinguished, or terminated by the or	ganization during the tax			
4	Number of states where property subject to conservation eas	coment is located				
5	Does the organization have a written policy regarding the per					
J	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
•	>		ranen eacomemic daming and year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the vear			
	▶ \$	3	3 ,			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er 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 95	8, not to report in its revenue statement and	l balance sheet works			
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in furth	nerance of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre-	•	ain, provide			
	the following amounts required to be reported under FASB A	_	.			
	Revenue included on Form 990, Part VIII, line 1					
-	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	S IOF FORM 990.	Schedule D (Form 990) 2019			

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,201.	22,409.	2,792.
d Equipment		258,184.	253,815.	4,369.
e Other		38,140.	36,329.	1,811.
Total. Add lines 1a through 1e. (Column (d) must equi	8,972.			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNITED WAY	OF BERGEN COUN	NTY 2	2-6028959 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) BCUW/MADELINE HOUSING	. ,		
(2) PARTNERS LLC	12,116,162.	END-OF-YEAR MARKET	r value
(3) NOTES RECEIVABLE/ADVANCES	4,604,218.	COST	· ••••
	1,001,2101	0001	
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	16 720 200		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	16,720,380.		
	5 000 B + N/ II -	44 L O . E	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Daalaaslas
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> ? 15.)</u>)	<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DESIGNATIONS PAYABLE			7,270,326
(3) OTHER LIABILITIES			18,181
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

7, 288, 507.

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

X

(5) (6) (7) (8)

	edule D (Form 990) 2019 UNITED WAY OF I		h Davanua nas Da		6028959 Page 4
Par	Reconciliation of Revenue per Audited		ın Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on For			1	8,268,488.
1	Total revenue, gains, and other support per audited financia			1	0,200,400
	Amounts included on line 1 but not on Form 990, Part VIII, I	1	1		
	Net unrealized gains (losses) on investments			-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants		5,031,670.	-	
	d Other (Describe in Part XIII.)			0.	5,031,670.
	Add lines 2a through 2d			2e 3	3,236,818.
				3	3,230,010
	Investment expenses not included on Form 990, Part VIII, li		14,083,128.	-	
	Other (Describe in Part XIII.) Add lines 4a and 4b			4.	14,083,128.
				4c 5	17,319,946
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 9 art XII Reconciliation of Expenses per Audited	90. Part I. line 12.) Financial Statements W	ith Expenses per F		
. u.	Complete if the organization answered "Yes" on For		iai Experiede per i	.oca.	· ··
1	Total expenses and losses per audited financial statements			1	3,258,279.
				_	3,230,213
	a Donated services and use of facilities	ı			
				-	
	Prior year adjustments			-	
	Cother losses Cother (Describe in Part XIII.)			-	
	•			2e	0.
	Add lines 2a through 2d			3	3,258,279
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on			3	3,230,213
		ı			
	 Investment expenses not included on Form 990, Part VIII, li Other (Describe in Part XIII.) 		14,083,128.		
				1	14,083,128.
				4c 5	17,341,407
Par	Total expenses. Add lines 3 and 4c. (This must equal Form art XIII Supplemental Information.	990, Part I, line 18.)		3	17,341,407
Provi	vide the descriptions required for Part II, lines 3, 5, and 9; Part s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this			; Part I	X, line 2; Part XI,
PAF	RT X, LINE 2:				
ГНЕ	E ORGANIZATION RECOGNIZES THE E	FFECT OF INCOME	TAX POSITION	s o	NLY WHEN
гне	EY ARE MORE LIKELY THAN NOT TO	BE SUSTAINED. MA	NAGEMENT HAS	DE'	TERMINED
тнг	AT THE ORGANIZATION HAD NO UNCE	RTAIN TAX POSITI	ONS THAT REO	IITR'	F.
	NANCIAL STATEMENT RECOGNITION A				
LON	NGER SUBJECT TO EXAMINATION BY	THE APPLICABLE T	AXING JURISD	ICT	LONS FOR
PEF	RIODS PRIOR TO 2017.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF JOINT VENTURE INVESTMENT

5,031,670.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization **Employer identification number** UNITED WAY OF BERGEN COUNTY 22-6028959 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 Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С 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 contributions? (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 listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			l .	TETERBORO		(add col. (a) through
				RUN	2	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	145,468.	60,260.	15,160.	220,888.
_	2	Less: Contributions	95,468.	55,305.	3,328.	154,101.
	3	Gross income (line 1 minus line 2)	50,000.	4,955.	11,832.	66,787.
	4	Cash prizes				
"	5	Noncash prizes	1,310.			1,310.
benses	6	Rent/facility costs	30,980.			30,980.
Direct Expenses	7	Food and beverages	14,353.		11,818.	26,171.
⊡	0	Entortainment	1 550			1,550.
		Entertainment Other direct expenses		4,955.	3,413.	21,466.
	10					81,477.
		Net income summary. Subtract line 10 from li			_	-14,690.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1	Gross revenue				
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %		Yes %	
	6		No	No	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)		>	
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 UNITED WAY OF BERGEN COUNTY 22-	-6028959	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
12	Indicate the percentage of gaming activity conducted in:		
		122	07
	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
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
(s in Yes, enter name and address of the third party.		
	News N		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lines 0 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III los 5, c	55, 105,
_	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			

Schedule G	G (Form 990 or 990-EZ)	UNITED WAY	OF	BERGEN	COUNTY	22-6028959	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (continued)					
		(continued)					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization	Employer identification number						
	AY OF BERG	EN COUNTY					22-6028959
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass							Yes X No
2 Describe in Part IV the organization's p							
Granto ana Other Addictance to					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST UNITED METHODIST CHURCH OF COPPELL - 420 S HEARTZ RD - COPPELL, TX 75019	75-1971686	501C3	10,000.	0.			DONOR DESIGNATION
ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD. HIGHLAND HILLS, OH 44128	34-0714766	501C3	5,810.	0.			DONOR DESIGNATION
AHAVAS CHESSED 85 AYERCRIGG AVENUE PASSAIC, NJ 07055	46-5302235	501C3	5,000.	0.			DONOR DESIGNATION
AISH HATORAH/PHILADELPHIA 50 MONTGOMERY AVENUE BALA CYNWYD, PA 19004	23-2854127	501C3	5,000.	0.			DONOR DESIGNATION
ALL FAITHS 1709 MOON ST NE ALBUQUERQUE, NM 87112	85-0165284	501C3	8,530.	0.			DONOR DESIGNATION
ALL STARS PROJECT, INC. 543 WEST 42ND ST NEW YORK, NY 10036	13-3148295		10,110.	0.			DONOR DESIGNATION
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	-						

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

(a) Name and address of	/I-) [IN]	(a) IDO a a ation	(al) A a	(a) A a a f	(f) Mathada a	(a) December of	(la) Di uma a a a af aura a t
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMADEN COUNTRY SCHOOL							
6835 TRINIDAD DRIVE							
SAN JOSE, CA 95120	77-0451623	501C3	18,000.	0.			DONOR DESIGNATION
ALZHEIMERS ASSOCIATION							
7900 W 78TH STREET; SUITE 100							
MINNEAPOLIS, MN 55439-2532	41-1361624	501C3	5,000.	0.			DONOR DESIGNATION
ALZHEIMER'S DISEASE AND RELATED							
DISORDERS ASSOCIATION, INC 225							
NORTH MICHIGAN AVENUE SUITE 1700 -							
CHICAGO, IL 60601	13-3039601	501C3	33,124.	0.			DONOR DESIGNATION
ALZHEIMERS FOUNDATION OF AMERICA							
INC - 322 EIGHTH AVE 7TH FL - NEW				_			
YORK, NY 10001	91-1792864	501C3	11,991.	0.			DONOR DESIGNATION
MARRIO GUURGU							
AMADEO CHURCH							
21805 S ELLSWORTH RD STE A102 # 2	00 4610600	F01 @2	5 050	•			DOMESTIC DESCRIPTION OF THE PROPERTY OF THE PR
QUEEN CREEK, AZ 85142	20-4619609	501C3	5,870.	0.			DONOR DESIGNATION
AMERICAN CANCER SOCIETY, INC.							
250 WILLIAMS STREET NW							
ATLANTA, GA 30303	13-1788491	501C3	196,229.	0.			DONOR DESIGNATION
AILANIA, GA 30303	13-1700491	30103	190,229.	0.			DONOR DESIGNATION
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION, INC 125 BROAD ST.;							
18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	16,070.	0.			DONOR DESIGNATION
			20,0.00	•			
AMERICAN DIABETES ASSOCIATION,							
INC 2451 CRYSTAL DRIVE SUITE							
900 - ARLINGTON, VA 22202	13-1623888	501C3	9,929.	0.			DONOR DESIGNATION
,		· · - · ·	,,,,,,	•			
AMERICAN FRIENDS OF MOSDOS NASHLAS							
SHIMON INC 6132 N. DRAKE AVENUE							
- CHICAGO, IL 60659	13-4096453	501C3	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION, INC.							
7272 GREENVILLE AVENUE							
DALLAS, TX 75231	13-5613797	501C3	109,674.	0.			DONOR DESIGNATION
AMERICAN NATIONAL RED CROSS							
431 18TH ST NW							
WASHINGTON, DC 20006	53-0196605	501C3	72,944.	0.			DONOR DESIGNATION
ANN & ROBERT H LURIE CHILDRENS							
HOSPITAL OF CHICAGO - 225 E							
CHICAGO AVE BOX 282 - CHICAGO, IL							
60611	36-2170833	501C3	18,792.	0.			DONOR DESIGNATION
ANN & ROBERT H LURIE CHILDRENS							
HOSPITAL OF CHICAGO FOUNDATION -							
225 E CHICAGO AVE BOX 282 -							
CHICAGO, IL 60611	36-3357006	501C3	17,507.	0.			DONOR DESIGNATION
ANNUNCIATION ORTHODOX SCHOOL							
3600 YOAKUM BOULEVARD							
HOUSTON, TX 77006	76-0276967	501C3	5,125.	0.			DONOR DESIGNATION
ANTIOCH COMMUNITY CHURCH							
1803 BRIARCREST DR.							
BRYAN, TX 77802	26-4413824	501C3	6,000.	0.			DONOR DESIGNATION
ARCHDIOCESE OF BOSTON DEPARTMENT							
OF EDUCATION/STE. JEANNE D'ARC							
SCHOOL - 68 DRACUT ST LOWELL,							
MA 01854	04-2104151	501C3	5,000.	0.			DONOR DESIGNATION
ARCHDIOCESE OF NEWARK							
171 CLIFTON AVE							
NEWARK, NJ 07104	22-1487308	501C3	12,295.	0.			DONOR DESIGNATION
ARTHUR G. JAMES CANCER HOSPITAL &							
RICHARD J. SOLOVE RESEARCH							
INSTITUTE FOUNDATIO - 460 W. 10TH							
AVENUE - COLUMBUS, OH 43210	31-1301428	501C3	8,632.	0.			DONOR DESIGNATION

	4. \ .	() 150					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASAHI GAKUEN							
19191 S VERMONT AVE STE 650							
TORRANCE, CA 90502	95-2578684	501C3	7,000.	0.			DONOR DESIGNATION
ASPCA							
424 E 92ND STREET 4TH FLOOR							
NEW YORK, NY 10128-6804	13-1623829	501C3	19,153.	0.			DONOR DESIGNATION
ASSOCIATION OF GRADUATES OF THE			,				
UNITED STATES MILITARY ACADEMY -							
UNITED STATES M - 698 MILLS RD -							
WEST POINT, NY 10996-1607	14-1260763	501C3	5,170.	0.			DONOR DESIGNATION
ATLANTA CHILDRENS SHELTER							
PO BOX 54322				_			
ATLANTA, GA 30308-0322	58-1675299	501C3	6,864.	0.			DONOR DESIGNATION
AVIGDORS HELPING HAND INC.							
138-45 78TH DRIVE							
FLUSHING, NY 11367	59-3829893	501C3	5,100.	0.			DONOR DESIGNATION
			, ,				
BAIS MEDRASH OF HARBORVIEW							
5 HARBORVIEW WEST							
LAWRENCE, NY 11559	11-3322419	501C3	8,150.	0.			DONOR DESIGNATION
BAPS CHARITIES INC							
81 SUTTONS LN	26 1520624	F01.03	0 300	_			DONOR PROTONELOW
PISCATAWAY, NJ 08854	26-1530694	DUIC3	8,399.	0.			DONOR DESIGNATION
BAYLOR UNIVERSITY							
1 BEAR PL UNIT 97042							
WACO, TX 76798	74-1159753	501C3	5,283.	0.			DONOR DESIGNATION
•			, , ,				
BE LIKE BRIT FOUNDATION, INC.							
66 PULLMAN STREET							
WORCESTER, MA 01606	27-1857525	501C3	12,275.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEIS MEDRASH OF BERGENFIELD							
371 S. PROSPECT AVENUE							
BERGENFIELD, NJ 07621	20-1292878	501C3	17,222.	0.			DONOR DESIGNATION
BENET ACADEMY							
2200 MAPLE ACADEMY							
LISLE, IL 60532	36-2725695	501C3	34,600.	0.			DONOR DESIGNATION
BERGEN FAMILY CENTER							
44 ARMORY ST.							
ENGLEWOOD, NJ 07631	22-1487611	501C3	12,690.	0.			WUIP GRANT
BERNIES BOOK BANK							
917 NORTH SHORE DRIVE	05 0044450						L
LAKE BLUFF, IL 60044	27-0914453	501C3	6,693.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS LONE STAR							
450 E. JOHN CARPENTER FREEWAY SUITE							
IRVING, TX 75062	75-0800632	501C3	29,410.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF							
CENTRAL OHIO, INC 1855 E							
DUBLIN-GRANVILLE RD FIRST FL -							
COLUMBUS, OH 43229	31-4379429	501C3	12,082.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF							
GREATER KANSAS CITY - 1709 WALNUT							
ST KANSAS CITY, MO 64108	43-6068464	501C3	5,853.	0.			DONOR DESIGNATION
			2,222				
BIG SHOULDERS FUND							
212 W VAN BUREN ST SUITE 900							
CHICAGO, IL 60607	36-3490557	501C3	23,073.	0.			DONOR DESIGNATION
DICHOD CHILITIAN CENTED INC							
BISHOP SULLIVAN CENTER INC. 6435 TRUMAN RD.							
	43-1750848	501.03	5,000.	0.			DONOR DESIGNATION
KANSAS CITY, MO 64126	43-1/30040	D01C3	5,000.	υ.			PONOR DESIGNATION

(a) Name and address of	(b) [N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(b) Durage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUE RIDGE CHAPEL INC							
145 BLUE RIDGE CT							
ROCKY MOUNT, VA 24151-6029	52-1275608	501C3	8,542.	0.			DONOR DESIGNATION
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BOOKS AND BREAKFAST							
419 GREENWOOD ST							
EVANSTON, IL 60201	46-3717739	501C3	5,000.	0.			DONOR DESIGNATION
,			,,,,,,,				
BOSTON COLLEGE TRUSTEES							
140 COMMONWEATH AVE.							
CHESTNUT HILL, MA 02467	04-2103545	501C3	6,495.	0.			DONOR DESIGNATION
·			,				
BOY SCOUTS OF AMERICA							
8605 HARRY HINES							
DALLAS, TX 75235	75-0800615	501C3	9,962.	0.			DONOR DESIGNATION
·			,				
BOY SCOUTS OF AMERICA COUNCIL							
ATLANTA AREA COUNCIL 1800 CIRCLE 75							
ATLANTA, GA 30339	58-0566122	501C3	13,354.	0.			DONOR DESIGNATION
·			·				
BOY SCOUTS OF AMERICA/HEART OF							
AMERICA - PO BOX 414177 - KANSAS							
CITY, MO 64141-4177	44-0545995	501C3	15,733.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA/SPIRIT OF			·				
ADVENTURE COUNCIL - 600 WEST							
CUMMINGS PARK; STE. 2750 - WOBURN,							
MA 01801	04-2104393	501C3	7,000.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUB OF PAWTUCKET							
1 MOELLER PL							
PAWTUCKET, RI 02860-5775	05-0258924	501C3	5,000.	0.			DONOR DESIGNATION
,			, , ,				
BOYS & GIRLS CLUBS OF CHICAGO,							
INC 2102 W MONROE STREET -							
CHICAGO, IL 60612	36-2166997	501C3	20,978.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GREATER							
DALLAS, INC PO BOX 140189 -							
DALLAS, TX 75214	75-1152657	501C3	6,347.	0.			DONOR DESIGNATION
,			1,121				
BOYS & GIRLS CLUBS OF GREATER							
KANSAS CITY - 4001 BLUE PARKWAY							
SUITE 102 - KANSAS CITY, MO 64130	43-6072065	501C3	10,160.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUBS OF METRO LOS							
ANGELES - 800 S FIGUEROA ST STE							
950 - LOS ANGELES, CA 90017	81-0851473	501C3	9,250.	0.			DONOR DESIGNATION
DOVIG C GIRL G GOLINIERY							
BOYS & GIRLS COUNTRY							
18806 ROBERTS ROAD	74-6026198	E0102	13,000.	0.			DONOR DESIGNATION
HOCKLEY, TX 77447	74-0020190	50103	13,000.	0.			DONOR DESIGNATION
BOYS HOPE GIRLS HOPE							
3090 SOUTH JAMAICA COURT SUITE 212							
AURORA, CO 80014	84-1239769	501C3	15,000.	0.			DONOR DESIGNATION
			,				
BREAD FOR THE CITY, INC.							
1525 SEVENTH ST NW							
WASHINGTON, DC 20001	52-1138207	501C3	6,009.	0.			DONOR DESIGNATION
BRIGHAM YOUNG UNIVERSITY							
P.O. BOX 27188							
PROVO, UT 84602-7188	87-0217280	501C3	5,274.	0.			DONOR DESIGNATION
DRYN MAUD DEEGDYWEDTAN GUURGU							
BRYN MAWR PRESBYTERIAN CHURCH							
625 MONTOMERY LANE	39-1137661	50103	5,000.	0.			DONOR DESIGNATION
BRYN MAWR, PA 19010	33-113/001	50163	3,000.	0.			DONOR DESIGNATION
BUILDON							
PO BOX 16741							
STAMFORD, CT 06905	22-3128648	501C3	5,300.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Gov	/ernments and Orgar	lizations in the Un	ited States (Scri	edule i (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS LEADERSHIP ORGANIZED FOR							
ATHOLIC SCHOOLS - 555 CROTON ROAD							
SUITE 310 - KING OF PRUSSIA, PA							
19406	23-2125843	501C3	5,000.	0.			DONOR DESIGNATION
BUTLER UNIVERSITY							
4600 SUNSET AVE							
INDIANAPOLIS, IN 46208	35-0867977	501C3	9,525.	0.			DONOR DESIGNATION
,			,				
CALIFORNIA SCIENCE CENTER							
FOUNDATION - 700 EXPOSITION PARK							
DRIVE - LOS ANGELES, CA 90037	95-2210527	501C3	5,000.	0.			DONOR DESIGNATION
CAMP KESEM							
10586 W. PICO BLVD. #196							
LOS ANGELES, CA 90064	51-0454157	501C3	7,500.	0.			DONOR DESIGNATION
CAMP KUDZU INC							
5885 GLENRIDGE DRIVE SUITE 160							
ATLANTA, GA 30328	58-2449646	501C3	5,000.	0.			DONOR DESIGNATION
			,,,,,,	3.			
CAMP SUNSHINE, INC.							
1850 CLAIRMONT RD							
DECATUR, GA 30033	58-1872217	501C3	10,833.	0.			DONOR DESIGNATION
CANCER RESEARCH INSTITUTE, INC.							
29 BROADWAY, FLOOR 4				_			
NEW YORK, NY 10006	13-1837442	501C3	6,570.	0.			DONOR DESIGNATION
CAPITAL AREA IMMIGRANTS' RIGHTS							
(CAIR) COALITION - 1612 K STREET							
NW SUITE 204 - WASHINGTON, DC							
20006	52-2141497	501C3	5,000.	0.			DONOR DESIGNATION
CAPITAL FOR KIDS							
2807 ALLEN STREET816							
DALLAS, TX 75204	20-4403950	501C3	7,500.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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CARA PROGRAM/DEVELOPMENT DEPARTMENT - 237 S. DESPLAINES - CHICAGO, IL 60661	36-4268095	501C3	11,000.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES COMMUNITY SERVICES - 4747 N 7TH AVE - PHOENIX, AZ 85013	86-0223999	501C3	11,001.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES COMMUNITY SERVICES ARCHDIOCESE OF NEW YORK - 1011 FIRST AVE 6TH FL - NEW YORK, NY 10022	13-5562185	501C3	6,801.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES FOUNDATION 4445 LINDELL BLVD SAINT LOUIS, MO 63108-2403	43-1307878	501C3	6,833.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF DALLAS 1421 W. MOCKINGBIRD LANE DALLAS, TX 75247	75-2745221	501C3	26,102.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 721 N. LASALLE STREET - CHICAGO, IL 60654	36-2170821	501C3	23,238.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEW YORK - 1011 FIRST AVE - NEW YORK, NY 10022	13-5562184	501C3	72,040.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF THE DIOCESE OF JOLIET - 16555 WEBER RD - CREST HILL, IL 60403	36-2170817	501C3	7,690.	0.			DONOR DESIGNATION
CATHOLIC FOREIGN MISSION SOCIETY OF AMERICA INC - MARYKNOLL FATHERS - MARYKNOLL, NY 10545	13-1740144	501C3	5,000.	0.			DONOR DESIGNATION

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CATHOLIC RELIEF SERVICES INC							
228 W LEXINGTON STREET							
BALTIMORE, MD 21201	13-5563422	501C3	10,670.	0.			DONOR DESIGNATION
CATHOLIC SCHOOLS FOUNDATION INC.							
67 BATTERYMARCH STREET 6TH FLOOR							
BOSTON, MA 02110	22-2485502	501C3	5,000.	0.			DONOR DESIGNATION
,			, -				
CENTER FOR REPRODUCTIVE RIGHTS							
199 WATER STREET 22ND FLOOR							
NEW YORK, NY 10038	13-3669731	501C3	6,580.	0.			DONOR DESIGNATION
CENTER FOR WELLBEING/CENTRO							
BIENESTAR INC 30 MYANO LANE -							
STAMFORD, CT 06902	83-0737844	501C3	5,000.	0.			DONOR DESIGNATION
CENTRAL PENNSYLVANIA FOOD BANK,							
INC 3908 COREY RD							
HARRISBURG, PA 17109	23-2202250	501C3	5,639.	0.			DONOR DESIGNATION
CHABAD LUBAVITCH OF THE MAIN LINE							
INC 625 MONTGOMERY AVE							
MERION STATION, PA 19066	20-0072887	501C3	11,450.	0.			DONOR DESIGNATION
CHAI LIFELINE							
151 W. 30TH STREET	11 2010221	F01.03	10.050	•			DOMOR BEGIGVESTON
NEW YORK, NY 10001	11-2940331	DOTC3	10,053.	0.			DONOR DESIGNATION
CUECADEAVE DAY MDITCM							
CHESAPEAKE BAY TRUST							
108 SEVERN AVENUE	EO 14E4100	E01@2	10 000	0			DOMOR DEGLOSSMETON
ANNAPOLIS, MD 21403	52-1454182	50162	10,000.	0.			DONOR DESIGNATION
CHICAGO CHILDRENS ADVOCACY CENTER							
1240 S. DAMIEN ST.							
CHICAGO, IL 60608-1122	36-4251865		14,855.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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CHICAGO PUBLIC LIBRARY FOUNDATION							
CHICAGO, IL 60602	36-3480353	501C3	8,050.	0.			DONOR DESIGNATION
CHICAGO THEATRE GROUP INC 170 N. DEARBORN ST. CHICAGO, IL 60601	36-2896025	50163	7,000.	0.			DONOR DESIGNATION
CHILDREN'S ASSN. FOR MAXIMUM POTENTIAL, INC PO BOX 27086 -							
SAN ANTONIO, TX 78227	74-2095766	50103	5,000.	0.			DONOR DESIGNATION
CHILDRENS ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIO BLVD. - PLANO, TX 75074	75-2389095	501C3	7,308.	0.			DONOR DESIGNATION
CHILDRENS HEALTH SYSTEM OF TEXAS 1935 MEDICAL DISTRICT DR							
DALLAS, TX 75235	75-2062019	501C3	5,000.	0.			DONOR DESIGNATION
CHILDRENS HEARTLINK 5075 ARCADIA AVE.	41-1307457	E01 <i>G</i> 2	12 500	0.			DONOR DESIGNATION
MINNEAPOLIS, MN 55436 CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE	41-1307437	30103	13,500.	0.			DONOR DESIGNATION
BOSTON, MA 02115-5724	04-2774441	501C3	10,072.	0.			DONOR DESIGNATION
CHILDRENS HOSPITAL OF ORANGE COUNTY - 1201 WEST LA VETA -							
ORANGE, CA 92868	95-2321786	501C3	5,185.	0.			DONOR DESIGNATION
CHILDRENS HOSPITAL OF PHILADELPHIA							
PHILADELPHIA, PA 19104	23-1352166	501C3	6,982.	0.			DONOR DESIGNATION

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CHILDRENS RESEARCH FUND							
225 E CHICAGO AVE							
CHICAGO, IL 60611	36-3841919	501C3	8,667.	0.			DONOR DESIGNATION
			,				
CHILDREN'S SHELTER OF CEBU							
PO BOX 247							
CAMBRIDGE, MN 55008	41-1330241	501C3	5,188.	0.			DONOR DESIGNATION
CHILDREN'S SPECIALIZED HOSPITAL							
FOUNDATION - 150 NEW PROVIDENCE	12 6044200	F01.03	16 206	0			DONOR REGIONAMION
ROAD - MOUNTAINSIDE, NJ 07092-2590	13-6844298	501C3	16,306.	0.			DONOR DESIGNATION
CHINESE CHRISTIAN CHURCH OF NEW							
JERSEY - 232 S. BEVERWYCK RD							
PARSIPPANY, NJ 07054	22-6082283	501C3	20,000.	0.			DONOR DESIGNATION
,							
CHRISTOPHER HOUSE							
5235 W BELDEN ST							
CHICAGO, IL 60639-3001	23-7316001	501C3	8,708.	0.			DONOR DESIGNATION
CITY HARVEST, INC.							
6 E 32ND ST FL 5							
NEW YORK, NY 10016	13-3170676	501C3	10,100.	0.			DONOR DESIGNATION
CITYSQUARE							
PO BOX 140024	75 2222642	F01.03	12 222	•			DONOR PROTON
DALLAS, TX 75214	75-2332948	D01C3	13,290.	0.			DONOR DESIGNATION
CLEMSON UNIVERSITY FOUNDATION							
PO BOX 1889							
CLEMSON, SC 29633	57-0426335	501C3	5,529.	0.			DONOR DESIGNATION
22000	3, 0420333	20100	3,323.	٠.			DOLOR DEBIGNATION
COLORADO UPLIFT							
400 W 48TH AVE SUITE 250							
DENVER, CO 80216	84-0889330	501C3	15,417.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
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COMBINED JEWISH PHILANTHROPIES 126 HIGH ST. BOSTON, MA 02110	04-2103559	501C3	6,920.	0.			DONOR DESIGNATION
COMMUNITIES IN SCHOOLS HOUSTON, INC 1235 N. LOOP WEST STE 300 - HOUSTON, TX 77008	76-0031827	501C3	11,267.	0.			DONOR DESIGNATION
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 07963	22-2281783	501C3	7,979.	0.			DONOR DESIGNATION
COMMUNITY SOUP KITCHEN AND OUTREACH CENTER INC 36 SOUTH ST - MORRISTOWN, NJ 07960	22-3084025	501C3	5,250.	0.			DONOR DESIGNATION
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501C3	16,539.	0.			DONOR DESIGNATION
CONCORD LIBERTY PRESBYTERIAN CHURCH - 256 BETHEL RD GLEN MILLS, PA 19342	23-2155502	501C3	9,350.	0.			DONOR DESIGNATION
CONCORDIA LUTHERAN CHURCH 13371 W ALAMEDA PKWY LAKEWOOD, CO 80228	23-7041904	501C3	5,000.	0.			DONOR DESIGNATION
CONGREGATION BETH ABRAHAM 396 NEW BRIDGE RD. BERGENFIELD, NJ 07621	22-6096170	501C3	92,220.	0.			DONOR DESIGNATION
CONGREGATION OF BETH ISRAEL 104660 N. 56TH STREET SCOTTSDALE, AZ 85253	86-0113949	501C3	5,645.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
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CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BLVD HARTFORD, CT 06103-2802	06-1538101	501C3	5,000.	0.			DONOR DESIGNATION
COOK CHILDRENS MEDICAL CENTER 801 7TH AVE FORT WORTH, TX 76104	75-2051646	501C3	5,000.	0.			DONOR DESIGNATION
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501C3	16,700.	0.			DONOR DESIGNATION
COVENANT HOUSE GEORGIA INC 1559 JOHNSON ROAD NW ATLANTA, GA 30318	13-3523561	501C3	15,349.	0.			DONOR DESIGNATION
COVENANT OF GRACE PRESBYTERIAN CHURCH - 820 NICODEMUS RD REISTERSTOWN, MD 21136	52-1283476	501C3	18,000.	0.			DONOR DESIGNATION
CRADLES TO CRAYONS 155 NORTH BEACON ST. BRIGHTON, MA 02135	04-3584367	501C3	8,022.	0.			DONOR DESIGNATION
CRISIS TEXT LINE PO BOX 1144 NEW YORK, NY 10159	46-2069599	501C3	5,000.	0.			DONOR DESIGNATION
CRISTO REY DALLAS CORPORATE WORK STUDY PROGRAM INC - 1064 N SAINT AUGUSTINE DR - DALLAS, TX 75217	47-1851947	501C3	9,250.	0.			DONOR DESIGNATION
CROHN'S & COLITIS FOUNDATION INC. 733 3RD AVE STE 510 NEW YORK, NY 10017	13-6193105	501C3	5,709.	0.			DONOR DESIGNATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS COMMUNITY SERVICES INC							
4500 S COCKRELL HILL ROAD							
DALLAS, TX 75236	47-2676714	501C3	10,000.	0.			DONOR DESIGNATION
CURE INTERNATIONAL							
17011 HICKORY STREET							
SPRING LAKE, MI 49456	58-2248383	501C3	5,000.	0.			DONOR DESIGNATION
·			,				
CURESEARCH FOR CHILDRENS CANCER							
4600 EAST WEST HWY STE 600							
BETHESDA, MD 20814-3457	95-4132414	501C3	28,164.	0.			DONOR DESIGNATION
CYSTIC FIBROSIS FOUNDATION							
4550 MONTGOMERY AVE STE 1100N							
BETHESDA, MD 20814	13-1930701	501C3	14,210.	0.			DONOR DESIGNATION
DALLAS CHILDREN'S ADVOCACY CENTER							
5351 SAMUELL BOULEVARD							
DALLAS, TX 75228	75-2303404	501C3	6,407.	0.			DONOR DESIGNATION
DANA-FARBER CANCER INSTITUTE							
450 BROOKLINE AVE		504.50	16.066				
BOSTON, MA 02215-5418	04-2263040	501C3	16,366.	0.			DONOR DESIGNATION
DARETOWN BOY SCOUTS TROOP 60							
P.O. BOX 455							
	64-0964548	50103	6,689.	0.			DONOR DESIGNATION
ELMER, NJ 08318	04-0304340	20163	0,009.	0.			DONOR DESIGNATION
DAVIS MEMORIAL FUND							
25 LAWRENCE AVE.							
LAWRENCE, NY 11559	04-3720418	501C3	5,000.	0.			DONOR DESIGNATION
	34 3/20410	50103	3,000.	0.			PONOR DESIGNATION
DENVER CHILDREN'S HOME							
1501 ALBION STREET							
DENVER, CO 80220	84-0404239	501C3	15,807.	0.			DONOR DESIGNATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	.,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DENVER STREET SCHOOL							
PO BOX 140069							
DENVER, CO 80214	84-1216351	501C3	10,000.	0.			DONOR DESIGNATION
DEPAUL UNIVERSITY							
1 E. JACKSON BLVD.							
CHICAGO, IL 60604	36-2167048	501C3	7,657.	0.			DONOR DESIGNATION
DETROIT SYMPHONY ORCHESTRA							
3711 WOODWARD AVENUE							
DETROIT, MI 48201	38-1385132	501C3	10,125.	0.			DONOR DESIGNATION
DII. 10101	30 1303132	30103	10,123.	•			DONOR BEBLONIIIION
DOCTORS WITHOUT BORDERS							
40 RECTOR STREET; 16TH FLOOR							
NEW YORK, NY 10006	13-3433452	501C3	9,128.	0.			DONOR DESIGNATION
, 2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DOMUS FOUNDATION							
83 LOCKWOOD AVE.							
STAMFORD, CT 06902	06-0891998	501C3	5,000.	0.			DONOR DESIGNATION
,			, ,				
DOORWAYS FOR WOMEN AND FAMILIES							
P.O. BOX 100185							
ARLINGTON, VA 22210	54-1087829	501C3	10,300.	0.			DONOR DESIGNATION
DOWN SYNDROME ASSOCIATION OF							
WISCONSIN INC - 11709 W CLEVELAND							
AVE NO 2 - WEST ALLIS, WI							
53227-2901	45-3178066	501C3	7,500.	0.			DONOR DESIGNATION
EASTER SEALS/NORTH GEORGIA							
53 PERIMETER CENTER EAST; STE. 500							
ATLANTA, GA 30349	58-1919768	501C3	5,250.	0.			DONOR DESIGNATION
EASTERSEALS MIDWEST							
11933 WESTLINE INDUSTRIAL DR.							
TISS WESTELLE INDOSTRIVE DK.		501C3	5,170.	0.			

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ENDICOTT COLLEGE							
376 HALE ST							
BEVERLY, MA 01915-2096	04-2103567	501C3	5,100.	0.			DONOR DESIGNATION
EQUAL JUSTICE INITIATIVE							
122 COMMERCE STREET							
MONTGOMERY, AL 36104	63-1135091	501C3	5,160.	0.			DONOR DESIGNATION
ESHEL PUBLICATIONS							
9525 BERGER ROAD; STE. P							
COLUMBIA, MD 21046	81-1243067	501C3	5,000.	0.			DONOR DESIGNATION
EVANS SCHOLARS FOUNDATION							
1 BRIAR RD.				_			
GOLF, IL 60029	36-2518129	501C3	12,012.	0.			DONOR DESIGNATION
FAMILY PLACE INC							
P.O. BOX 7999							
DALLAS, TX 75209	75-1590896	501C3	6,580.	0.			DONOR DESIGNATION
FAU FOUNDATION INC. 777 GLADES ROAD							
BOCA RATON, FL 33431	59-0917284	501C3	5,000.	0.			DONOR DESIGNATION
FEED MY STARVING CHILDREN							
401 93RD AVE NW							
COON RAPIDS, MN 55433	41-1601449	501C3	7,037.	0.			DONOR DESIGNATION
FEEDING AMERICA							
35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	36-3673599	501C3	17,115.	0.			DONOR DESIGNATION
	30,30,3333		1,,113.				DISTORDISTOR
FIDELITY CHARITABLE GIFT FUND							
PO BOX 770001							
CINCINNATI, OH 45277-0053	11-0303001	501C3	89,243.	0.			DONOR DESIGNATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FIRST BOOK							
1319 F STREET NW; SUITE 1000							
WASHINGTON, DC 20004	52-1779606	501C3	243,666.	0.			DONOR DESIGNATION
FIRST HUNGARIAN CONGREGATION OHAB							
ZEDEK - 118 WEST 95TH STREET - NEW							
YORK, NY 10025	13-1790762	501C3	5,000.	0.			DONOR DESIGNATION
FIRST UNITED METHODIST CHURCH OF							
ALLEN - 601 S GREENVILLE AVE -	75 1601004	E0103	0 222	0			DONOR DEGLGNAMION
ALLEN, TX 75002-3011	75-1691084	50103	8,333.	0.			DONOR DESIGNATION
FONDOS UNIDOS DE PUERTO RICO INC							
PO BOX 191914							
SAN JUAN, PR 00919	66-0269222	501C3	11,061.	0.			DONOR DESIGNATION
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FOOTPRINTS OF FAITH FOUNDATION							
434 SAINT ANDREWS DR							
ALLEN, TX 75002	33-1207625	501C3	10,039.	0.			DONOR DESIGNATION
FOUNDATION OF NJIT							
323 DR. MARTIN LUTHER KING BLV	22-1714037	E0102	20 425	0.			DONOR DESIGNATION
NEWARK, NJ 07102	22-1/1403/	50103	28,435.	0.			DONOR DESIGNATION
FOWA RESCUE, INC.							
PO BOX 3701							
WAYNE, NJ 07470	22-3072031	501C3	5,949.	0.			DONOR DESIGNATION
,			,				
FOX RIVER VALLEY HOUND HERITAGE							
FOUNDATION - 3 EAGLE POINTE DR -							
BARRINGTON, IL 60010	81-3945504	501C3	5,000.	0.			DONOR DESIGNATION
EDANGICCAN OUMDEAGU ACCOCTAMICS							
FRANCISCAN OUTREACH ASSOCIATION							
1645 W. LEMOYNE STREET	36_2028925	50103	5 200	0			DONOR DESTONATION
CHICAGO, IL 60622	36-2928835	D01C3	5,200.	0.			DONOR DESIGNATION

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FRANKLIN COUNTY HISTORICAL SOCIETY							
333 WEST BROAD ST							
COLUMBUS, OH 43215	31-4383802	501C3	5,000.	0.			DONOR DESIGNATION
FRIENDS OF BREAKTHROUGH SCHOOLS							
3615 SUPERIOR AVENUE; SUITE 3103A							
CLEVELAND, OH 44114	20-4948838	501C3	11,500.	0.			DONOR DESIGNATION
FRIENDS OF SANTA ANA ZOO							
1801 E. CHESTNUT AVE.							
SANTA ANA, CA 92701	51-0160007	501C3	7,400.	0.			DONOR DESIGNATION
FRIENDS OF THE CHILDREN - BOSTON, INC 184 DUDLEY STREET, SUITE							
100 - ROXBURY, MA 02119	20-1581289	501C3	22,310.	0.			DONOR DESIGNATION
Tee Remoni, in oli is	20 1301203	30103	22,310.	•			PONON PERION
FRIENDS OF THE UNIVERSITY OF							
WATERLOO FOUNDATION - 3815 N							
DICKERSON ST - ARLINGTON, VA 22207	54-1746974	501C3	5,000.	0.			DONOR DESIGNATION
FUCHS MIZRACHI SCHOOL							
26600 SHAKER BOULEVARD							
BEACHWOOD, OH 44122	34-1400924	501C3	25,300.	0.			DONOR DESIGNATION
PUND FOR MUE ARMS TWO							
FUND FOR THE ARTS INC 623 W MAIN ST							
LOUISVILLE, KY 40202	61-0479626	501C3	8,570.	0.			DONOR DESIGNATION
,			,				
FURNITURE BANK OF CENTRAL OHIO							
118 S YALE AVE							
COLUMBUS, OH 43222	31-1600869	501C3	5,434.	0.			DONOR DESIGNATION
GALILEEUNITED METHODIST CHURCH							
45425 WINDING ROAD							
STERLING, VA 20165	54-0949639	501C3	9,225.	0.			DONOR DESIGNATION

-0196603 -1733523	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	501C3	5,750.				
	501C3	5,750.				(
	501C3	5,750.				
-1733523		'	0.			DONOR DESIGNATION
-1733523		1				
-1733523	1					
-1733523						
	501C3	5,000.	0.			DONOR DESIGNATION
-0684740	501C3	5,000.	0.			DONOR DESIGNATION
0.624052	501.62	6 004	0			
-0634853	501C3	6,224.	0.			DONOR DESIGNATION
-1644033	501C3	5 000.	0.			DONOR DESIGNATION
		,,,,,,				John Basismiss
-1101571	501C3	6,430.	0.			DONOR DESIGNATION
-1810150	501C3	10,000.	0.			DONOR DESIGNATION
			_			Ĺ
-2167087	501C3	11,200.	0.			DONOR DESIGNATION
					I	ſ
	-1101571	-1644033 501C3 -1101571 501C3 -1810150 501C3 -2167087 501C3	-1101571 501C3 6,430. -1810150 501C3 10,000.	-1101571 501c3 6,430. 0. -1810150 501c3 10,000. 0.	-1101571 501c3 6,430. 0. -1810150 501c3 10,000. 0.	-1101571 501c3 6,430. 0. -1810150 501c3 10,000. 0.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	- cc-cc-cc-ruge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL OUTREACH INTERNATIONAL INC.							
PO BOX 1							
TUPELO, MS 38802	48-1256219	501C3	8,000.	0.			DONOR DESIGNATION
GOOD SPORTS INC.							
1515 WASHINGTON STREET SUITE 300							
BRAINTREE, MA 02184	75-3138664	501C3	6,300.	0.			DONOR DESIGNATION
GRACE COVENANT PRESBYTERIAN CHURCH							
1627 MONUMENT AVENUE							
RICHMOND, VA 23220	23-7366967	501C3	5,130.	0.			DONOR DESIGNATION
·			,				
GRACE PRESBYTERIAN CHURCH							
7434 BATH ST							
SPRINGFIELD, VA 22150	54-0616537	501C3	10,583.	0.			DONOR DESIGNATION
CDDIM LIVER AGADEMY GWADMED EG							
GREAT LAKES ACADEMY CHARTER ES 8401 S SAGINAW AVE							
CHICAGO, IL 60617	46-1862158	501C3	5,000.	0.			DONOR DESIGNATION
eniched, il dudir	40 1002130	30103	3,000.	· ·			DONOR BEBLUMMITON
GREATER CHICAGO FOOD DEPOSITORY							
4100 W ANN LURIE PL							
CHICAGO, IL 60632	36-2971864	501C3	33,482.	0.			DONOR DESIGNATION
GREATER CLEVELAND SPORTS							
COMMISSION - 334 EUCLID AVE	31-1381131	E01@2	5,000.	0.			DONOR DESIGNATION
CLEVELAND, OH 44114	31-1301131	50103	3,000.	0.			DONOR DESIGNATION
GREATER TWIN CITIES UNITED WAY							
404 S EIGHTH ST							
MINNEAPOLIS, MN 55404	41-1973442	501C3	12,376.	0.			DONOR DESIGNATION
GREEN ROAD SYNAGOGUE							
2437 S. GREEN ROAD	34_1114000	501.03	9 000	0.			DONOR DESTONATION
BEACHWOOD, OH 44122	34-1114908	DOTC2	9,000.	<u> </u>			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRID ALTERNATIVES							
1171 OCEAN AVENUE SUITE 200							
OAKLAND, CA 94608	26-0043353	501C3	6,015.	0.			DONOR DESIGNATION
GROVE CITY COLLEGE							
100 CAMPUS DRIVE							
GROVE CITY, PA 16127	25-1065148	501C3	5,350.	0.			DONOR DESIGNATION
HABITAT FOR HUMANITY CHICAGO							
1100 W CERMAK RD STE 404							
CHICAGO, IL 60608	46-0494889	501C3	5,000.	0.			DONOR DESIGNATION
HASTINGS COLLEGE							
710 TURNER AVENUE HASTINGS, NE 68901	47-0376525	50103	7,500.	0.			DONOR DESIGNATION
HASTINGS, NE 00901	47-0370323	50103	7,300.	0.			DONOR DESIGNATION
HCU NETWORK AMERICA							
623 CREEK LANE							
FLOURTOWN, PA 19031	81-3646006	501C3	20,000.	0.			DONOR DESIGNATION
HEBREW ACADEMY OF LONG BEACH							
132 SPRUCE ST.							
CEDARHURST, NY 11516	11-1892079	501C3	60,065.	0.			DONOR DESIGNATION
HERITAGE CHRISTIAN ACADEMY							
FOUNDATION - 15655 BASS LAKE RD	41-2005352	E0102	9,000.	0			DONOR DESIGNATION
MAPLE GROVE, MN 55311	41-2005352	50103	9,000.	0.			DONOR DESIGNATION
HFS CHICAGO SCHOLARS							
1074 WEST TAYLOR STREET 201							
CHICAGO, IL 60607	36-3922345	501C3	15,186.	0.			DONOR DESIGNATION
HIGHLAND DADK INTERD VERVEDICE							
HIGHLAND PARK UNITED METHODIST CHURCH - 3300 MOCKINGBIRD LANE -							
DALLAS, TX 75205	75-0808794	501C3	5,000.	0.			DONOR DESIGNATION
	, 3 0000774	7 - 1 - 3	3,000.	· ·	l .	I	Polici Dibioliliion

(a) Name and address of	/L\ =\\	(a) IDO a a ation	(4) A	(-) ((f) Mathada a	(a) December of	(b) D as a st swamt
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HITEC FOUNDATION							
444 WEST LAKE STREET, SUITE 1940							
CHICAGO, IL 60606	27-2869162	501C3	23,000.	0.			DONOR DESIGNATION
·			,				
HOLOCAUST MEMORIAL FOUNDATION OF							
ILLINOIS INC - 9603 WOODS DRIVE -							
SKOKIE, IL 60077	36-3156154	501C3	10,167.	0.			DONOR DESIGNATION
HOLY SPIRIT PARISH AT GEIST							
10350 GLASER WAY	25 400000	504.50	25.000				L
FISHERS, IN 46037	35-1809993	501C3	25,000.	0.			DONOR DESIGNATION
HOPE COTTAGE, INC.							
PO BOX 140459							
DALLAS, TX 75214	75-0800652	501C3	6,422.	0.			DONOR DESIGNATION
HOSPITAL OF THE UNIVERSITY OF			, -				
PENNSYLVANIA - 3535 MARKET STREET;							
SUITE 750 - PHILADELPHIA, PA							
19104-3309	31-1538725	501C3	10,100.	0.			DONOR DESIGNATION
HOUSTON AREA WOMEN'S CENTER, INC.							
1010 WAUGH DR							
HOUSTON, TX 77019	74-2029166	501C3	6,938.	0.			DONOR DESIGNATION
HOUSTON BALLET FOUNDATION							
601 PRESTON STREET							
	74-1394920	50103	5,000.	0.			DONOR DESIGNATION
HOUSTON, TX 77002	74-1354520	20163	3,000.	0.			DONOR DESIGNATION
HOUSTON FOOD BANK							
535 PORTWALL STREET							
HOUSTON, TX 77029	74-2181456	501C3	10,244.	0.			DONOR DESIGNATION
·							
HOUSTON LIVESTOCK SHOW AND RODEO							
PO BOX 20070							
HOUSTON, TX 77225-0070	74-1142851	501C3	6,000.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN OPTIONS, INC.							
PO BOX 53745							
IRVINE, CA 92619	95-3667817	501C3	15,500.	0.			DONOR DESIGNATION
INDIANA REPERTORY THEATRE							
140 WEST WASHINGTON STREET							
INDIANAPOLIS, IN 46204	35-1186290	501C3	5,500.	0.			DONOR DESIGNATION
INTERNATIONAL CONSORTIUM OF							
MINORITY CYBERSECURITY PROFESSIONA							
- 19 BATTLE RIDGE RD - MORRIS							
PLAINS, NJ 07950	46-5596141	501C3	10,000.	0.			DONOR DESIGNATION
INTERNATIONAL RESCUE COMMITTEE, INC 122 E 42ND ST - NEW YORK,							
NY 10168	13-5660870	501C3	5,772.	0.			DONOR DESIGNATION
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR							
NEW YORK, NY 10004	23-1907729	501C3	39,635.	0.			DONOR DESIGNATION
JERRAHI ORDER OF AMERICA 884 CHESTNUT RIDGE ROAD CHESTNUT RIDGE, NY 10977	13-2957138	501C3	5,200.	0.			DONOR DESIGNATION
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE							
BEACHWOOD, OH 44122	34-0714445	501C3	6,400.	0.			DONOR DESIGNATION
JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD; STE. 102 WILMINGTON, DE 19803-1511	51-0064315	501C3	5,450.	0.			DONOR DESIGNATION
JEWISH FOUNDATION OF GREATER NEW HAVEN - 360 AMITY ROAD -	45-2403156	E0162	5,322.	0.			DONOR DESIGNATION
WOODBRIDGE, CT 06525	43-2403130	Porca	5,322.	٥.			PONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH UNITED FUND OF METROPOLITAN							
CHICAGO - 30 S. WELLS STREET; ROOM							
3134 - CHICAGO, IL 60606	36-2167034	501C3	12,667.	0.			DONOR DESIGNATION
JOHN F. KENNEDY CENTER FOR THE							
PERFORMING ARTS - PO BOX 96533 -							
WASHINGTON, DC 96533	53-0245017	501C3	5,000.	0.			DONOR DESIGNATION
JOHN G. SHEDD AQUARIUM SOCIETY							
1200 S. LAKE SHORE DR.							
CHICAGO, IL 60605	36-2167918	501C3	2,365.	0.			DONOR DESIGNATION
,			,				
JUNIOR ACHIEVEMENT							
68 EAST 2ND AVENUE							
COLUMBUS, OH 43201	31-4385042	501C3	12,976.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF CHICAGO							
651 W WASHINGTON BLVD. SUITE 404 CHICAGO, IL 60661	36-2170141	50103	5,732.	0.			DONOR DESIGNATION
CHICAGO, IL 60061	30-21/0141	50103	5,732.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF DALLAS, INC.							
1201 EXECUTIVE DRIVE WEST							
RICHARDSON, TX 75081	75-0881589	501C3	9,041.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF GEORGIA							
275 NORTHSIDE DRIVE, NW; 'BUILDING							
ATLANTA, GA 30314	58-0598050	501C3	15,196.	0.			DONOR DESIGNATION
TINION AGUTTURNING OF SECTION							
JUNIOR ACHIEVEMENT OF GREATER							
CLEVELAND - 1422 EUCLID AVENUE; SUITE 952 - CLEVELAND, OH 44115	34-0733164	50103	6,991.	0.			DONOR DESIGNATION
CHEVERAND, ON 44113	34 0733104	50103	0,391.	0.			PONON DEBIGNATION
JUNIOR ACHIEVEMENT OF GREATER							
KANSAS CITY - 4001 BLUE PARKWAY -							
KANSAS CITY, MO 64130	43-0652112	501C3	7,100.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF KENTUCKIANA,							
INC - 1401 WEST MUHAMMAD ALI							
BOULEVARD - LOUISVILLE, KY 40203	61-0476694	501C3	7,500.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF SOUTHEAST							
TEXAS - 2115 E GOVERNORS CIRCLE -							
HOUSTON, TX 77092	74-1153957	501C3	15,000.	0.			DONOR DESIGNATION
THINTOD ACUTEVEMENT / CENTED AT							
JUNIOR ACHIEVEMENT/CENTRAL VIRGINIA - 1801 LIBBIE AVENUE;							
STE. 203 - RICHMOND, VA 23226	54-0803325	501C3	7,400.	0.			DONOR DESIGNATION
KANSAS CITY REPERTORY THEATER							
4825 TROOST AVENUE; SUITE 106	43-1168979	E0102	10 450	0.			DONOR DESIGNATION
KANSAS CITY, MO 64110-2030	43-1100979	50103	10,450.	0.			DONOR DESIGNATION
KENSINGTON COMMUNITY CHURCH							
1825 E. SQUARE LAKE RD							
TROY, MI 48085	38-2938448	501C3	15,863.	0.			DONOR DESIGNATION
KIPP NEW JERSEY							
60 PARK PLACE SUITE 802							
NEWARK, NJ 07102	20-1018667	501C3	5,000.	0.			DONOR DESIGNATION
KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO - 2100 PATRIOT BLVD							
GLENVIEW, IL 60026	36-3706878	501C3	13,138.	0.			DONOR DESIGNATION
KPMG FOUNDATION MATCHING GIFT							
PROGRAM - 3 CHESTNUT RIDGE RD							
MONTVALE, NJ 07645	13-6262199	501C3	154,730.	0.			DONOR DESIGNATION
KPMG U.S. FOUNDATION, INC.							
3 CHESTNUT RIDGE RD							
MONTVALE, NJ 07645	22-3263347	501C3	2,013,265.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAFAYETTE COLLEGE									
307 MARKLE HALL									
EASTON, PA 18042	24-0795686	501C3	6,322.	0.			DONOR DESIGNATION		
LAKESHORE ASSEMBLY OF GOD CHURCH 5575 S HWY 205									
ROCKWALL, TX 75032	75-2463675	501C3	6,761.	0.			DONOR DESIGNATION		
LASALLE STREET CHURCH 1111 NORTH WELLS #500 CHICAGO, IL 60610	36-2601051	501C3	24,000.	0.			DONOR DESIGNATION		
LATIN SCHOOL OF CHICAGO/FIDELITAS SOCIETY - 59 WEST NORTH BOULEVARD - CHICAGO, IL 60610	36-2258525	501C3	5,000.	0.			DONOR DESIGNATION		
LEHIGH UNIVERSITY 306 SOUTH NEW STREET, SUITE 500 BETHLEHEM, PA 18015	24-0795445	501C3	6,394.	0.			DONOR DESIGNATION		
LESTER AND ROSALIE ANIXTER CENTER 6610 N. CLARK STREET CHICAGO, IL 60626	36-2244895	501C3	9,200.	0.			DONOR DESIGNATION		
LEUKEMIA RESEARCH FOUNDATION, INC. 191 WAUKEGAN ROAD STE 105 NORTHFIELD, IL 60093	36-6102182	501C3	8,417.	0.			DONOR DESIGNATION		
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	36-2512404	501C3	16,605.	0.			DONOR DESIGNATION		
LIVING FAITH LUTHERAN CHURCH 1171 ATLANTA HWY CUMMING, GA 30040	58-2596731	501C3	19,500.	0.			DONOR DESIGNATION		

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orgar	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OS ANGELES REGIONAL FOOD BANK							
1734 E 41ST STREET							
LOS ANGELES, CA 90058	95-3135649	501C3	5,907.	0.			DONOR DESIGNATION
LOYOLA ACADEMY							
1100 LARAMIE AVE							
WILMETTE, IL 60091	36-2367981	501C3	8,001.	0.			DONOR DESIGNATION
LUPUS FOUNDATION OF AMERICA,			1	-			
PHILADELPHIA TRI-STATE CHAPTER -							
101 GREENWOOD AVENUE SUITE 200 -							
JENKINTOWN, PA 19046	23-7080555	501C3	5,070.	0.			DONOR DESIGNATION
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVE - ST.							
PAUL, MN 55108	41-0872993	50103	8,001.	0.			DONOR DESIGNATION
	41 0072333	50105	0,001.	· ·			DONOR DESIGNATION
MAKE-A-WISH FOUNDATION OF GEORGIA							
1775 THE EXCHANGE SE SUITE 200							
ATLANTA, GA 30339	58-2146828	501C3	5,115.	0.			DONOR DESIGNATION
MANNA FOOD BANK							
627 SWANNANOA RIVER RD.							
ASHEVILLE, NC 28805	58-1514800	501C3	45,035.	0.			DONOR DESIGNATION
WARLE GROVE EVANGELIGAT FREE							
MAPLE GROVE EVANGELICAL FREE CHURCH - 8585 RICE LAKE ROAD -							
MAPLE GROVE, MN 55369	41-1444373	50103	9,000.	0.			DONOR DESIGNATION
MILLI GROVE, MN 33303	41 144373	30103	3,000.	· ·			DONOR BEBIGNATION
MARCH OF DIMES, INC.							
1550 CRYSTAL DR. SUITE 1300							
ARLINGTON, VA 22202	13-1846366	501C3	90,528.	0.			DONOR DESIGNATION
MARINER'S CHURCH							
5001 NEWPORT COAST DR.		504.50		_			
IRVINE, CA 92603-0164	95-2419940	501C3	7,799.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARLBOROUGH SCHOOL 250 S ROSSMORE AVE LOS ANGELES, CA 90004	95-2816435	501C3	5,000.	0.			DONOR DESIGNATION			
MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111	27-2087950	501C3	9,577.	0.			DONOR DESIGNATION			
MATH ENGINEERING TECHNOLOGY SCIENCE EXCHANGE - 20 REINMANN DRIVE - EAST HANOVER, NJ 07936	46-5494007	501C3	6,500.	0.			DONOR DESIGNATION			
MATTHEW HILL FOUNDATION INC 2340 POWELL ST #293 EMERYVILLE, CA 94608	47-3673254	501C3	12,821.	0.			DONOR DESIGNATION			
MCDONOUGH FIRST UNITED METHODIST CHURCH INC - 151 MACON ST - MCDONOUGH, GA 30253	58-2532607	501C3	49,000.	0.			DONOR DESIGNATION			
MEALS ON WHEELS CHICAGO 314 W. SUPERIOR; SUITE 300 CHICAGO, IL 60654	36-3667584	501C3	15,000.	0.			DONOR DESIGNATION			
MEL'S CHARITIES INC. 885 BADGER CIRCLE GRAFTER, WI 53024	35-2357385	501C3	5,759.	0.			DONOR DESIGNATION			
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065-6007	13-1924236	501C3	8,537.	0.			DONOR DESIGNATION			
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065-6007	91-2154267	501C3	7,411.	0.			DONOR DESIGNATION			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IEOR							
PO BOX 279							
POMONA, NY 10970	11-3490550	501C3	6,000.	0.			DONOR DESIGNATION
MERCY PRESBYTERIAN CHURCH							
525 SANTA FE CT							
MORGANTOWN, WV 26508-5831	35-2366118	501C3	5,042.	0.			DONOR DESIGNATION
MERCY SHIPS							
PO BOX 2020							
GARDEN VALLEY, TX 75771	75-2685233	501C3	13,000.	0.			DONOR DESIGNATION
,							
METHACTON EDUCATION FOUNDATION							
1001 KRIEBEL MILL ROAD							
EAGLEVILLE, PA 19403	26-4751225	501C3	7,500.	0.			DONOR DESIGNATION
·							
METRO UNITED WAY INC							
PO BOX 4488							
LOUISVILLE, KY 40204	61-0444680	501C3	7,100.	0.			DONOR DESIGNATION
MIAMI UNIVERSITY							
501 EAST HIGH ST.							
OXFORD, OH 45056	31-6402089	501C3	6,048.	0.			DONOR DESIGNATION
MICHAEL J. FOX FOUNDATION FOR							
PARKINSONS RESEARCH - GRAND							
CENTRAL STATION; PO BOX 4777 - NEW							
YORK, NY 10163	13-4141945	501C3	8,052.	0.			DONOR DESIGNATION
MILE HIGH UNITED WAY, INC.							
711 PARK AVENUE WEST							
DENVER, CO 80205	84-0404235	501C3	39,909.	0.			DONOR DESIGNATION
MINNESOTA ORCHESTRAL ASSOCIATION							
1111 NICOLLET MALL							
MINNEAPOLIS, MN 55403	41-0693875	E0102	5,504.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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MISERICORDIA HOME							
6300 NORTH RIDGE AVE							
CHICAGO, IL 60660	36-2170153	501C3	13,694.	0.			DONOR DESIGNATION
,			,				
MISSION OF OUR LADY OF THE ANGELS							
3808 W. IOWA ST							
CHICAGO, IL 60651	20-3436272	501C3	5,250.	0.			DONOR DESIGNATION
MMI PREPARATORY SCHOOL							
154 CENTRE ST							
FREELAND, PA 18224	24-0795967	501C3	5,325.	0.			DONOR DESIGNATION
MONARGE WEIGHT GUOD							
MONARCH THRIFT SHOP							
2866 N. MILWAUKEE AVENUE	45 2065260	501.63	10.000	•			
CHICAGO, IL 60618	47-3065362	50103	10,000.	0.			DONOR DESIGNATION
MONMOUTH UNIVERSITY INC							
400 CEDAR AVENUE							
W LONG BRANCH, NJ 07764	21-0634584	501C3	5,034.	0.			DONOR DESIGNATION
H Lone Blanch, No 07701	21 0031301	30103	3,031.	•			PONOR PROTORITION
MONTGOMERY COUNTY WOMEN'S CENTER							
1401 AIRPORT ROAD							
CONROE, TX 77301	76-0061208	501C3	5,267.	0.			DONOR DESIGNATION
MORGAN STANLEY GLOBAL IMPACT			, ·				
FUNDING TRUST - 150 CLOVE ROAD							
(LOBBY LEVEL) - LITTLE FALLS, NJ							
07424-2133	52-7082731	501C3	20,000.	0.			DONOR DESIGNATION
MOST PRECIOUS BLOOD PARISH							
2250 S HARRISON ST							
DENVER, CO 80210	84-0439518	501C3	10,000.	0.			DONOR DESIGNATION
MOUNTAIN CHRISTIAN CHURCH							
1824 MOUNTAIN ROAD							
JOPPA, MD 21085	52-0635086	501C3	11,000.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAINTOP COMMUNITY CHURCH							
225 CENTERVIEW DRIVE							
VESTAVIA HILLS, AL 35216	63-1073914	501C3	13,120.	0.			DONOR DESIGNATION
MUSIC INSTITUTE OF CHICAGO							
1702 SHERMAN AVENUE							
EVANSTON, IL 60201	36-2374224	501C3	17,605.	0.			DONOR DESIGNATION
NAMI GREATER HOUSTON 9401 SOUTHWEST FREEWAY SUITE 1234							
HOUSTON, TX 77074	76-0242186	50103	6,075.	0.			DONOR DESIGNATION
HOOSION, IX 17074	70 0242100	50103	0,073.	<u> </u>			DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - 733 THIRD AVENUE 3RD							
FLOOR - NEW YORK, NY 10017	13-5661935	501C3	55,689.	0.			DONOR DESIGNATION
NAVY SEAL FOUNDATION							
1619 D STREET							
VIRGINIA BEACH, VA 23459	31-1728910	501C3	8,975.	0.			DONOR DESIGNATION
NAZARETH ACADEMY							
1209 W. OGDEN AVENUE LAGRANGE PARK, IL 60526	36-4106561	50103	5,000.	0.			DONOR DESIGNATION
DAGNANGE FARK, 11 00320	30 4100301	50103	3,000.	<u> </u>			DONOR DESIGNATION
NEW HOPE BAPTIST CHURCH							
551 NEW HOPE RD.							
FAYETTEVILLE, GA 30214	58-0566245	501C3	60,000.	0.			DONOR DESIGNATION
NEW HORIZONS MINISTRIES							
2709 3RD AVENUE							
SEATTLE, WA 98121	91-1250114	501C3	7,800.	0.			DONOR DESIGNATION
NEW YORK STANDS NEEDERS SEED							
NEW YORK TIMES NEEDIEST CASES FUND 620 8TH AVENUE							
	13-6066063	50103	10,094.	0.			DONOR DESIGNATION
NEW YORK, NY 10018	12-0000003	P.01C2	10,034.	<u> </u>		1	PONOR DESIGNATION

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) NJ 2-1-1 PO BOX 504	tance
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CEDAR KNOLLS, NJ 07927 22-3338917 501C3 97,262. 0. DONOR DESIGNAT	
NJ AUDUBON SOC	
9 HARDSCRABBLE ROAD	
BERNARDSVILLE, NJ 07924 22-1539642 501C3 5,197. 0. DONOR DESIGNAT	'ION
NJ TAEKWONDO FOR YOUTH FOUNDATION	
247 FITZPATRICK STREET	
HILLSIDE, NJ 07205 20-1130388 501C3 9,153. 0. DONOR DESIGNAT	'ION
NO LONGER ORPHANS	
PO BOX 406	
EVANS, GA 30809 27-3262065 501C3 13,500. 0. DONOR DESIGNAT	ION
NOROTON PRESBYTERIAN CHURCH	
2011 POST RD.	
DARIEN, CT 06820 58-1187261 501C3 5,500. 0. DONOR DESIGNAT	'ION
NORTH POINT MINISTRIES	
FOUNDATIONINC - 4350 N POINT PKWY	
- ALPHARETTA, GA 30022 20-5420008 501C3 34,863. 0. DONOR DESIGNAT	ION
NORTH TEXAS FOOD BANK	
4500 S. COCKRELL HILL RD.	
DALLAS, TX 75236 75-1785357 501C3 10,673. 0. DONOR DESIGNAT	'ION
NORTH WAY CHRISTIAN COMMUNITY	
12121 PERRY HIGHWAY	
WEXFORD, PA 15090 25-1392339 501C3 25,500. 0. DONOR DESIGNAT	ION
NORTHERN ILLINOIS UNIVERSITY	
FOUNDATION - ALTGELD HALL 134 -	
DEKALB, IL 60115 36-6086819 501C3 6,983. 0. DONOR DESIGNAT	ION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	- cc-cc-cc-rug
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NORTHSIDE UNITED METHODIST CHURCH							
INC - 2799 NORTHSIDE DR NW -							
ATLANTA, GA 30305	58-1972662	501C3	6,415.	0.			DONOR DESIGNATION
NPR FOUNDATION							
1111 NORTH CAPITOL ST. NE							
WASHINGTON, DC 20002	52-1795789	501C3	11,112.	0.			DONOR DESIGNATION
NW CHILDRENS FOUNDATION							
2100 24TH AVE. SOUTH							
SEATTLE, WA 98144	91-1314318	501C3	10,800.	0.			DONOR DESIGNATION
•			,	-			
OAK PARK AND RIVER FOREST FOOD							
PANTRY - 848 LAKE STREET - OAK							
PARK, IL 60301	27-2018997	501C3	7,133.	0.			DONOR DESIGNATION
OHIO STATE UNIVERSITY FOUNDATION							
1480 WEST LANE AVENUE							
COLUMBUS, OH 43221	31-1145986	501C3	10,225.	0.			DONOR DESIGNATION
ONE COLLECTIVE							
2155 POINT BLVD.							
ELGIN, IL 60123	36-6069820	501C3	6,500.	0.			DONOR DESIGNATION
			,,,,,,				
ORANGE COUNTY UNITED WAY							
18012 MITCHELL AVE. SOUTH							
IRVINE, CA 92614	33-0047994	501C3	45,253.	0.			DONOR DESIGNATION
PACE ACADEMY, INC.							
966 W PACES FERRY RD NW							
ATLANTA, GA 30327	58-0706812	501C3	9,168.	0.			DONOR DESIGNATION
DALOS VEDDES HIGH SCHOOL BOOGMED							
PALOS VERDES HIGH SCHOOL BOOSTER CLUB - PO BOX 785 - PLS VRDS EST,							
CA 90274	30-0005919	501C3	5,000.	0.			DONOR DESIGNATION
	1 30 0003313	P	3,000.	· ·		I	Politic Dibiolitica

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PALOS VERDES PENINSULA EDUCATION FOUNDATION - PO BOX 2632 - PALOS VERDES PENINSULA, CA 90274	95-3498211	501C3	11,175.	0.			DONOR DESIGNATION			
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE. NEEDHAM, MA 02494-2704	04-2746912	501C3	6,225.	0.			DONOR DESIGNATION			
PAUL SNYDER MEMORIAL FOUNDATION 67 CRAIG RD ISLIP TERRACE, NY 11752-1919	26-4740228	501C3	11,227.	0.			DONOR DESIGNATION			
PAWS CHICAGO 1997 N. CLYOURN AVENUE CHICAGO, IL 60614	36-4219778	501C3	32,965.	0.			DONOR DESIGNATION			
PEACE LUTHERAN CHURCH 455 CLARK STATE RD. GAHANNA, OH 43230	41-1568278	501C3	19,150.	0.			DONOR DESIGNATION			
PELOTONIA L-3454 COLUMBUS, OH 43260	82-4997087	501C3	15,760.	0.			DONOR DESIGNATION			
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C3	18,085.	0.			DONOR DESIGNATION			
PHILADELPHIA ACADEMIES, INC. 1401 WALNUT STREET 9TH FLOOR PHILADELPHIA, PA 19102	22-2442433	501C3	5,000.	0.			DONOR DESIGNATION			
PITTSBURGH CLO/CIVIC LIGHT OPERA 719 LIBERTY AVENUE; 6TH FLOOR PITTSBURGH, PA 15222	25-6000890	501C3	6,500.	0.			DONOR DESIGNATION			

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PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501C3	8,440.	0.			DONOR DESIGNATION			
PLANNED PARENTHOOD OF GREATER TEXAS - 7424 GREENVILLE AVE SUITE 206 - DALLAS, TX 75231	52-1243220	501C3	12,487.	0.			DONOR DESIGNATION			
POSSE FOUNDATION 14 WALL ST STE 8A60 NEW YORK, NY 10005	13-3840394	501C3	6,000.	0.			DONOR DESIGNATION			
PRATHAM USA 9703 RICHMOND AVENUE, SUITE 102 HOUSTON, TX 77042	76-0620808	501C3	5,000.	0.			DONOR DESIGNATION			
PRECIOUS BLOOD MINISTRY OF RECONCILIATION NFP - PO BOX 9379 - CHICAGO, IL 60609	37-1447869	501C3	5,000.	0.			DONOR DESIGNATION			
PREGNANCY RESOURCE CENTER OF GRAND PRAIRIE - 2305 OAK LN BUILDING 4B STE 101 - GRAND PRAIRIE, TX 75051	75-2501973	501C3	12,500.	0.			DONOR DESIGNATION			
PROCTORS 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501C3	5,500.	0.			DONOR DESIGNATION			
PROJECT HELP INC DBA THE CARING CENTER - 1230 RANSDELL CT - LEBANON, IN 46052	31-1188383	501C3	5,000.	0.			DONOR DESIGNATION			
RALLY FOUNDATION INC 5775 GLENRIDGE DR STE 370 ATLANTA, GA 30328	20-1950849	501C3	6,500.	0.			DONOR DESIGNATION			

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Orgar	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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RAMAPO-BERGEN ANIMAL REFUGE, INC. 2 SHELTER LANE							
OAKLAND, NJ 07436	22-6094179	501C3	7,374.	0.			DONOR DESIGNATION
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD.	25 5000000						
HIGHLAND PARK, IL 60035	36-6002273	501C3	10,750.	0.			DONOR DESIGNATION
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY	75 (005002	501.03	7.500				DOVOD DEGENATION
FORT WORTH, TX 76111	75-6005093	50103	7,500.	0.			DONOR DESIGNATION
REGIS HIGH SCHOOL 55 E. 84TH STREET							
NEW YORK, NY 10028	13-1624155	501C3	5,525.	0.			DONOR DESIGNATION
RICHMOND DISTRICT NEIGHBORHOOD CENTER INC - 741 30TH AVE - SAN							
FRANCISCO, CA 94121	94-2684271	501C3	7,000.	0.			DONOR DESIGNATION
ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD.							
MOON TOWNSHIP, PA 15108	25-1120678	501C3	10,820.	0.			DONOR DESIGNATION
ROCKWALL COUNTY HELPING HANDS PO BOX 375							
ROCKWALL, TX 75087	75-2402276	501C3	7,300.	0.			DONOR DESIGNATION
ROCKY MOUNTAIN CHILDREN'S LAW CENTER - 1325 S. COLORADO BLVD.							
SUITE 701 - DENVER, CO 80222	74-2406045	501C3	5,340.	0.			DONOR DESIGNATION
ROGER WILLIAMS UNIVERSITY & ROGER WILLIAMS SCHOOL OF LAW - 1 OLD							
FERRY ROAD - BRISTOL, RI 02809-2921	05-0277222	501C3	5,072.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other				()			
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RONALD MCDONALD HOUSE CHARITIES OF							
CENTRAL TEXAS INC - 1315 BARBARA							
JORDAN BLVD - AUSTIN, TX 78723	74-2277664	501C3	9,467.	0.			DONOR DESIGNATION
·			,				
ROWAN UNIVERSITY FOUNDATION, INC.							
201 MULICA HILL RD.							
GLASSBORO, NJ 08028	22-2482802	501C3	8,726.	0.			DONOR DESIGNATION
RUTGERS UNIVERSITY FOUNDATION							
335 GEORGE STREET	22 7210742	E01 G2	20.467	_			DOMOD DEGLEMATION
NEW BRUNSWICK, NJ 08901	23-7318742	50103	29,467.	0.			DONOR DESIGNATION
SACRED HEART MANOA							
105 WILSON AVENUE							
HAVERTOWN, PA 19083	23-2757180	501C3	12,000.	0.			DONOR DESIGNATION
·			,				
SADDLEBACK CHURCH							
ONE SADDLEBACK PARKWAY							
LAKE FOREST, CA 92630	95-3689195	501C3	5,000.	0.			DONOR DESIGNATION
SAFE FAMILIES FOR CHILDREN							
4300 W. IRVING PARK ROAD	45 2104100	501.00	10.000	_			DOMESTIC DESCRIPTIONS
CHICAGO, IL 60641	45-3194102	501C3	10,020.	0.			DONOR DESIGNATION
SAINT MICHAELS COLLEGE							
ONE WINOOSKI PARK BOX 274							
COLCHESTER, VT 05439-1000	03-0179403	501C3	15,000.	0.			DONOR DESIGNATION
,							
SALEM COUNTY CHRISTIAN ACADEMY							
104 SPARKS AVE							
PENNSVILLE, NJ 08070	26-2670110	501C3	15,000.	0.			DONOR DESIGNATION
SALVATION ARMY WESTERN DIVISION							
3612 CUMING ST							
OMAHA, NE 68131	47-0380698	501C3	10,000.	0.			DONOR DESIGNATION

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SALVATION ARMY WORLD SERVICE OFFICE SAWSO - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	13-2923701	501 c 3	8,923.	0.			DONOR DESIGNATION		
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501C3	7,955.	0.			DONOR DESIGNATION		
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN ST SAN FRANCISCO, CA 94102	94-1415298	501 c 3	5,000.	0.			DONOR DESIGNATION		
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVE - SANTA ROSA, CA 95401	94-1735861	501C3	10,000.	0.			DONOR DESIGNATION		
SARATOGA BRIDGES 16 SARATOGA BRIDGES BLVD. BALLSTON SPA, NY 12020	22-3227722	501C3	5,000.	0.			DONOR DESIGNATION		
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE ORLANDO, FL 32810	31-1640316	501 c 3	10,000.	0.			DONOR DESIGNATION		
SEATTLE REPETORY THEATRE 155 MERCER ST.; PO BOX 900923 SEATTLE, WA 98109	91-0756535	501 c 3	7,250.	0.			DONOR DESIGNATION		
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501 c 3	5,960.	0.			DONOR DESIGNATION		
SENIOR CITIZENS OF GREATER DALLAS INC - 3910 HARRY HINES BLVD - DALLAS, TX 75219	75-1085555	501C3	10,149.	0.			DONOR DESIGNATION		

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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SHARSHERET INC. 1086 TEANECK ROAD; SUITE 2G TEANECK, NJ 07666	13-4198529	501C3	21,778.	0.			DONOR DESIGNATION
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	23-2046093	501C3	8,082.	0.			DONOR DESIGNATION
SHULAMITH SCHOOL FOR GIRLS 305 CEDARHURST AVENUE CEDARHURST, NY 11516	27-4092673	501C3	7,360.	0.			DONOR DESIGNATION
SIERRA CLUB FOUNDATION 2101 WEBSTER ST SUITE 1250 OAKLAND, CA 94612	94-6069890	501C3	6,364.	0.			DONOR DESIGNATION
SMALL STEPS NURTURING CENTER 2902 JENSEN DRIVE HOUSTON, TX 77026	76-1471755	501C3	5,000.	0.			DONOR DESIGNATION
SOCIETY OF SAINT VINCENT DE PAUL ST ELIZABETH ANN SETON - 9 HILLGATE - IRVINE, CA 92612	27-2273709	501C3	6,000.	0.			DONOR DESIGNATION
SOME, INC. (SO OTHERS MIGHT EAT) 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501C3	5,040.	0.			DONOR DESIGNATION
SOS CHILDREN'S VILLAGES ILLINOIS 216 W. JACKSON BOULEVARD, SUITE 925 CHICAGO, IL 60606	36-3599110	501C3	5,410.	0.			DONOR DESIGNATION
SPARK PROGRAM INC. 67 E MADISON STREET; SUITE 2101 CHICAGO, IL 60603	20-1836547	501C3	5,255.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	1			()			
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SPECIAL OLYMPICS GEORGIA, INC.							
6046 FINANCIAL DRIVE							
NORCROSS, GA 30071	23-7201676	501C3	9,000.	0.			DONOR DESIGNATION
,			,				
SPECIAL OLYMPICS/MICHIGAN							
204 WARRINER HALL							
MOUNT PLEASANT, MI 48859	52-0889518	501C3	7,600.	0.			DONOR DESIGNATION
ST ALPHONSUS PARISH							
PO BOX 767							
NEW MUNSTER, WI 53152	39-0812543	501C3	13,500.	0.			DONOR DESIGNATION
ST ANN CATHOLIC CHURCH MARIETTA							
INC - 4905 ROSWELL RD - MARIETTA,							
GA 30062	58-1337214	501C3	8,000.	0.			DONOR DESIGNATION
am privilinam pantau a aguada							
ST BENEDICT PARISH & SCHOOLS							
2215 W IRVING PARK RD	36-2170949	E0102	E 050	0.			DONOR REGIGNATION
CHICAGO, IL 60618	36-2170949	50103	5,850.	٠.			DONOR DESIGNATION
ST CLEMENT PARISH & SCHOOL							
642 W DEMING PL							
CHICAGO, IL 60614	36-3158705	501C3	6,500.	0.			DONOR DESIGNATION
			1,555				
ST ELIZABETH SETON PARISH							
2220 LISSON RD							
NAPERVILLE, IL 60565	36-3453856	501C3	5,500.	0.			DONOR DESIGNATION
ST IGNATIUS COLLEGE OF CHICAGO							
1076 W ROOSEVELT RD							
CHICAGO, IL 60608	36-2167867	501C3	11,845.	0.			DONOR DESIGNATION
ST JOAN OF ARC CATHOLIC CHURCH							
197 EAST GAY STREET							
COLUMBUS, OH 43215	31-1210597	501C3	13,000.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	- cc-cc-cc-rug
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ST JUDE CATHOLIC CHURCH							
INDIANAPOLIS INC - 5353 MCFARLAND RD - INDIANAPOLIS, IN 46227	35-1052777	501C3	5,500.	0.			DONOR DESIGNATION
ST JUDE THE APOSTLE CATHOLIC CHURCH - 7171 GLENRIDGE DR -							
ATLANTA, GA 30328	83-0415529	501C3	11,417.	0.			DONOR DESIGNATION
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 75230	75-0827460	50103	12,500.	0.			DONOR DESIGNATION
DABLAS, IX 73230	75 0027400	50163	12,300.	· ·			DONOR DESIGNATION
ST MATTHEWS CATHOLIC CHURCH 8015 BALLANTYNE COMMONS PKWY CHARLOTTE, NC 28277	56-1532841	501C3	7,200.	0.			DONOR DESIGNATION
ST PATRICK R C CHURCH 110 MAIN ST							
FARMINGTON, CT 06032-2236	06-0809151	501C3	5,000.	0.			DONOR DESIGNATION
ST PETERS PREPARATORY SCHOOL							
JERSEY CITY, NJ 03702	22-1527060	501C3	14,176.	0.			DONOR DESIGNATION
ST. ANTHONY SHRINE & MINISTRY CENTER - 100 ARCH ST - BOSTON, MA							
02110-1111	04-2119394	501C3	5,353.	0.			DONOR DESIGNATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE -	50 0515010		405.640				
MEMPHIS, TN 38105	62-0646012	DUIC3	105,648.	0.			DONOR DESIGNATION
ST. LOUIS SYMPHONY 718 NORTH GRAND BOULEVARD	40.05555			_			
ST. LOUIS, MO 63103	43-0666769	POTC3	5,000.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
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ST. MARK COPTIC ORTHODOX CHURCH							
15 W 455 79TH STREET							
BURR RIDGE, IL 60527	23-7102811	501C3	12,000.	0.			DONOR DESIGNATION
ST. MARYS CHURCH/RI							
PO BOX 475							
CAROLINA, RI 02812	05-0258952	501C3	11,102.	0.			DONOR DESIGNATION
ST. PATRICK CATHOLIC SCHOOL							
3820 PIO PICO DRIVE							
CARLSBAD, CA 92008	95-1644613	501C3	7,500.	0.			DONOR DESIGNATION
·							
ST. PAUL AND MINNESOTA FOUNDATION							
1015TH STREET E; SUITE 2400							
ST. PAUL, MN 55101	41-6031510	501C3	18,050.	0.			DONOR DESIGNATION
ST. PHILIP THE DEACON LUTHERAN							
CHURCH - 17205 COUNTY ROAD 6 -							
PLYMOUTH, MN 55447	84-0923808	501C3	15,000.	0.			DONOR DESIGNATION
			, -	-			
STANLEY M. MARKS BLOOD CANCER							
RESEARCH FUND - 5150 CENTRE AVENUE							
- PITTSBURGH, PA 15232	82-3369773	501C3	9,000.	0.			DONOR DESIGNATION
STEVENS INSTITUTE OF TECHNOLOGY							
ONE CASTLE POINT TERRACE - 8TH FLOO HOBOKEN, NJ 07030-0000	22-1487354	50103	6,658.	0.			DONOR DESIGNATION
HOBOKEN, NO 07030 0000	22 140/334	30103	0,030.	٠.			DONOR DEBIGNATION
STOP ABUSE CAMPAIGN							
636 WEST 172ND STREET #54							
NEW YORK, NY 10032	20-3931272	501C3	5,000.	0.			DONOR DESIGNATION
SUMMER SEARCH							
90 BROAD STREET; STE. 701	68_0200129	50103	6 500	0.			DONOR DESTANAMION
NEW YORK, NY 10004	68-0200138	DOTES	6,500.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAYLOR UNIVERSITY							
236 W. READE AVE.							
UPLAND, IN 46989-1001	35-0868181	501C3	5,000.	0.			DONOR DESIGNATION
			,,,,,,				
TED MULLER CAMP SCHOLARSHIP FUND							
INC - 1825 ASBURY AVE - EVANSTON,							
IL 60201	36-4320460	501C3	8,000.	0.			DONOR DESIGNATION
TEMPLE SINAI/BROOKLINE MA							
50 SEWELL AVENUE							
BROOKLINE, MA 02445-5238	04-2123667	501C3	7,290.	0.			DONOR DESIGNATION
<u> </u>			,				
TENACIOUSLY TEAL							
720 W WILSHIRE BLVD STE 101K							
OKLAHOMA CITY, OK 73116	46-5034403	501C3	5,000.	0.			DONOR DESIGNATION
THE ALS ASSOCIATION CONNECTICUT							
CHAPTER - 4 OXFORD RD SUITE E4 -							
MILFORD, CT 06460	04-3417472	501C3	5,250.	0.			DONOR DESIGNATION
MILE DADA							
THE BARN 682 N BROOKSIDE RD STE 200							
ALLENTOWN, PA 18106	39-2068368	50103	5,000.	0.			DONOR DESIGNATION
ALLENTOWN, FA 10100	33-2000300	50103	3,000.	0.			DONOR DESIGNATION
THE CATHEDRAL OF ST. PHILIP							
2744 PEACHTREE ROAD							
ATLANTA, GA 30305	58-6088023	501C3	12,500.	0.			DONOR DESIGNATION
			,				
THE CHILDREN'S PLACE							
2 E 59TH ST.							
KANSAS CITY, MO 64113	51-0195216	501C3	7,775.	0.			DONOR DESIGNATION
THE CHURCH OF JESUS CHRIST OF							
LATTER-DAY SAINTS - 50 E NORTH							
TEMPLE ST - SALT LAKE CITY, UT							
84150	23-7300405	501C3	15,250.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
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THE CLEVELAND CLINIC FOUNDATION -							
VELOSANO - 6801 BRECKSVILLE RD							
RK1-85 - INDEPENDENCE, OH							
44131-5032	34-0714585	501C3	5,771.	0.			DONOR DESIGNATION
THE COMPASS CHURCH							
1551 E. HOBSON ROAD							
NAPERVILLE, IL 60540	36-3256985	501C3	7,500.	0.			DONOR DESIGNATION
			, -	-			
THE EMPTY STOCKING FUND INC							
693 HUMPHRIES STREET SW							
ATLANTA, GA 30310	23-7159125	501C3	12,117.	0.			DONOR DESIGNATION
THE HOWARD SCHOOL							
1192 FOSTER STREET NW							
ATLANTA, GA 30318	58-0611768	501C3	14,000.	0.			DONOR DESIGNATION
THE HUMAN IMPACT							
9540 GARLAND ROAD SUITE 381-398				_			
DALLAS, TX 75218	47-3506016	501C3	10,000.	0.			DONOR DESIGNATION
THE JEWISH COMMUNITY FOUNDATION OF							
GREATER MERCER INC - 4 PRINCESS							
ROAD SUITE 211 - LAWRENCEVILLE, NJ				_			
08648-2322	23-7174039	501C3	5,250.	0.			DONOR DESIGNATION
THE KING'S CHRISTIAN SCHOOL							
5 CARNEGIE PLAZA							
	21-0721376	50103	5,000.	0.			DONOR DESIGNATION
CHERRY HILL, NJ 08003-1020	21-0721376	50103	5,000.	0.			DONOR DESIGNATION
THE LAMB CENTER							
PO BOX 1385							
FAIRFAX, VA 22031	41-2222581	501C3	6,000.	0.			DONOR DESIGNATION
			3,330.	<u> </u>			
THE LEUKEMIA & LYMPHOMA SOCIETY							
3 INTERNATIONAL DRIVE SUITE 200							
RYE BROOK, NY 10573	13-5644916	501C3	89,397.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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THE LPGA FOUNDATION							
100 INTERNATIONAL GOLF DR							
DAYTONA BEACH, FL 32124	59-3085528	501C3	12,500.	0.			DONOR DESIGNATION
THE MIAMI FOUNDATION							
40 NW 3RD ST STE 305							
MIAMI, FL 33128	65-0350357	501C3	6,000.	0.			DONOR DESIGNATION
•			,				
THE MICHIGAN HISPANIC							
COLLABORATIVE - 6499 WARREN RD -							
ANN ARBOR, MI 48105	81-0942886	501C3	5,000.	0.			DONOR DESIGNATION
THE MOODY CHURCH							
1635 N. LASALLE DRIVE							
CHICAGO, IL 60614	36-2182069	501C3	30,918.	0.			DONOR DESIGNATION
THE NEW ALBANY COMMUNITY	30 2102003	30103	30,310.	•			ponon publishinion
FOUNDATION - C/O 4016 TOWNSFAIR							
WAY; SUITE 209 - COLUMBUS, OH							
43054	31-1409264	501C3	5,000.	0.			DONOR DESIGNATION
THE PITTSBURGH CULTURAL TRUST							
803 LIBERTY AVENUE							
PITTSBURGH, PA 15222	25-1469002	501C3	12,500.	0.			DONOR DESIGNATION
,							
THE SALVATION ARMY							
696 JACKSON AVENUE							
MEMPHIS, TN 38105	58-0660607	501C3	6,113.	0.			DONOR DESIGNATION
THE UCLA FOUNDATION							
10889 WILSHIRE BOULEVARD, SUITE 110	95-2250801	501.03	10 272	0.			DONOR DESTONATION
LOS ANGELES, CA 90024	35-2250801	50103	10,373.	0.			DONOR DESIGNATION
THE V FOUNDATION							
14600 WESTON PARKWAY							
CARY, NC 27513	13-3705951	501C3	5,794.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE VILLAGE FOR FAMILIES &							
CHILDREN INC - 1680 ALBANY AVE -							
HARTFORD, CT 06105-1001	06-0668594	501C3	6,795.	0.			DONOR DESIGNATION
			1,,,,,,,				
THE WOODLANDS UNITED METHODIST							
CHURCH - 2200 LAKE WOODLANDS DR -							
THE WOODLANDS, TX 77380	74-2011753	501C3	20,000.	0.			DONOR DESIGNATION
,			, ,				
THEATRE HORIZON							
401 DEKALB ST.							
NORRISTOWN, PA 19401	20-3708656	501C3	7,250.	0.			DONOR DESIGNATION
TKE EDUCATIONAL FOUNDATION							
7439 WOODLAND DRIVE							
INDIANAPOLIS, IN 46278	51-0166412	501C3	7,500.	0.			DONOR DESIGNATION
TRAGEDY ASSISTANCE PROGRAM FOR							
SURVIVORS/TAPS - 3033 WILSON							
BLVD.; 3RD FLOOR - ARLINGTON, VA							
22201	92-0152268	501C3	6,000.	0.			DONOR DESIGNATION
TREASURE VALLEY YMCA							
1177 W. STATE STREET							
BOISE, ID 83702	82-0200908	501C3	8,000.	0.			DONOR DESIGNATION
TREEHOUSE							
2100 24TH AVENUE SOUTH; STE 200	01 1405656	501.73	00.100	_			
SEATTLE, WA 98144	91-1425676	DOTC3	20,100.	0.			DONOR DESIGNATION
TRUSTEES OF COLUMBIA UNIVERSITY IN							
THE CITY OF NEW YORK - 622 WEST							
113TH STREET MAIL CODE 4524 - NEW	12 5500000	501.73		_			
YORK, NY 10025	13-5598093	POTC3	7,000.	0.			DONOR DESIGNATION
MDIICMEEC OF HADNADD INTVEDOTMY							
TRUSTEES OF HARVARD UNIVERSITY							
1033 MASSACHUSETTS AVENUE	E2 0100100	E0103	11 250	_			DONOR DEGLEMANTON
CAMBRIDGE, MA 02138	53-0199180	50102	11,350.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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TRUSTEES OF PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810-4161	04-2103579	501C3	5,000.	0.			DONOR DESIGNATION
TULSA AREA UNITED WAY PO BOX 1859 TULSA, OK 74101	73-0580283	501C3	9,985.	0.			DONOR DESIGNATION
TWIN LAKES CHURCH 2701 CABRILLO COLLEGE DR. APTOS, CA 95003	95-3477339	501C3	35,641.	0.			DONOR DESIGNATION
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501C3	10,342.	0.			DONOR DESIGNATION
UNION CONGREGATIONAL CHURCH 176 COOPER AVE MONTCLAIR, NJ 07043	22-1494452	501C3	5,583.	0.			DONOR DESIGNATION
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA/NCSY - 11 BROADWAY; 14TH FLOOR - NEW YORK, NY 10004	13-5623717	501C3	7,439.	0.			DONOR DESIGNATION
UNITED CEREBRAL PALSY OF ORANGE COUNTY - 980 ROOSEVELT; STE.100 - IRVINE, CA 92620	95-1856340	501C3	6,500.	0.			DONOR DESIGNATION
UNITED CEREBRAL PALSY SEGUIN OF GREATER CHICAGO - 3100 S CENTRAL AVE - CICERO, IL 60804	36-2894174	501C3	5,000.	0.			DONOR DESIGNATION
UNITED FUND OF SALEM COUNTY INC PO BOX 127 SALEM, NJ 00879	21-0688785	501C3	13,891.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
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INITED JEWISH APPEAL-FEDERATION OF IEW YORK (UJA) - 130 E. 59TH ST							
NEW YORK, NY 10022	51-0172429	501C3	16,850.	0.			DONOR DESIGNATION
UNITED NEGRO COLLEGE FUND INC 60 PARK PL, SUITE 406 NEWARK, NJ 02102	13-1624241	501C3	9,293.	0.			DONOR DESIGNATION
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVE, SUITE 600			,				DOVOD DEGLOVATION
MILWAUKEE, WI 53203 UNITED SERVICE ORGANIZATION OF ULLINOIS, INC 333 N. MICHIGAN AVE. SUITE 2226 - CHICAGO, IL 50601	39-6100399 36-23 4 9617		6,583. 5,060.	0.			DONOR DESIGNATION DONOR DESIGNATION
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD SUITE 500 - DETROIT, MI 48202	20-3099071	501 c 3	23,445.	0.			DONOR DESIGNATION
UNITED WAY FOUNDATION OF METROPOLITAN DALLAS - 1800 N LAMAR ST - DALLAS, TX 75202	75-2834344	501C3	28,757.	0.			DONOR DESIGNATION
UNITED WAY INC 30 LAUREL STREET HARTFORD, CT 06106-1361	06-0646653	501c3	7,868.	0.			DONOR DESIGNATION
UNITED WAY OF LICKING COUNTY PO BOX 4490							
NEWARK, OH 43058-4490 UNITED WAY OF ANCHORAGE 701 W. 8TH AVENUE SUITE 230	31-4379455	501C3	5,000.	0.			DONOR DESIGNATION
ANCHORAGE, AK 99501	92-0027948	501C3	14,291.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
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UNITED WAY OF BURLINGTON COUNTY INC - PO BOX 226 - RANCOCAS, NJ 00873	21-0696817	501 c 3	6,855.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL CAROLINAS INC - 601 EAST 5TH STREET SUITE 350 - CHARLOTTE, NC 28202	56-0529948	501C3	18,415.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL INDIANA INC 2955 NORTH MERIDIAN STREET SUITE 30 INDIANAPOLIS, IN 46208	35-1007590	501C3	21,298.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501C3	8,665.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL JERSEY 32 FORD AVE MILLTOWN, NJ 08850-1532	22-1520408	501C3	9,419.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL OHIO 360 S THIRD ST COLUMBUS, OH 43215	31-4393712	501C3	8,886.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL OKLAHOMA PO BOX 248919 OKLAHOMA CITY, OK 73124	73-0589829	501C3	12,585.	0.			DONOR DESIGNATION
UNITED WAY OF ESSEX - WEST HUDSON 60 PARK PLACE SUITE 1400 NEWARK, NJ 07102	22-6069078	501C3	17,221.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER ATLANTA, INC 40 COURTLAND STREET - ATLANTA, GA 30303	58-0566194	501 c 3	128,296.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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NITED WAY OF GREATER CINCINNATI							
2400 READING ROAD							
CINCINNATI, OH 45202	31-0537502	501C3	25,435.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER CLEVELAND							
1331 EUCLID AVENUE							
CLEVELAND, OH 44115	34-6516654	501C3	11,613.	0.			DONOR DESIGNATION
,			, -				
UNITED WAY OF GREATER HOUSTON							
PO BOX 3247							
HOUSTON, TX 77253	74-1167964	501C3	174,814.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER KANSAS CITY							
801 W. 47TH ST., SUITE 500							
KANSAS CITY, MO 64112	44-0545812	501C3	37,029.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER KNOXVILLE							
INC - 1301 HANNAH AVE							
KNOXVILLE, TN 37921	62-0475748	501C3	5,660.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER LORAIN							
COUNTY - 642 BROADWAY AVE -							
LORAIN, OH 44052	34-1011104	501C3	7,000.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER LOS ANGELES							
1150 S. OLIVE STREET T500				_			L
LOS ANGELES, CA 90015	95-2274801	501C3	96,541.	0.			DONOR DESIGNATION
INTERD WAY OF ODER TO VED OFF							
UNITED WAY OF GREATER MERCER							
COUNTY - 3150 BRUNSWICK PIKE, STE	21 0602052	E0103		_			DONOR PRICES
230 - LAWRENCEVILLE, NJ 08648-2420	21-0683073	D01C3	7,427.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER MILWAUKEE &							
WAUKESHA COUNTY INC - 225 WEST							
	30_0806100	50103	Q F01	0.			DONOR DESTONATION
VINE ST MILWAUKEE, WI 53212	39-0806190	hares	9,581.	<u> </u>			ponor designation

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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UNITED WAY OF GREATER RICHMOND							
P.O. BOX 11807 RICHMOND, VA 23230	23-7375346	501C3	6,020.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER ST. LOUIS							
MO 63101	43-0714167	501C3	186,653.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER UNION COUNTY INC - 33 WEST GRAND ST	00 1004405	504.03	5 504				
ELIZABETH, NJ 07202	22-1904427	501C3	5,591.	0.			DONOR DESIGNATION
UNITED WAY OF GREENVILLE COUNTY INCORPORATED - 105 EDINBURGH CT - GREENVILLE, SC 29607	57-0362066	501C3	13,845.	0.			DONOR DESIGNATION
UNITED WAY OF MASSACHUSETTS BAY INC - 51 SLEEPER STREET - BOSTON,							
MA 02210-1276	04-2382233	501C3	15,525.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	96,689.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN DALLAS, INC 1800 N. LAMAR - DALLAS, TX			,				
75202	75-6005352	501C3	51,137.	0.			DONOR DESIGNATION
UNITED WAY OF MIAMI-DADE, INC 3250 SOUTHWEST THIRD AVE							
MIAMI, FL 33129	59-0830840	501C3	9,030.	0.			DONOR DESIGNATION
UNITED WAY OF MONMOUTH & OCEAN COUNTIES - 4814 OUTLOOK DRIVE;							
SUITE 107 - WALL, NJ 07753	22-1828435	501C3	5,262.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
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UNITED WAY OF NORTHEAST FLORIDA INC - 40 EAST ADAMS STREET 200 - JACKSONVILLE, FL 32202	59-0637825	501 c 3	33,564.	0.			DONOR DESIGNATION
UNITED WAY OF PENNSYLVANIA 909 GREEN STREET HARRISBURG, PA 17102	23-1672348	501C3	10,575.	0.			DONOR DESIGNATION
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - 700 S ALAMO ST SAN ANTONIO, TX 78205	74-1272381	501 c 3	44,693.	0.			DONOR DESIGNATION
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2213995	501C3	7,781.	0.			DONOR DESIGNATION
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK, VA 23513	54-0506322	501C3	10,900.	0.			DONOR DESIGNATION
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15222	25-1043578	501C3	13,599.	0.			DONOR DESIGNATION
UNITED WAY OF TARRANT COUNTY 1500 NORTH MAIN STREET SUITE 200 FORT WORTH, TX 76164	75-0858360	501c3	7,650.	0.			DONOR DESIGNATION
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 c 3	8,066.	0.			DONOR DESIGNATION
UNITED WAY OF THE DUTCHESS-ORANGE REGION INC - 75 MARKET ST - POUGHKEEPSIE, NY 12601-4015	06-1045698	501C3	11,770.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
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UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	56-1010742	501C3	6,735.	0.			DONOR DESIGNATION
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD; STE. 420 - VIENNA, VA 22182	53-0234290	501C3	51,344.	0.			DONOR DESIGNATION
UNITED WAY OF TREASURE VALLEY, INC P.O. BOX 16330 - BOISE, ID 83715	82-0299013	501C3	8,747.	0.			DONOR DESIGNATION
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT SUITE 107 FRANKLIN, TN 37067	62-6049469	501C3	10,000.	0.			DONOR DESIGNATION
UNIVERSITY AT BUFFALO FOUNDATION INC - PO BOX 900 - BUFFALO, NY 14226-0900	16-0865182	501C3	10,167.	0.			DONOR DESIGNATION
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET; 3RD FLOOR; 3RD NEWARK, DE 19716	51-6000297	501C3	5,615.	0.			DONOR DESIGNATION
UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVE STE 100 ATHENS, GA 30605	58-6033837	501C3	15,570.	0.			DONOR DESIGNATION
UNIVERSITY OF KANSAS MEMORIAL 1301 JAYHAWK BLVD LAWRENCE, KS 66045-7593	48-6033927	501C3	5,540.	0.			DONOR DESIGNATION
UNIVERSITY OF NOTRE DAME DU LAC CONTROLLERS OFFICE 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C3	34,298.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA							
UNIVERSITY PARK CAMPUS 3551							
TROUSDALE PARKWAY STE 160 - LOS							
ANGELES, CA 9008	95-1642394	501C3	5,055.	0.			DONOR DESIGNATION
UNIVERSITY OF UTAH							
1430 EAST PRESIDENS CIRCLE							
SALT LAKE CITY, UT 84112-0140	87-6000525	501C3	12,000.	0.			DONOR DESIGNATION
MII MAN CITT, OT CHILZ CITC	07 0000323	30103	12,000.	••			DONOR BESTONMITON
UNIVERSITY OF WISCONSIN FOUNDATION							
US BANK LOCKBOX; BOX 78807							
MILWAUKEE, WI 53278-0807	39-0743975	501C3	23,154.	0.			DONOR DESIGNATION
-			,				
UP RVA							
4609 WYTHE AVENUE							
RICHMOND, VA 23226	47-4180116	501C3	8,000.	0.			DONOR DESIGNATION
<u> </u>							
URBAN GATEWAYS							
100 S STATE ST 4TH FLOOR							
CHICAGO, IL 60603	36-6083080	501C3	7,000.	0.			DONOR DESIGNATION
URBAN INITIATIVES, INC.							
650 W. LAKE SUITE 340							
CHICAGO, IL 60661	83-0367521	501C3	6,509.	0.			DONOR DESIGNATION
HG GARWOLLG GOVERNMEN							
US CATHOLIC CONFERENCE							
3211 4TH ST NE	F2 010661F	E0163	20 556				
WASHINGTON, DC 20017	53-0196617	501C3	30,556.	0.			DONOR DESIGNATION
US CATHOLIC CONFERENCE - HOUSE OF							
CAMPEN NI 01802	21-0634498	50103	7 225	0.			DONOR DESIGNATION
CAMDEN, NJ 01802	21-0034498	50163	7,225.	0.			PONOR DESIGNATION
US CATHOLIC CONFERENCE -							
IMMACULATA HIGH SCHOOL - 240							
MOUNTAIN AVE SOMERVILLE, NJ 08876	22_1508550	50103	5,000.	0.			DONOR DESIGNATION
00070	22-1508558	hairs	5,000.	U.			PONOK DESIGNATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
VALLEY OF THE SUN UNITED WAY							
3200 E. CAMELBACK RD, STE 375							
PHOENIX, AZ 85018	86-0104419	501C3	13,394.	0.			DONOR DESIGNATION
VILLAGE PRESBYTERIAN CHURCH							
6641 MISSION ROAD							
PRAIRIE VILLAGE, KS 66208	48-1203912	501C3	5,000.	0.			DONOR DESIGNATION
VILLANOVA UNIVERSITY							
800 E LANCASTER AVE							
VILLANOVA, PA 19085	23-1352688	50103	5,663.	0.			DONOR DESIGNATION
VIERRIOVII, III 19005	23 1332000	30103	3,003.	• •			DONOR BEBIGNATION
VIRGINIA MASON MEDICAL FOUNDATION							
1218 TERRY AVE., D1-MF; PO BOX 1930							
SEATTLE, WA 98111	91-1351110	501C3	14,750.	0.			DONOR DESIGNATION
WARREN VILLAGE INC.							
1323 GILPIN ST							
DENVER, CO 80218	84-0644270	501C3	6,216.	0.			DONOR DESIGNATION
WATERMARK COMMUNITY CHURCH							
7540 LBJ FREEWAY							
DALLAS, TX 75251	75-2830999	501C3	8,500.	0.			DONOR DESIGNATION
WELLSPRING LIVING INC							
1040 BOULEVARD SUITE M							
ATLANTA, GA 30312	58-2614182	501C3	10,000.	0.			DONOR DESIGNATION
WEST UNIVERSITY METHODIST CHURCH							
FOUNDATION INCORPORATED - 3611							
UNIVERSITY BLVD - HOUSTON, TX	74 6227070	E0103	F 400	0			DONOR DEGLEMANTON
77005	74-6227878	D01C3	5,400.	0.			DONOR DESIGNATION
WESTCOTT STUDY CENTER							
410 WESTCOTT STREET							
HOUSTON, TX 77007	45-2196605	501C3	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN ACADEMY							
1511 BUTLERCREST ROAD							
HOUSTON, TX 77080	26-1886794	501C3	6,000.	0.			DONOR DESIGNATION
WILLIAMSTON COMMUNITY SCHOOL							
418 HIGHLAND STREET							
WILLIAMSTON, MI 48895	38-2391436	501C3	10,000.	0.			DONOR DESIGNATION
WILLOW CREEK COMMUNITY CHURCH INC 67 EAST ALGONQUIN RD BLDG A 1020							
SOUTH BARRINGTON, IL 60010-0000	51-0164942	501C3	10,700.	0.			DONOR DESIGNATION
WILLOWS ACADEMY 1015 ROSE AVE							
DES PLAINES, IL 60016-3345	36-2813264	501C3	10,000.	0.			DONOR DESIGNATION
WITH EDDIES HELP INC 36 ABERDEEN AVENUE							
ISELIN, NJ 08830	51-0447326	501C3	10,060.	0.			DONOR DESIGNATION
WOMEN'S RIGHTS INFORMATION CENTER 108 W. PALISADES AVE.	23-7453339	E0102	10 261	0.			WUIP GRANT
ENGLEWOOD, NJ 07631	23-7433333	50103	19,361.	0.			WOIF GRANT
WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE							
ATLANTA, GA 30309	58-0633971	501C3	51,611.	0.			DONOR DESIGNATION
WOODSIDE PRESBYTERIAN CHURCH 1667 EDGEWOOD RD.							
YARDLEY, PA 19067	23-1968564	501C3	6,500.	0.			DONOR DESIGNATION
WORLD CHANGERS CHURCH INTERNATIONAL INC - PO BOX 492378							
- ATLANTA, GA 30349	58-2158071	501C3	6,522.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION INC							
PO BOX 9716							
FEDERAL WAY, WA 98063-9716	95-1922279	501C3	9,145.	0.			DONOR DESIGNATION
MODED WILDLING BUND ING							
WORLD WILDLIFE FUND, INC.							
1250 24TH ST NW	52-1693387	E0102	15 104				DONOR REGIGNATION
WASHINGTON, DC 20037	52-1693387	50103	15,124.	0.			DONOR DESIGNATION
WOUNDED WARRIOR PROJECT INC.							
4899 BELFORT ROAD STE 300							
JACKSONVILLE, FL 32256	20-2370934	501C3	10,721.	0.			DONOR DESIGNATION
,							
YESHIVAT HEATID INC							
1500 QUEEN ANNE ROAD							
TEANECK, NJ 07666	80-0725929	501C3	6,500.	0.			DONOR DESIGNATION
			·				
YMCA OF METROPOLITAN ATLANTA, INC.							
569 MARTIN LUTHER KING JR. DRIVE							
ATLANTA, GA 30314	58-0566253	501C3	10,025.	0.			DONOR DESIGNATION
YMCA OF METROPOLITAN CHICAGO							
1030 WEST VAN BUREN STREET							
CHICAGO, IL 60607	36-2179782	501C3	21,700.	0.			DONOR DESIGNATION
YMCA OF METROPOLITAN DALLAS							
601 N. AKARD ST.							
DALLAS, TX 75201	75-0800696	501C3	6,473.	0.			DONOR DESIGNATION
YOUNG LIFE							
420 N CASCADE AVE							
COLORADO SPRINGS, CO 80903	84-0385934	501C3	5,703.	0.			DONOR DESIGNATION
YOUNG MENS CHRISTIAN ASSOCIATION							
OF THE GREATER TWIN CITIES - 651							
NICOLLET MALL, SUITE 500 -							
MINNEAPOLIS, MN 55402	45-2563299	501C3	5,000.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					<u> </u>		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMPLOYMENT SCHOLARSHIP FUND LLC - 227 JEFFERSON AVENUE - TYRONE, PA 16686	45-4423429	501 c 3	7,000.	0.			DONOR DESIGNATION
YWCA METROPOLITAN CHICAGO 1 N. LASALLE, STE. 1150 CHICAGO, IL 60602	36-2179765	501 c 3	5,007.	0.			DONOR DESIGNATION
	<u> </u>		<u> </u>				<u> </u>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT AID THROUGH COMPASSION FUND (INCLUDES FEMA)	448	237,818.	0.		
DIRECT AID THROUGH COLLEAGUE TO COLLEAGUE FUND	270	97,967.	0.		
DIRECT AID THROUGH QUEST EMPLOYEE RELIEF					
FUND(HURRICANE VICTIMS)	30	59,049.	0.		
DIRECT AID THROUGH THE VALLEY FUND	56	20,375.	0.		
DIRECT AID THROUGH THE HERZFELD FAMILY FUND	6	885,770.			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

UNITED WAY OF BERGEN COUNTY

Employer identification number 22-6028959

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	<u>-</u>		Yes	No
1 a	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations 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		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			177
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		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		

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) THOMAS TORONTO	(i)	181,295.	0.	2,544.	14,847.	32,784.	231,470.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)						L		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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 O	F BERG	EN COUNTY			22-	6028	959	
Par	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 1g	r	Method of noncash contri		_	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	X	1	8,050.	APP	RAISAL			
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	43	533,962.	AVG	. HIGH/	LOW		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828							1	
	· ·	,						Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28,	that it			
	must hold for at least three years from the date			· ·	•				
	exempt purposes for the entire holding period?						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	itions?		31	Х	
	Does the organization hire or use third parties of	-	•	•			.		
	contributions?		•				32a	Х	
b	If "Yes," describe in Part II.						323		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked.				
	describe in Part II.	(5) 101	-, · -		,				

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932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF BERGEN COUNTY

Employer identification number 22-6028959

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BETTER FUTURES. WE ARE CHANGING LIVES - DIRECTLY AND CONCRETELY. WE
HAVE BUILT A STRONG FOUNDATION BUT THERE IS MORE WORK THAT MUST BE
DONE.
OUR COMMITMENT IS TO ASSIST THE MOST VULNERABLE RESIDENTS IN OUR
COMMUNITY BY DEVELOPING PROGRAMS AND FINANCIAL RESOURCES TO ADDRESS
UNMET NEEDS. HELP STARTS WITH 2-1-1 OUR FREE AND SIMPLE STATEWIDE
SERVICE THAT ANSWERS EVERY CALL FOR HELP. WE HELP IN A CRISIS WITH
ASSISTANCE FROM OUR COMPASSION FUND THAT IS DIRECT, CONCRETE AND
TIMELY. AND, WE ARE TURNING LIVES AROUND WITH INNOVATIVE SOLUTIONS TO
OUR COMMUNITY'S MOST CRITICAL PROBLEMS LIKE HOUSING WORKS, OUR
DEVELOPMENT EFFORT TO INCREASE THE SUPPLY OF HOMES THAT PEOPLE CAN
AFFORD, AND ENABLE SOME VERY SPECIAL PEOPLE TO LIVE INDEPENDENTLY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH DEVELOPMENTAL DISABILITIES. BERGEN COUNTY'S UNITED WAY ALSO
SUPPORTS LOCAL DONORS THROUGH ITS COORDINATION OF WOMEN UNITED IN
PHILANTHROPY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DEVELOPMENTS. THE DEVELOPMENTS IN BERNARDSVILLE, METUCHEN, GLEN ROCK
AND WYCKOFF COLLECTIVELY SERVE 17 ADULTS WITH DEVELOPMENTAL
DISABILITIES. THE REMAINING 2 DEVELOPMENTS ARE IN ALLENDALE AND THEY

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

SERVE VETERANS AND THEIR FAMILIES.

Schedule O (Form 990 or 990-EZ) (2019)

UNITED WAY OF BERGEN COUNTY	22-6028959					
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:						
BERGEN COUNTY ALONE.						
THE COMPASSION FUND						
BERGEN COUNTY'S UNITED WAY PROVIDES FINANCIAL ASSISTANCE T	O COMMUNITY					
MEMBERS EXPERIENCING A FINANCIAL CRISIS. THE COMPASSION F	UND IS THE					
LARGEST SOURCE OF DIRECT AND TIMELY FINANCIAL ASSISTANCE I	N BERGEN					
COUNTY.						
A LICENSED CLINICAL SOCIAL WORKER AND CASE WORKERS ASSESS	EACH					
HOUSEHOLD AND PROVIDE THE FINANCIAL RESOURCES NEEDED TO PR	EVENT					
EVICTION, REINSTATE UTILITIES AND KEEP FAMILIES SAFE AND S	TABLY HOUSED.					
THIS YEAR, THE COMPASSION FUND HELPED 829 PEOPLE TURN THEI	R LIVES					
AROUND WITH AN AVERAGE GIFT OF \$500.						
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:					
IN ITS EFFORTS TO INCREASE SUPPORT TO WOMEN SEEKING HOUSIN						
FORM 990, PART VI, SECTION A, LINE 6:						
EACH CONTRIBUTOR TO THE IMMEDIATELY PRECEDING FUNDRAISING	CAMPAIGN					
CONDUCTED BY THIS CORPORATION SHALL BE DEEMED TO BE A MEMB	CONDUCTED BY THIS CORPORATION SHALL BE DEEMED TO BE A MEMBER.					
FORM 990, PART VI, SECTION A, LINE 7A:						
MEMBER SHALL BE ELIGIBLE TO ATTEND ITS ANNUAL MEETING FOR	THE PURPOSE OF					
ELECTING THE BOARD OF DIRECTORS WHO WILL SERVE UNTIL THE C	OMPLETION OF					
THEIR TERM OR UNTIL SUCCESSORS ARE ELECTED OR APPOINTED.	THEIR TERM OR UNTIL SUCCESSORS ARE ELECTED OR APPOINTED.					

Name of the organization

UNITED WAY OF BERGEN COUNTY

Employer identification number
22-6028959

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

UNITED WAY OF BERGEN COUNTY HAS ITS FORM 990 PREPARED BY AN OUTSIDE

ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE

THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990

HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE

INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO THE BOARD

MEMBERS FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS

PROVIDED WITH ONE WEEK TO REVIEW AND PROVIDE THEIR COMMENTS. ANY COMMENTS

WILL BE REVIEWED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED

FOR FILING.

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

THE ORGANIZATION CODE OF ETHICS POLICY AND CONFLICT OF INTEREST POLICY ARE

REVIEWED ANNUALLY WITH THE BOARD OF DIRECTORS AND STAFF MEMBERS.

DISCLOSURE FORMS ARE CIRCULATED TO ALL BOARD MEMBERS AND STAFF. THESE

FORMS ARE RETURNED AND FILED BY THE ORGANIZATION'S CONTROLLER.

EACH YEAR AT THE JANUARY BOARD OF TRUSTEES MEETING THE CONFLICT-OF-INTEREST POLICY IS DISTRIBUTED. THE CONFLICT-OF-INTEREST POLICY REQUIRES AN ANNUAL WRITTEN ACKNOWLEDGEMENT BY EACH BOARD MEMBER THAT EACH HAS READ AND IS FAMILIAR WITH THE POLICY AND AS TO WHETHER OR NOT A CONFLICT EXISTS. THE STAFF ALSO REVIEWS AND SIGNS THE DISCLOSURE FORMS IN JANUARY OF EACH YEAR.

IF A CONFLICT EXISTS, THE COMPLETE DETAILS ARE TO BE DESCRIBED IN WRITING AND SUBMITTED TO THE BOARD CHAIR OR THE PRESIDENT. THE ISSUE WILL BE REFERRED TO THE EXECUTIVE COMMITTEE TO RESOLVE. WHEN A BOARD MEMBER HAS A CONFLICT OF INTEREST IN A TRANSACTION, THE BOARD MEMBER IS PROHIBITED FROM VOTING REGARDING THAT PARTICULAR TRANSACTION.

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization UNITED WAY OF BERGEN COUNTY 22-6028959 FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION FOR PRESIDENT ANNUALLY DURING THEIR BUDGET REVIEW MEETING (IN MARCH) IN A CLOSED SESSION. THEY THEN DISCUSS WITH FULL BOARD AT THE SUBSEQUENT BOARD MEETING ALSO IN CLOSED SESSION. AFTER THOSE MEETINGS OUR CHAIRMAN MEETS WITH PRESIDENT AND DISCUSSES THE CONSENSUS OF THE BOARD REGARDING COMPENSATION. THE EXECUTIVE COMMITTEE UTILIZES CHARTS FOR COMPENSATION LEVELS FROM OTHER NOT FOR PROFITS AT OR ABOUT OUR REVENUE AND EXPENSE SIZE. MORE RECENTLY THE EXECUTIVE COMMITTEE HAS DISCUSSED AMONG THEMSELVES BASED ON THEIR EXPERIENCE ON DIFFERENT BOARDS AND THEY'VE CONSULTED COMPENSATION FIRMS THAT THEY OR THEIR COMPANIES DO WORK WITH FOR ADDITIONAL CONTEXT. FORM 990, PART VI, SECTION C, LINE 19: UNITED WAY OF BERGEN COUNTY MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS GUIDESTAR.ORG. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT 6 FOREST AVENUE, PARAMUS, NJ 07652 OR BY CALLING THE ORGANIZATION DIRECTLY AT (201) 291-4050.

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

CHANGE IN VALUE OF JOINT VENTURE INVESTMENT

5,031,670.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

Schedule O (Form	990 or 990-EZ) (2019)						Page 2
Name of the organization UNITED WAY OF BERGEN COUNTY			Emplo 22	yer identification number 2 – 6 0 2 8 9 5 9				
SELECTION	PROCESS	FOR AN	INDEPENDENT	ACCOUNTANT	DURING	THE	TAX	YEAR.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 22-6028959 UNITED WAY OF BERGEN COUNTY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 6 FOREST AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 07652 PARAMUS, NJ Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 CAROL LOWDEN The books are in the care of ▶ 6 FOREST AVENUE - PARAMUS, NJ 07652

Т	elephone No. ▶ <u>201-291-4050</u> Fax No. ▶			
• I1	the organization does not have an office or place of business in the United States, check this box			▶ 🔲
• 1	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is for	the whole g	roup, check this
box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and TINs of all m	nembe	ers the exten	sion is for.
1	I request an automatic 6-month extension of time until <u>FEBRUARY 16, 2021</u> , to file the the organization named above. The extension is for the organization's return for:	exem	pt organizati	on return for
	calendar year or X tax year beginning APR 1, 2019, and ending MAR 31, 2020		_ ·	
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period	returr	า	
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	За	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	30	¢	0 .

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

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

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

March 31, 2020

Prepared For:	
	UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE PARAMUS, NJ 07652
Prepared By:	
	PKF O'Connor Davies, LLP 300 Tice Boulevard, Suite 315 Woodcliff Lake, NJ 07677
Amount of Tax	c:
	No payment is required.
Make Check P	ayable To:
	Not applicable
Mail Tax Retur	n To:
	The New Jersey Form Form CRI-300R should be filed via the web at: https://njconsumeraffairs.state.nj.us/sign-in/
Return Must B	e Mailed On Or Before:
	March 31, 2021
Special Instru	ctions:

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE. This form cannot be paper filed - this

copy is for informational purposes only.

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

state	tatements, documents to be attached, and other requirements for registration.						
1.	This statement contains the facts and financial information for the fiscal year ending: 03/31/2020 month day year						
2.	Federal ID Number (EIN) 22-6028959 2a. N.J. Charities Registration Number: CH- 0108200						
3.	Full legal name of the registering organization: UNITED WAY OF BERGEN COUNTY In care of: (if necessary, otherwise leave this line blank) THOMAS TORONTO						
4.	Mailing Address: 6 FOREST AVENUE, PARAMUS, NJ 07652 City State ZIP Code Change of Address						
NOT	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.						
5.	The principal street address of the registering organization Street Address City State ZIP Code						
6.	Does the organization have any offices in New Jersey in addition to the one listed above? If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.						
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed. THOMAS TORONTO ,						
	Contact person Street address City State ZIP Code 201-291-4050 Telephone number (include area code) Fax number (include area code)						
7.	Organization's contact information: 201-291-4050 Telephone number (include area code) (201) 291-0681 Fax number (include area code)						
	E-mail address WWW • BERGENUNITEDWAY • ORG Web site						
8.	Type of organization (check one):						
	X Nonprofit corporation Foundation Individual Association Society Partnership Trust Other (Specify)						

990301

Form CRI-300R

Page 1

	Where and when was the organization legally established? Date:08/08/1962_ State: As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, in constitution) only if the document has been issued or amended during the fiscal year being reported.		
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used: BERGEN COUNTY'S UNITED WAY	X Yes	☐ No
11.	Does the organization intend to solicit contributions from the general public?	X Yes	☐ No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	Yes	X No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for experiments of the separate listing of those affiliates indicating the name, street address and telephone number for experiments.	Yes each one.	X No
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate registration. SEE ATTACHED 990	statement to this	
	is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registrate ALREADY EXISTS-SEE ATTACHED 990	tion.	
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full add number, registration number in New Jersey, and a contact person's name.	Yes dress, telephone	X No number, fax
	If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full add	dress, telephone	
5a.	If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full add number, registration number in New Jersey, and a contact person's name. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's	funds? Yes	number, fax

Form CRI-300R

18.	B. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.						
19.	Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes X No If "Yes," please attach to this registration the relevant document.						
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.						
21.	Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.						
22.	Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.						
23.	Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:						
	Name Business address Telephone number Title Salary SEE STATEMENT 1						

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

		Please report all figures as 0	GROSS. not NET.	
Full legal name and s	street addre	ess of the organization		
ull legal name: <u>U</u>	NITED	WAY OF BERGEN COUNTY		
issal year and boing	a roportod:	03/31/2020 Endoral ID Number (E	_{IN)} 22-6028959	
iscai year-erid beiri	g reported.	03/31/2020 Federal ID Number (E	111) <u>22 0020555</u>	
//ailing address:	VENUE	, PARAMUS, NJ 07652		
Mailing Addre	ess	P.O. Box Number or Suite	City	State ZIP Code
Street address of the	e registerin	g organization:Street Address	City	State ZIP Code
			•	
lew Jersey Charitie	s Registrat	ion number: CH 0108200	00 Telephor	ne number: 201-291-4050
				(include area code)
Attach to this regist	tration the	most recent Internal Revenue Service Form 990 and	I Schedule A (990), if the organ	ization has filed those forms. Attach
copy if the organiza	ation's anni	ual financial report included an audited financial stat	ement, or if the organization re	ceived gross revenue in excess of
\$500.000. Note: If	the organiz	cation received gross revenue of less than \$500,000	the financial reports must be	certified by the organization's
•	•	officer of the organization's board.	,	oonanda ay ana orgamizanom o
president of other t	20111011200	officer of the organization o board.		
In liqu of oor	malatina th	a CDI 200B Einanaial Statement pages, attached pl	ages find a convert the LD S. O	00 filing for the fineal year and
indicated ab		e CRI-300R Financial Statement pages, attached ple	ease find a copy of the i.H.S. 9	90 filing for the fiscal year-end
indicated at	oove.			
A. Receipts				
A. Heccipto				
Line Ade - F	Siroot Dubli	a Cumpart received from the fallowing accuracy		
Line ATa. L		c Support received from the following sources:		16 910 755
	(1)	Direct mail		16,910,755.
	(2)	Telephone solicitation		
	(3)	Commercial co-venture		222
	(4)	Gross receipts from fund-raising events		_
	(5)	Canisters, counter cards, door to door etc		_
	(6)	Corporations and other businesses		
	(7)	Foundations and trusts		0.
	(8)	Donated land, buildings, property, equipment		_
		and materials		0.
	(9)	Legacies and bequests	······	0.
	(10)	Membership dues solely resulting from		
		solicitations		0.
	(11)	Other support (specify)		0.
Line A1b. T	otal Direct	Public Support (add lines A1a(1) through A1a(11))		17,131,643.
Line A1c. II	ndirect Pub	olic Support received from the following sources:		
	(1)	Federated fund-raising organization		0.
	(2)		·····	^
	(3)	From another fund-raising organization		
lio Add T	Takal In all	A Dublic Course and (add line - Ad -(d) Horn Ad -(0)		0.
Line A1a. I	otal indire	ct Public Support (add lines A1c(1) thru A1c(3))		<u> </u>
line ∆1e	Total Gross	s Contributions (add lines A1b and A1d)		17,131,643.
Line Ale. I	Juli Gi US	Containations (and into ATD and ATO)		_,,,

Form CRI-300R Page 4

Line	e A2.	Government grants including purchase of service contracts (specify agency)	0
		a	0
		b	0.
		c	0.
		d	
Line	e A2e.	Total Government Grants (add lines 2a thru 2d)	<u> </u>
Line	e A3.	Other Support	
		a. Bona fide membership	0.
		b. Program service revenue SEE STATEMENT 3	72,377.
		c. Professional services rendered by volunteers	0.
		d. Miscellaneous income (specify)	197,403.
Line	e <i>A3e.</i>	Total Other Support (add the total of lines A3a thru A3d)	269,780.
Lin	e A 4.	Total Gross Revenue (add lines A1e, A2e and A3e)	17,401,423.
В. Ехре	nses		
Line	e B1.	Program expenses	16,497,490.
Line	e B2.	Management and general expenses	===
Line	e B3.	Fund-raising expenses	206 545
Line	e B4.	Payments to state/national affiliates (if applicable)	
Line	e B5.	Total Expenses (add the totals of line B1 thru B4)	
C. Exce	ss or	Deficit	
For the	e fiscal	year-end (subtract line B5 from line A4)	-21,461.
D. Fund	l Bala	nce	
Line	D1.	Net assets or fund balances at beginning of year	9,477,883.
Line	D2.	Other changes in net assets or fund balances (attach explanation) STMT 2	
Line	D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: UNITED WAY OF BERGEN COUNTY							
N.J. Charities Registration Number: CH- 010820000 Federal ID Number (EIN) 22-6028959							
Fiscal Year-End being reported: 03/31/2020 month day year							
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:							
 a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes X No c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. 25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes X No If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone 							
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.							
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.							
gnature Name THOMAS TORONTO Title PRESIDENT/CEO Date							
gnature Name VALERIE REARDON Title TREASURER Date							
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.							

Note: Form CRI-300RC must be filed with Form CRI-300R.

Form CRI-300R

Page 6

FORM CRI-300R	LIST OF OFFICERS, DIRECTO		STATEMENT 1
NAME OF INDIVIDUAL	TITL	E	TELEPHONE NO.
CAROL LOWDEN	CONTI	- ROLLER	
ADDRESS			
6 FOREST AVENUE PARAMUS, NJ 07652			
SALARY			
132,305.			
NAME OF INDIVIDUAL	TITL	 E 	TELEPHONE NO.
PETER ARBEITER	CFO		201-291-4050
ADDRESS			
6 FOREST AVENUE PARAMUS, NJ 07652			
SALARY			
128,250.			
NAME OF INDIVIDUAL	TITL	E	TELEPHONE NO
THOMAS TORONTO	PRES	_ IDENT & CEO	201-291-4050
ADDRESS			
6 FOREST AVENUE PARAMUS, NJ 07652			
SALARY			
231,470.			
NAME OF INDIVIDUAL	TITL	E	TELEPHONE NO.
PETER J. INGRASCI	CHAI	R	201-291-4050
ADDRESS			
6 FOREST AVENUE PARAMUS, NJ 07652			
SALARY			
0.			

UNITED WAY OF BERGEN COUNTY		22-602895
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOSEPH M. HEALY	VICE CHAIR	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
VALERIE A. REARDON	TREASURER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAMES ARAMANDA	BOARD MEMBER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GREGORY C. DUNLAP	BOARD MEMBER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		

UNITED WAY OF BERGEN COUNTY		22-6028959
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ALEX KELLENBERGER	BOARD MEMBER	
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ELINOR J. FERDON	BOARD MEMBER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT J. IACULLO	BOARD MEMBER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAMES E. HEALEY, CPA	BOARD MEMBER	201-291-4050
ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		

ADDRESS		
6 FOREST AVENUE PARAMUS, NJ 07652		
SALARY		
0.		

DESCRIPTION AMOUNT CHANGE IN VALUE OF JOINT VENTURE INVESTMENT 5,031,670	FORM CRI-300	OTHER	CHANGES	IN	NET	ASSETS	OR	FUND	BALANCES	ST	ATEMENT	2
CHANGE IN VALUE OF JOINT VENTURE INVESTMENT 5,031,670												
	DESCRIPTION										AMOUNT	
	CHANGE IN VALU	E OF J	OINT VENT	ruri	IN'	VESTMEN'	r				5.031.6	570.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2 5,031,670	TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2											

FORM CRI-300	PROGRAM SERVICE REVENUE	STATEMENT 3
DESCRIPTION		AMOUNT
SOCIAL SERVICE FEES		72,377.
TOTAL INCLUDED ON FORM	CRI-300, PAGE 5, LINE A3B	72,377.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:		
Consumer Affairs and agree that emplo	ng issued at the discretion of the New Jersey Division of byees of the Division may inspect the records in the possess ompliance with the statute and all pertinent regulations. I all rovide additional information if requested.	
	ntained in this registration and the attached financial schedunat if any of the above statements are willfully false, I am su	
Signature	Name THOMAS TORONTO Title PRESIDEN	IT/CEO Date
Second Authorization:		
I understand that this registration is bei Consumer Affairs and agree that emplo this organization in order to ascertain co understand that I may be required to pr I hereby certify that the information con	ing issued at the discretion of the New Jersey Division of byees of the Division may inspect the records in the possess ompliance with the statute and all pertinent regulations. I all rovide additional information if requested. Intained in this registration and the attached financial schedulations of the above statements are willfully false, I am such as the second statements are willfully false, I am such as the second schedulation.	iso ule(s)
Signature	_ Name VALERIE REARDON Title	Date