

	-	PUBLIC DISCLOSURE COPY - STATE REGISTRATION Return of Organization Exempt From			00 OMB No. 1545-0047
For	<b>" 9</b>	<b>YU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept priv	ate foundations	<b>2023</b>
		Do not enter social security numbers on this form as it may			Open to Public
-		e 2023 calendar year, or tax year beginning APR 1, 2023 and ending			Inspection
_			1	•	tion number
	Check if pplicab		DEm	ployer identifica	auon number
	Addre chang Name	e UNITED WAY OF BERGEN COUNTY		2-602895	0
	_chang Initial				9
	_return Final	6 FOREST AVENUE		ephone number $01-291-4$	050
	⊥return termir ated			s receipts \$	14,626,050.
	Amen			this a group ret	
	Applic			or subordinates?	
	pendi	SAME AS C ABOVE		e all subordinates incl	
11	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 📃 5	27 If	"No," attach a li	st. See instructions
	Nebsi		<b>H(c)</b> G	roup exemption	number
			ear of format	ion: 1962 M	State of legal domicile: NJ
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
Governance		OF OUR WORK, WE ARE BUILDING BETTER LIVES, BE			
erné	2	Check this box if the organization discontinued its operations or disposed of mo	ore than 25		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			13
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u>    16</u> 13
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	<u>a</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		or Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		90,209.	14,105,667.
Revenue	9	Program service revenue (Part VIII, line 2g)		10,985.	183,277.
ver		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,488.	88,249.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	36,074.	124,813.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81,756.	14,502,006.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		00,234.	13,072,142.
	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)	1,1	99,527.	1,061,468.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,133.	368,129.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,894.	14,501,739.
	19	Revenue less expenses. Subtract line 18 from line 12		85,138.	267.
t Assets or d Balances				of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		89,392.	31,465,618.
Net As	21	Total liabilities (Part X, line 26)		52,147.	8,154,499.
	art II	Net assets or fund balances. Subtract line 21 from line 20	44,0	37,245.	23,311,119.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and state	mente and	to the heat of my h	nowledge and balief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		-	nowieuye and bellet, it is
1 UC	,		i or nao arry i	liowiougo.	
				1	

Sign	Signature of officer		Date				
Here	THOMAS TORONTO, PRESIDENT	/CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	02/14/25 self-employed P00543209				
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC	Firm's EIN 87-3231666				
Use Only	Firm's address 300 TICE BOULEVAR	D, SUITE 315					
	WOODCLIFF LAKE, N	J 07677	Phone no. 201 - 712 - 9800				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23	Form <b>990</b> (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) UNITED WAY OF BERGEN COUNTY	22-6028959	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF BERGEN COUNTY'S UNITED WAY IS TO CONNECT	COMMUNITY	
	MEMBERS IN NEED WITH RESOURCES THROUGH NJ211 AND TO DEVE	LOP AFFORDAB	LE
	HOUSING FOR SENIORS, VETERANS, FAMILIES AND ADULTS WITH	DEVELOPMENTA	L
	DISABILITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 other	• •	
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 12,901,932. including grants of \$ 12,901,932. ) (Rever	nue \$	0.)
14	UWBC PROCESSES SEVERAL WORKPLACE GIVING CAMPAIGNS. AS PA		
	WORKPLACE, GIVING EMPLOYEES CAN CHOOSE TO DESIGNATE THEI		0
	AN ORGANIZATION THAT HAS BEEN DETERMINED TO BE AN IRS AP		<u> </u>
	501(C)(3) ORGANIZATION.		
4b	(Code: ) (Expenses \$ 635,759. including grants of \$ 40,469. ) (Reven	39	018
40	(Code:) (Expenses \$635, /59 • including grants of \$40, 469 • ) (Rever		<u>010.</u> )
	BERGEN COUNTY'S UNITED WAY WORKS TO ADDRESS THE AFFORDAB	LE HOUSTNG	
	CRISIS IN NORTHERN AND CENTRAL NEW JERSEY BY BUILDING SA		
	AFFORDABLE HOUSING FOR SENIORS, VETERANS, WORKING FAMILI		g
	WITH DISABILITIES (I.E., DOWN SYNDROME, AUTISM, AND MULT		
	SCLEROSIS).		
	THE ORGANIZATION MANAGES ALL ASPECTS OF DEVELOPMENT FROM	STUE	
	ACQUISITION AND FINANCING TO CONSTRUCTION AND SERVICE CO		
	regoligition and limitered to completellow and playter co		
	BERGEN COUNTY'S UNITED WAY HAS BUILT 38 AFFORDABLE HOUSI	NG PROJECTS.	
40	(Code: ) (Expenses \$ 187,669. including grants of \$ 129,741. ) (Rever		259.)
	NJ211		<u> </u>
	BERGEN COUNTY'S UNITED WAY PROVIDES OVERSIGHT OF THE NAT	TONALLY	
	ACCREDITED NJ211 INFORMATION AND REFERRAL SYSTEM. ACCESS		
	FREE, CONFIDENTIAL, MULTILINGUAL, AND ALWAYS OPEN.	10 100111 10	
	NJ211 CONNECTS THESE CALLERS TO ITS NETWORK OF OVER 3,00	0 AGENCIES T	НАТ
	PROVIDE MORE THAN 10,000 SERVICES SUCH AS MENTAL HEALTH		
	FOOD ASSISTANCE AND HOMELESSNESS PREVENTION.		
	IN 2024, NJ211 HELPED OVER 322,000 PEOPLE FIND HEALTH AN	D HIIMAN SERV	TCE
	RESOURCES IN LOCAL COMMUNITIES THROUGHOUT NEW JERSEY.		
40	Other program services (Describe on Schedule O.)	١.	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     13,725,360.	)	
40	Total program service expenses     13,725,360.	C	90 (2023)
00000-	SEE SCHEDULE O FOR CONTINUATION (S		(2023)
332002	2 12-21-23 SEE SCHEDOLE OF OR CONTINUATION (S	• 1	
	Δ		

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Form 990 (2					-	BERGEN	COUNTY
Part IV	Ch	ecklist of Require	ed Sc	hedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	- 23	
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		х	
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	- 11	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
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			v
40	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			x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	12-21-23	Form	990	(2023)

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332003 12-21-23

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FUIII	330	(2023)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 L, 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's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	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			<u> </u>
57		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	11	L
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	12-21-23 A	Form	990	(2023)

Form	990 (2023) UNITED WAY OF BERGEN COUNTY	22-602	8959	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				U III
				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 1	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
					X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR)	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 50		
Ua			60		x
<b>h</b>	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		- 23
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	tions and tided to the second		x	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			X	
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				v
_	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
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	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332004	5 12-21-23		Forn	990	(2023)
					()

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Form 990 (2023)
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# UNITED WAY OF BERGEN COUNTY

22-6028959 Page 6

X

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	
Section A. Governing Body and Management	

		_	Ye	es N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13		
	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	12		
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X
6	Did the organization have members or stockholders?		-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7	a Z	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·····  -•	<u> </u>	
b		7	h	x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
			a Z	7
	The governing body?		-	
	Each committee with authority to act on behalf of the governing body?	8		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
				es N
	Did the organization have local chapters, branches, or affiliates?	10	)a	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n? <b>1</b> .	la Σ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	2b Ž	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12		
13	Did the organization have a written whistleblower policy?	1		
14	Did the organization have a written document retention and destruction policy?	1	4 Σ	۲ <u>ا</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15	iaΣ	C
b	Other officers or key employees of the organization	15	ib	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	ia l	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	ih i	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501	(c)(3)s on	lv) ava	ilahla
10	for public inspection. Indicate how you made these available. Check all that apply.	(0)(0)3 011	iy) ave	liable
40		بر محما 4	onc:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	y, and tin	ancial	
~~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAROL LOWDEN - 201-291-4050			
20	しんだした たしいせい ニースリースターーチリンサ			
20				
	6 FOREST AVENUE, PARAMUS, NJ 07652		~	<b>90</b> (202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	n dividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	n stit utio nal tru stee	_	ƙey employee	st cor	ar	1000 (120)		organizations
	line)	Indivi	In stit u	Officer	Key ei	Highest compensated employee	Former			
(1) THOMAS TORONTO	37.50									
PRESIDENT & CEO		Х		х				190,480.	Ο.	38,464.
(2) CAROL LOWDEN	37.50									
CONTROLLER		1				X		105,510.	Ο.	31,460.
(3) GINA NICOLETTI-GILSENAN	37.50									
CHIEF DEVELOPMENT OFFICER						Х		102,762.	0.	17,785.
(4) PETER J. INGRASCI	1.50									
CHAIR		Х		Х				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									
BOARD MEMBER THRU NOV. 2023		Х						0.	0.	0.
(8) GREGORY C. DUNLAP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ELINOR J. FERDON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JAMES E. HEALEY, CPA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) REVEREND RICHARD S. HONG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ROBERT J. IACULLO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ALEX KELLENBERGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) AMERICO R. LISBOANO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHAEL MOLIN	1.00									
BOARD MEMBER EFF OCT. 2023		Х						0.	0.	0.
(16) IRWIN M. POLLACK	1.00							_		
BOARD MEMBER		х						0.	0.	0.
										<b>— 000</b> (2022)

332007 12-21-23

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Form 990 (2023) UNITED WA	AY OF B	ERC	SEN	C I	OU	INT	Y		22-60	1289	59	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key En	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)			(F)
Name and title	Average			Pos	ition			Reportable	Reportable			mated
	hours per		o not cl (, unles					compensation	compensation	n I		ount of
	week		icer an					from	from related			ther
	(list any	tor						the	organizations			ensation
	hours for	direc				p		organization	(W-2/1099-MIS		•	n the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			nization
	organization	trust a	al tru		yee	m pe		1099-NEC)	,		•	related
	below	dual	ution	-	nplo	st co oyee	er	,			organ	izations
	line)	00 Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0	
			-		×							
		-										
		_								-+		
		_										
						-						
		-										
		_								-+		
		_										
						-						
		-										
											07	700
1b Subtotal								398,752.		0.	8/	,709.
c Total from continuation sheets to Part V	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								398,752.		0.	87	,709.
2 Total number of individuals (including but n	ot limited to t	hose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												3
											١	es No
<b>3</b> Did the organization list any <b>former</b> officer.	director trus	taa l		mnl		e or	hia	hest compensated empl	ovee on			
	-		•	•	-		Ŭ	• • •	•		~	x
line 1a? If "Yes," complete Schedule J for s										···· ⊨	3	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes	s," cc	mple	ete S	Sche	edule	Jf	or such individual		L	4	<u>x</u>
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion fr	om	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? If "Yes." con	nplete Schedu	le J f	or su	ich r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dene	nder	nt co	ontra	actor	's th	nat received more than \$	100 000 of comp	ensatic	n fron	<u></u> า
the organization. Report compensation for	-	-								onoure		
	the calendary	ear e		iy w	unc						(0)	
(A) Name and business	addross							<b>(B)</b> Description of s	onvicos	Co	(C) mpens	
							_	•			mpens	alion
Z+ ARCHITECTS, 240 WEST C		L'A	VE:	NU.	E,			ARCHITECTURA	u			
SUITE D, ALLENDALE, NJ 07								SERVICES			<u>237</u>	<u>,145.</u>
VIRGONA & VIRGONA ARCHITE	ECTS, 12	25	RI	VE]	R		į	ARCHITECTURA	L			
ROAD, SUITE 201, EDGEWATE	ER, NJ (	)70	20					SERVICES			127	,102.
· · ·										-		
							-+					
2 Total number of independent contractors (i	ncluding but r	not lir	nitec	tot	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	-				2							
										F	orm <b>9</b>	90 (2023)
												()

332008 12-21-23

		(2023) UNITED WAY OF BE	RGEN C	OUNTY		22-6028	959 Page <b>9</b>
Pa	rt V	II Statement of Revenue					
		Check if Schedule O contains a response or note	<u>e to any line</u>			(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ស ស	1 :	a Federated campaigns 1a					
ran	1	Membership dues 1b					
, G O U	(		334,395.				
ar A		Related organizations 1d					
s, 0	(	e Government grants (contributions)					
tion S	1	All other contributions, gifts, grants, and					
ibu			771,272.				
Contributions, Gifts, Grants and Other Similar Amounts	9		902,322.				
<u>ų p</u>		n Total. Add lines 1a-1f		14,105,667.			
			ness Code	144.050	144.050		
ice	2 8	·	1200 1200	144,259. 39,018.	144,259. 39,018.		
erv ue			200	39,018.	39,010.		
ven S		; [					
Program Service Revenue		d [					
Pro	1						
		g Total. Add lines 2a-2f		183,277.			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		88,249.			88,249
	4	Income from investment of tax-exempt bond proceed					
	5	Royalties					
		(i) Real (ii) F	Personal				
	6 8						
		b Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 8		) Other				
		assets other than inventory <b>7a</b>					
Ð		Less: cost or other basis       and sales expanses <b>7b</b>					
evenue		and sales expenses					
Seve		I Net gain or (loss)					
Other R		a Gross income from fundraising events (not					
Ę	-	including \$334,395. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a1	114,607.				
	I	b Less: direct expenses 8b 1	124,044.				
		Net income or (loss) from fundraising events	·····	-9,437.			-9,437
	9 8	a Gross income from gaming activities. See					
	_	Part IV, line 19 9a					
		D   Less: direct expenses       9b					
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
			ness Code				
sno	11 :		1200	134,250.			134,250.
nec							
sella eve		, [					
Miscellaneous Revenue		All other revenue					
<		e Total. Add lines 11a-11d	<u></u>	134,250.			
	12	Total revenue. See instructions	<u></u>	14,502,006.	183,277.	0.	213,062.
33200	9 12-2	1-23					Form <b>990</b> (2023

332009 12-21-23

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Page **9** 

### Form 990 (2023)

UNITED WAY OF BERGEN COUNTY 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).

300	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	13 044 174.	13,044,174.		
2	Grants and other assistance to domestic	10/011/1/1/10	10,011,1,10		
2	individuals. See Part IV, line 22	27,968.	27,968.		
3	Grants and other assistance to foreign	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2775000		
Ũ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	233,268.	163,288.	23,327.	46,653.
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	nerve and described in costion $4000(c)(0)(D)$				
7	Other salaries and wages	671,609.	295,028.	295,988.	80,593.
8	Pension plan accruals and contributions (include	,			
5	section 401(k) and 403(b) employer contributions)	33,629.	13,632.	16,311.	3.686.
9	Other employee benefits	57,149.	21,503.	29,892.	3,686. 5,754.
10	Payroll taxes	65,813.	32,617.	24,160.	9,036.
11	Fees for services (nonemployees):	,	,,,,,,,,,,	,_000	
	Management				
b	Legal	1,737.		1,737.	
	Accounting	29,000.	14,373.	10,646.	3,981.
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	100,936.	1,871.	70,320.	28,745.
12	Advertising and promotion				
13	Office expenses	62,068.	26,011.	19,593.	16,464.
14	Information technology	17,556.	8,702.	6,443.	2,411.
15	Royalties				
16	Occupancy	94,013.	46,594.	34,513.	12,906.
17	Travel	12,634.	6,095.	4,516.	2,023.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,586.	2,694.	1,997.	895.
20	Interest				
21	Payments to affiliates	16,494.	8,174.	6,056.	2,264.
22	Depreciation, depletion, and amortization	18,384.	9,111.	6,749.	2,524.
23	Insurance	6,706.	3,323.	2,462.	921.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CAMPAIGN MATERIALS	2,607.			2,607.
b	REPAIRS & MAINTENANCE	408.	202.	150.	56.
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,501,739.	13,725,360.	554,860.	221,519.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2022

332010 12-21-23

### 13420214 756359 1225000.002

10

Form 990 (2023)

13420214 756359 1225000.002

33

Total liabilities and net assets/fund balances

30,789,392.

33

31,465,618.

Form 990 (2023)

UNITED WAY OF BERGEN COUNTY

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

(A) (B) Beginning of year End of year 1,084,661. 1,073,342. 1 1 Cash - non-interest-bearing 1,569,889. 1,635,186. Savings and temporary cash investments 2 2 628,387. 490,302. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 32,522. 23,484. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 403,013. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 33,901. 59,676. 10c Investments - publicly traded securities 11 11 52,145. 0. Investments - other securities. See Part IV, line 11 12 12 26,485,519. Investments - program-related. See Part IV, line 11 13 27,284,139. 13 14 14 Intangible assets 902,368. 899,489. 15 15 Other assets. See Part IV, line 11 30,789,392. 31,465,618. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 306,148. 263,180. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,845,999. 7,891,319. 25 of Schedule D 8,152,147. 8,154,499. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 22,379,299. 27 23,311,119. 27 Net assets without donor restrictions Net assets with donor restrictions 257,946. 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 22,637,245. 23,311,119. Total net assets or fund balances 32 32

22-6028959 Page 11

Form 990 (2023)
Part X | Balance Sheet

	990 (2023) UNITED WAY OF BERGEN COUNTY	22-	<u>6028959</u>	Pa	<sub>ige</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,50					
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,50					
3	Revenue less expenses. Subtract line 2 from line 1	3			67.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	67	<u>3,6</u>	07.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	23,31	<u>1,1</u>	<u> 19.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2023
Open to Public Inspection

1

Name of th	e organization
------------	----------------

Nan	ne or	τηε	e organization			7					
Da	nrt I		Reason for Public C		BERGEN COUNTY		ie ment \ C			2-6028959	-
								ee instruction	s.		-
	orga	1	tion is not a private found	•	<b>u</b> ,						
1		1	church, convention of chu				n 170(a)01r n	I)(A)(I).			
2		1	school described in <b>secti</b>								
3			hospital or a cooperative						<u>-</u> .		
4			medical research organiza	ation operated in cor	ijunction with a hospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,	
			ity, and state:								_
5			n organization operated fo		lege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in	
		, s	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6			federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
			ection 170(b)(1)(A)(vi). (C								
8			community trust describe								
9		A	n agricultural research org	anization described i	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college	
		0	r university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
		, u	niversity:								_
10		A	n organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		а	ctivities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment	
		ir	come and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
		, s	ee section 509(a)(2). (Cor	mplete Part III.)							
11		A	n organization organized a	and operated exclusiv	vely to test for public sat	ety. See	section 50	)9(a)(4).			
12			n organization organized a								
		n	nore publicly supported or	ganizations described	d in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See section 5	5 <b>09(a)(3).</b> (	Check the box on	
	_	liı	nes 12a through 12d that o	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.		
а	L		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving	
			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
			organization. You must c	omplete Part IV, Se	ctions A and B.						
b			Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving	
			control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
	_		organization(s). You mus	t complete Part IV, S	Sections A and C.						
С	: [_		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
	_		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d			Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor/	ted organiz	zation(s)	
			that is not functionally inte	egrated. The organization	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
	_		requirement (see instructi	,	• •						
е			Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
			functionally integrated, or	Type III non-function	ally integrated supporting	ng organiz	ation.				7
			he number of supported o	•							]
g	Pro		e the following information		0 ()	(iv) Is the oras	inization listed	() A reasonate of		() A maximum of other	_
		<b>(I)</b> F	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)	
			organization		above (see instructions))	Yes	No		Structions)		_
											_
											-
											-
											-
Tota	al										-

Part II

UNITED WAY OF BERGEN COUNTY

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.)

Sec	ection A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2981728.	2865997.	2252741.	1176163.	1203735.	10480364.					
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											
	Total. Add lines 1 through 3	2981728.	2865997.	2252741.	1176163.	1203735.	10480364.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						3189181.					
	Public support. Subtract line 5 from line 4.						7291183.					
	ction B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 2865997.	(c) 2021 2252741.	(d) 2022	(e) 2023	(f) Total 10480364.					
	Amounts from line 4	2981728.	2005997.	2232/41.	1176163.	1203/35.	10480364.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,		10 007	0 050	44 400	00 040	014 001					
	and income from similar sources	59,684.	12,607.	9,953.	44,488.	88,249.	214,981.					
9												
	activities, whether or not the		10 100	11 000			20 200					
	business is regularly carried on		19,109.	11,099.			30,208.					
10	Other income. Do not include gain											
	or loss from the sale of capital	127 710	170 000	125 420	142 200	124 250	701 500					
	assets (Explain in Part VI.)	137,719.	1/0,993.	135,420.	143,206.		721,588.					
	Total support. Add lines 7 through 10											
	Gross receipts from related activities,		,			· · · · ·	,335,268.					
13	First 5 years. If the Form 990 is for the											
<u>Sa</u>	organization, check this box and stop ction C. Computation of Publi											
				(f)			63.69 %					
	Public support percentage for 2023 (I					14 15	<u>63.69</u> % 82.07%					
	Public support percentage from 2022 33 1/3% support test - 2023. If the o											
104	stop here. The organization qualifies						V					
h	<b>33 1/3% support test - 2022.</b> If the o		•		lino 15 is 22 1/20/							
N												
170	and stop here. The organization qual		•••		12 160 or 16b o							
178	10% -facts-and-circumstances test											
	and if the organization meets the fact meets the facts-and-circumstances te			-	raanization	-						
Ь	10% -facts-and-circumstances test	•	•		•	7a and line 15 is						
N		-										
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
18	Private foundation. If the organization		•		• •		s					
-10				a, 100, 170, 01170			(Form 990) 2023					
						A						

Schedule A							COUNTY	
Part III	Support	Schedule for	or Organiza	tions l	Desci	ribed in Se	ection 509(a	i)(2)

# UNITED WAY OF BERGEN COUNTY

(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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	2023	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services 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							
5	furnished by a governmental unit to							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ł	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							
	Public support. (Subtract line 7c from line 6.) ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	2023	<b>(f)</b> Total
9	Amounts from line 6							
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	• Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) o	rganizatio	on,
0.0					<u></u>		<u></u>	
	ction C. Computation of Publ					T T		
	Public support percentage for 2023 (		-			15		%
	Public support percentage from 2022					16		%
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·		47		
	Investment income percentage for 20					17		<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2023. If the				e 15 is more than ?	<b>18</b>	nd line 17	% Z is not
198	more than 33 1/3%, check this box a							
ŀ	33 1/3% support tests - 2022. If the						31/3% э	 nd
Ľ	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization			•		Ũ		
	23 12-21-23			<u>., 51 105, 0100000</u>			hedule A	(Form 990) 2023
	. =-							,

### UNITED WAY OF BERGEN COUNTY

1

2

3a

Yes No

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

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

332024 12-21-23

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

16

### Schedule A (Form 990) 2023 UNITED WAY OF BERGEN COUNTY

1

2

No

Pa	rt IV Supporting Organizations (continued)							
		Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?							
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and								
	11c below, the governing body of a supported organization? 11a							
b	A family member of a person described on line 11a above? 11b							
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide							
	detail in Part VI. 11c							
Sec	tion B. Type I Supporting Organizations							
		Yes	No					
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>							

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

 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

 1
 Use the supported organization was vested in the same persons that controlled or managed

 1
 Use the supported organization(s)

Section D	. All Type III	Supporting	Organizations

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

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

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

332025 12-21-23

13420214 756359 1225000.002

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	n Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year (B) Current Ye (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7		lu integra	ted Type III expositing erge		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

UNITED WAY OF BERGEN COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

22-6028959 Page 6

332026 12-21-23

Sche	dule A (Form 990) 2023 UNITED WAY OF	BERGEN COUNTY		2	2-6028959 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu		
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				

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Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	UNITED	WAY OI	F BERGEN	COUNTY		22-6028959 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	, lines 2 and 3; Pa	art IV, Sect	ion E, lines 1c,	2a, 2b, 3a, and	3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.
							Sabadula A (Farm 000) 0000
332028 12-21-2	3			20			Schedule A (Form 990) 2023

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED	WAY	OF	BERGEN	COUNTY	
Organization type (check one):					

22-6028959

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Name of organization

Employer identification number

22-6028959

# UNITED WAY OF BERGEN COUNTY

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		- \$\$966,067.	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		- \$ <u>428,240.</u>	Person Payroll Noncash X (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.)
(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
323452 12-26		- \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

13420214 756359 1225000.002

NITE	D WAY OF BERGEN COUNTY	22	2-6028959
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
2			
		\$ 428,240.	06/30/24
(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
		\$	<u> </u>

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Schedule B (Form 990) (2023)

Employer identification number

Schedule B (Form 990) (2023)

13420214 756359 1225000.002

Schedule	B (Form 990) (2023)			Page <b>4</b>						
Name of o	organization			Employer identification number						
UNITE	D WAY OF BERGEN COUNTY			22-6028959						
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$						
(a) No.	Use duplicate copies of Part III if additional									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
		(e) Transfer of gift	t							
	Transferee's name, address, a	nd <b>7IP</b> + 4	Relationship of tr	ansferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dog	scription of how gift is held						
Part I										
	(e) Transfer of gift									
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee							
		[								
		[								
(c) No										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
		(e) Transfer of gift	!							
	Transferee's name, address, a	nd <b>7</b> ID + 4	Polationship of tr	ansferor to transferee						
(a) No. from	(b) Purpose of gift			scription of how gift is held						
Part I	(b) Purpose of gift	(c) Use of gift		cription of now girt is neid						
		(e) Transfer of gift	I							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
323454 12-26	6-23			Schedule B (Form 990) (2023)						

13420214 756359 1225000.002

SCHE	DU	LE D
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(Form	990)
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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

# INTWED WAY OF DEDCEN COINTY

Employer identification number C 0 0 0 0 F 0

Par	t I Organizations Maintaining Donor Advised		Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year	.,	1	
2	Aggregate value of contributions to (during year)	4	441,366.	
3	Aggregate value of grants from (during year)		,172,134.	
4	Aggregate value at end of year	_	,448,482.	
5	Did the organization inform all donors and donor advisors in w			inds
-	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?			°
Par				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreation		_	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form of a d	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic struct	cture included on line	2a	2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006	, and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the orga	anization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	and enforcing conservation	tion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and e	nforcing conservation e	easements during the year
•				
8	Does each conservation easement reported on line 2d above s			
~	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 footno	te to the organization	s financial statements i	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art. Historical Tr	easures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form S			
19	If the organization elected, as permitted under FASB ASC 958		venue statement and b	alance sheet works
Ĩ	of art, historical treasures, or other similar assets held for publi			
	service, provide in Part XIII the text of the footnote to its finance			
h	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public e			
	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 treas			
_	the following amounts required to be reported under FASB AS		-	,,
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			· · · · · · · · · · · · · · · · · · ·

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Partill       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accession, and other records, check any of the following that make significant use of its continued)         a       Proble collibition       d       Loan or exchange program         b       Scholarly research       e       Other       The organization accession of the organization's occlections and explain how they further the organization's exempt purpose in Part XIII.         b       Provide acception of the organization's occlections and explain how they further the organization's occlection?       Yes       No         Part Leise funds raffing that no be maintained as part of the organization's occlection?       Yes       No         Part Leise funds raffing that no be maintained as part of the organization's occlection?       Yes       No         b       If Yes,* explain the arrangement in Part XIII and complete the following table:       Yes       No         b       If Yes,* explain the arrangement in Part XIII and complete the following table:       Yes       No         b       If Yes,* explain the arrangement in Part XIII check hare of the explanation include an amount on Form 980, Part X, line 21, for eacrow or custodial account tability?       Yes       No         b       If Yes,* explain the arrangement in Part XIII check hare of the explanation has been provided in Part XII       Provide the estinated prevent were and balan	Sche		WAY OF BER						22-60			
collection terms (check all that apply).       a       Delta exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Trea	asures, or	Other	<sup>-</sup> Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Schlariny research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the fo	ollowing that	make si	gnificant ι	use of its			
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donators of art, historical treasures, or other similar asserts to be solid to raise funds atteme than to be maintained as part of the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements       Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       It is         6       Bignining balance       It       It       It       It         2a       Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         9       If View, explain the argangement in Part XIII. Check here if the explanation has been provided in Part XIII       Provide the responditues for facilities         16       Iddownent FundS complete if the organization answered Yes' on Form 990, Part K, line 10.       Part Yes'       No         19       If Yes' explain the arganization schedule agent in t		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solut or receive donations of art, historical treasures, or other similar assets 5 to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 91. 1 a Is the organization and anount on Form 990, Part X, line 21. 1 a Is the organization and explain the intermediary for contributions or other assets not included 6 on Form 990, Part X2 1 a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?      C Beginning balance      C Beginning balance      d Additions during the year      tending balance      d Additions during the year      f Ending balance      d Additions during the year      f Ending balance      d Additions during the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?      Ves No      b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII      Part V Endowment Funds Complete if the organization has been provided in Part XIII      d Grants or facilities     d Grants or facilities	а	Public exhibition	c		an or exch	nange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X?     Beginning balance     Le     Beginning balance     Le     Distributions during the year     Le     Distributions during the year     Le     Distributions during the year     Le     Distributions     Distributions     distributions     Le     Distributions     Distributions     Le     Distributions     Le     Distributions     Le     Distributions     Le     Le     Distributions     Le     Le     Distributions     Le     Le	b	Scholarly research e Other										
5       During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets         Part M       Escrow and Outstodial Arrangements       Complete if the organization ascentrol to collection?         Part M       Escrow and Outstodial Arrangements       Complete if the organization ascentrol to collection?         Is the organization an agent, fusites, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X.       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1d         C Beginning balance       1d       1d       1d         Both organization include an amount on Form 990, Part X, line 21, for escrow or sustodial account liability?       Ves       No         B If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Inclowment FundS Complete if the organization answered "Yes" on Form 900, Part X, line 21, for escrow or sustodial account liability?       Ves       No         Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back is and programs.       (d) Four years back is and programs.       (e) Four years back is and programs.       (e) Four years back is and programs.       (e) Four years back is and programs.       (f) Four years back is and programs.       (f) Two years back is and programs.       (f) Four years back is and	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part X, line 9.         The ported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization and the year         Is the organization and the year         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           D if Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Image: the organization of the organization answered 'Yes' on Form 990, Part X, line 10.         Image: the organization of the organization answered 'Yes' on Form 990, Part X, line 10.           Part V         Endowment Fund's Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Image: the organization of the organization answered 'Yes' on Form 990, Part X, line 10.           Bagning of year balance         [a] Current year end balance (line 1g, column (al) held as:         Image: the organization or thein the possession of the organization that are held and administe	4	Provide a description of the organization's co	ollections and explair	n how they	further the	e organizatio	n's exen	npt purpo	se in Part	XIII.		
Part W       Escrow and Custodial Arrangements: complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X in 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X in 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability?       Image: Complete intermediary	5									7		
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1c       1d         d Additions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         c Net investment earnings, gains, and losses       1         d Administrike expenses       1         g End of year balance       1         g End of year balance       60 (Durrent year end balance (line 1g, column (a)) held as:         a Beagrinding on the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Add programs       1         f Administrative expenses       1         g End of year balance       %         b Permanent endowment       %         f Administrative expenses       1         g End of year balance       1         g End of year balance       1     <											No	
1a       is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X7       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10         c       Beginning balance       10       Amount       10         d       Additions during the year       10       14       14         e       Distributions during the year       11       14       14       16         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       IVes       No         d       Additions during the year       (e) Current year       (b) Prior year       (c) Two years back (f) Three years back       (f) Four years back         fa       Beginning of year balance       (e) Current year       (b) Prior year       (c) Two years back (f) Three years back       (f) Four years back         fa       Grants or scholarships       (f) Prior year       (f) Prior years       (f) Three years back       (f) Four years back         fa       Administrative expenses       (f) Prior year       (f) Prior year       (f) Three years bac	Par			te if the org	ganization	answered "Y	es" on l	Form 990,	Part IV, li	ne 9, or		
on Form 990, Part X?	1a			diary for co	ntributions	s or other ass	sets not	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes	No	
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part XIII.       Image: State Sta	b								······			
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       a board designated or quasi-endowment       %         2 Provide the estimated percentage of the current year end balance file 1g, column (a) held as:       a board designated or quasi-endowment       %         b Permanent endowment       %       %       Yes       No       3a(i)       3a(i)         g End of year balance       (b) Provide the estinstations?       (a) Cost or other<				5						Amount		
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       a board designated or quasi-endowment       %         2 Provide the estimated percentage of the current year end balance file 1g, column (a) held as:       a board designated or quasi-endowment       %         b Permanent endowment       %       %       Yes       No       3a(i)       3a(i)         g End of year balance       (b) Provide the estinstations?       (a) Cost or other<	с	Beginning balance						1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         f       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not instructive structures for facilities       (d) Current year       (e) Two years back       (e) Four years back         e       Other expenditures for facilities       (d) Grants or scholarships       (e) Four years back       (e) Four years back         e       Other expenditures for facilities       (d) Grants or scholarships       (e) Four years       (f) Administrative expenses       (f) Permanent endowment       (f) Administructure faciliti												
f       Ending balance												
b. If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form '90, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Only years back       (c) Two years back       (d) Three years back       (e) Four years back         g       Charls or scholarships       (a) Current year       (a) Only years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Only years back       (a) Only years back       (d) Three years back       (e) Four years         g       End of year balance       (b) Only years back       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Only years back       (f) Three years back       (f) Three years back       (f) Three years back       (f) Three years back       fi Administreed presentage of the current year end balance (line 1g, column (a)) held as: <t< th=""><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	-											
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two years back       (d) Two years back       (d) Two years back         g       End of year balance       (c) Two years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or cu	stodial accou	unt liabili	ty?		Yes	No	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance												
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Con	Par	t V Endowment Funds Complete if					r					
b       Contributions			(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back	
c       Net investment earnings, gains, and losses	1a											
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	С											
and programs												
f       Administrative expenses	е	Other expenditures for facilities										
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(i) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(e) Book value</li> <li>(f) Book value</li> <l< th=""><th>f</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<></ul>	f											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes in Organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(b) Book value depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Equipment depreciation</li> <li>(d) So (d) So (</li></ul>	-			(u								
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	· •	•	e (line 1g, c	olumn (a))	held as:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3a(i)<	a			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part XII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Teyes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li><b>Part VI</b> Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cupment</li> <li>(f) Society (f) Soci</li></ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       25,201.       25,201.       0.         c Leasehold improvements       25,201.       25,201.       0.         d Equipment       315,265.       269,826.       45,439.         e Other       62,547.       48,310.       14,237.	с											
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3c       3b       3c	2-		-	tion that a	a hald an	d administary	ad far th	~				
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(i)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       1a Land         b Buildings       25,201.       25,201.       0.         c Leasehold improvements       315,265.       269,826.       45,439.         e Other       62,547.       48,310.       14,237.	38		ssion of the organiza	מוסח נחמנ מ	e neid an	a administere	ed for th	е		Г	Yes No	
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		5 ,										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4 Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       25,201.         d Equipment       315,265.         e Other       62,547.	h	•										
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4										I	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par											
basis (investment)         basis (other)         depreciation           1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, lii	ne 11a. Se	ee Form 990,	Part X,	line 10.				
b Buildings         25,201.         25,201.         0.           c Leasehold improvements         315,265.         269,826.         45,439.           e Other         62,547.         48,310.         14,237.		Description of property	1		. ,		• •		ed	(d) Book	value	
b Buildings         25,201.         25,201.         0.           c Leasehold improvements         315,265.         269,826.         45,439.           e Other         62,547.         48,310.         14,237.	1a	Land										
c Leasehold improvements       25,201.       0.         d Equipment       315,265.       269,826.       45,439.         e Other       62,547.       48,310.       14,237.												
d Equipment         315,265.         269,826.         45,439.           e Other         62,547.         48,310.         14,237.					2	5,201.		25,2	01.		0.	
e Other 62,547. 48,310. 14,237.							2			45		
					6	2,547.						
				X. line 10c.	column (	(B))	<u>.</u>					

Schedule D (Form 990) 2023

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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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
<u>(D)</u>			
(E)			
(F)			
<u>(G)</u>			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dart IV line 1	1a Saa Form 000 Dart V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of yoor market yelyo
	(b) BOOK value	(c) Method of Valuation. Cost of en	u-oi-year market value
(1) BCUW/MADELINE HOUSING (2) PARTNERS LLC	21 022 056	END OF YEAD MADVEM	<b>177 T TTE</b>
	21,832,856. 5,451,283.	END-OF-YEAR MARKET COST	VALUE
	5,451,205.	C051	
(4)			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9) Tetel (Col. (b) must equal Form 000 Port V. line 12, col. (D))	27,284,139.		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	27,204,137.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	( (B))		
Part X Other Liabilities	<i>ו</i> . (D))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
Image: Construction of liability	, , ,	, ,	(b) Book value
(1) Federal income taxes			
(2) DESIGNATIONS PAYABLE			7,613,117.
(3) OTHER LIABILITIES			7,511.
(4) LEASE LIABILITIES - OPERA	<b>FING</b>		.,
(5) LEASES			270,691.
(6)			,
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<i>I. (B</i> ))		7,891,319.
2. Liability for uncertain tax positions. In Part XIII, provide			

UNITED WAY OF BERGEN COUNTY

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 ... 🗴

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Sche	dule D (Form 990) 2023 UNITED WAY OF BERGEN COUNT				6028959 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,273,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b		_	
с	Recoveries of prior year grants	. 2c		_	
d	Other (Describe in Part XIII.)		673,607.	,	
е	Add lines 2a through 2d			2e	673,607.
3	Subtract line 2e from line 1			3	1,600,074.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	12,901,932.	,	
с	Add lines <b>4a</b> and <b>4b</b>			4c	12,901,932.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	14,502,006.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,599,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,599,807.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	12,901,932.	<u>,</u>	
с	Add lines <b>4a</b> and <b>4b</b>			4c	12,901,932.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	14,501,739.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9 <sup>,</sup> Part III, lines 1a and 4 <sup>,</sup> Par	t IV lines	1b and 2b <sup>.</sup> Part V line	4 <sup>.</sup> Part	X line 2: Part XI

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

# PART X, LINE 2:

THE	ORGAI	NIZAT:	ION	RECO	GNIZE	ES THE	EFFE	CT OF	INCOL	ME TA	X PC	SITI	IONS	ONLY	Z W.	HEN
THEY	ARE	MORE	LIK	ELY	THAN	NOT TO	) BE	SUSTA	INED.	MANA	GEME	INT F	IAS I	DETEF	RMI	NED
THAT	THE	ORGAI	NIZA	TION	HAD	NO UN	CERTA	IN TA	X POSI	ITION	IS TH	IAT F	REQUI	IRE		
FINZ	NCIA	L STA	<b>FEME</b>	NT R	ECOGN	NITION	AND/	OR DI	SCLOS	JRE.	THE	ORG	ANIZZ	ATION	1 I:	S NO
LONG	SER SU	UBJEC	г то	EXA	MINAT	TION B	Y THE	APPL	ICABLI	E TAX	ING	JURI	ISDIC	OITS	1S :	FOR
PERI	ODS 1	PRIOR	то	2021	•											
PART	YXI,	LINE	2D	- ОТ	HER A	DJUSTI	MENTS	:								
CHAI	IGE II	N VAL	JE O	F JO	INT V	ENTUR	E INV	ESTME	T						67	3,607.

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# PART XI, LINE 4B - OTHER ADJUSTMENTS:

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITED WAY OF BERGEN COUNTY	22-6028959 Page 5
Schedule D (Form 990) 2023         UNITED         WAY         OF         BERGEN         COUNTY           Part XIII         Supplemental Information (continued)         (continued)         (continued)         (continued)         (continued)	
AMOUNTS RAISED ON BEHALF OF OTHERS	12,901,932.
	12,501,552.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AMOUNTS RAISED ON BEHALF OF OTHERS	12,901,932.
	· · ·
	Schedule D (Form 990) 2023
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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB								OMB No. 1545-0047			
(Form 990)	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.										
Department of the Treesury	Attach to Form 000 or Form 000 FZ										
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				۱.		Open to Public Inspection			
Name of the organization								entification 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.											
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>d Solicitations</li> </ul>											
key employees list	<ul> <li>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?</li> <li>Yes</li> <li>No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>										
compensated at le	east \$5,000 by the	organization.									
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No	-						
Total				<u></u>							
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration			

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

UNITED WAY OF BERGEN COUNTY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 BCUW GOLF	(b) Event #2 VERY SPECIAL	(c) Other events NONE	(d) Total events
			CLASSIC	HOME GALA	NONE	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	
e			(overit type)	(ovoint typo)		
- evenue	1	Gross receipts	238,516.	210,486.		449,002
	2	Less: Contributions	176,040.	158,355.		334,395
	3	Gross income (line 1 minus line 2)	62,476.	52,131.		114,607.
	4	Cash prizes				
	5	Noncash prizes	6,323.	185.		6,508.
enses		Rent/facility costs				45,230.
Direct Expenses		Food and beverages		34,367.		53,064.
പ						
Dire	8	Entertainment		2,940.		2,940.
Dire		Entertainment Other direct expenses		2,940. 6,610.		
	9		9,692.	2,940. 6,610.		124,044
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	9 , 6 9 2 . gh 9 in column (d) line 3, column (d)			124,044
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	9 , 6 9 2 . gh 9 in column (d) line 3, column (d)			2,940. 16,302. 124,044. -9,437.
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	9 , 6 9 2 . gh 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or ro		<u>124,044</u> . -9,437.
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	9 , 6 9 2 . gh 9 in column (d) line 3, column (d)			124,044 -9,437
Pa	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	9 , 6 9 2 . gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	124,044. -9,437. (d) Total gaming (add
Pa	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9 , 6 9 2 . gh 9 in column (d) ine 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	124,044 -9,437
Pa	9 10 <u>11</u> rt I 1 2	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9 , 6 9 2 . gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	124,044 -9,437
	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	9,692. gh 9 in column (d) line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	124,044.
Pa	9 10 <u>11</u> rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	9,692. gh 9 in column (d) ine 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	124,044 -9,437
Pa	9 10 <u>11</u> rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	9,692. gh 9 in column (d) ine 3, column (d) n answered "Yes" on Form (a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	eported more than	<u>124,044</u> -9,437. (d) Total gaming (add col. (a) through col. (c)

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: \_

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Schedule G (Form 990) 2023	UNITED WAY	OF BERG	EN COUNTY	22-6	5028959	Page <b>3</b>
<b>11</b> Does the organization conduct	gaming activities with nor	members?			Yes	No
<b>12</b> Is the organization a grantor, be						
to administer charitable gaming					Yes	No No
<b>13</b> Indicate the percentage of gam					13a	04
<ul> <li>a The organization's facility</li> <li>b An outside facility</li> </ul>					13b	<u>%</u>
<b>14</b> Enter the name and address of						
Name						
Address						
15a Does the organization have a co	ontract with a third party f	rom whom the	organization receives ga	ming revenue?	Yes	No No
b If "Yes," enter the amount of ga of gaming revenue retained by t		the organization		and the amount		
c If "Yes," enter name and addres						
Name						
A statuces						
Address						
<b>16</b> Gaming manager information:						
Name						
	- ¢					
Gaming manager compensatior	ו \$					
Description of services provided	t					
Director/officer	Employee		pendent contractor			
17 Mandatory distributions:						
a Is the organization required unc						
retain the state gaming license? <b>b</b> Enter the amount of distribution				nizations or spont in the	└── Yes	└── No
organization's own exempt activ	•	\$	ed to other exempt orga	filzations of spent in the		
			quired by Part I, line 2b, o	columns (iii) and (v); and Pa	rt III, lines 9, 9	b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provid	e any additiona	l information. See instrue	ctions.		
332083 09-13-23		3	2	Sched	ule G (Form 9	990) 2023
		5				

Schedule G	(Form	990
<b>D</b>		

Part IV	Supplemental Information (continued)
332084 04-01-	3 Schedule G (Form 990)

13420214 756359 1225000.002

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni <sup>-</sup>	ted States		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		-	Attach to Form .gov/Form990 for	n 990.			Open to Public Inspection	
Name of the organization	OF BERG		.900/P0111990101	the latest informa			Employer identification numb 22-602895	
Part I General Information on Grants an								
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's provided to the organization of the</li></ol>	tance?							No
Part II Grants and Other Assistance to D recipient that received more than \$	omestic Organiz	ations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
KPMG U.S. FOUNDATION, INC. 1501 NORTH PLANO ROAD; ATTN: M. ADA RICHARDSON, TX 75081	22-3263347	501 C (3)	1,981,110.	0.			DONOR DESIGNATION	
FIRST BOOK 1319 F STREET NW; STE. 1000 WASHINGTON, DC 20004	52-1779606	501 C (3)	160,362.	0.			DONOR DESIGNATION	
AMERICAN CANCER SOCIETY 270 PEACHTREE STREET; STE. 1300 ATLANTA, GA 30303	13-1788491	501 C (3)	153,925.	0.			DONOR DESIGNATION	
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501 C (3)	129,876.	0.			DONOR DESIGNATION	
UNITED WAY OF GREATER ST. LOUIS INC 910 N 11TH ST - ST LOUIS, MO 63101	43-0714167	501 C (3)	126,778.	0.			DONOR DESIGNATION	
MILE HIGH UNITED WAY, INC. 711 PARK AVE W DENVER, CO 80205	84-0404235	501 C (3)	99,076.	0.			DONOR DESIGNATION	
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>		tabla						7. 0.

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

### UNITED WAY OF BERGEN COUNTY Schedule I (Form 990)

	()						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH WAY CHRISTIAN COMMUNITY							
12121 PERRY HIGHWAY							
WEXFORD, PA 15090	25-1392339	501 C (3)	87,300.	0.			DONOR DESIGNATION
,			, ,				
MARCH OF DIMES							
1550 CRYSTAL DRIVE; STE 1300							
ARLINGTON, VA 22202	13-1846366	501 C (3)	81,099.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER ATLANTA,							
INC 40 COURTLAND ST NE -							
ATLANTA, GA 30303	58-0566194	501 C (3)	73,806.	0.			DONOR DESIGNATION
UNITED WAY OF LONG ISLAND							
819 GRAND BLVD							
DEER PARK, NY 11729	11-6042392	501 C (3)	73,732.	0.			DONOR DESIGNATION
	11 0012052	501 0 (5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
THE MOODY CHURCH							
1635 N. LASALLE DRIVE							
CHICAGO, IL 60614	36-2182069	501 C (3)	61,737.	0.			DONOR DESIGNATION
THE CHURCH OF THE RESURRECTION							
13720 ROE AVENUE							
LEAWOOD, KS 66224	48-1107898	501 C (3)	60,750.	0.			DONOR DESIGNATION
AMERICAN HEART ASSOCIATION, INC.							
7272 GREENVILLE AVENUE	4.2 5 6 4 2 5 6 7		<b>CO. 075</b>				
DALLAS, TX 75231	13-5613797	501 C (3)	60,275.	0.			DONOR DESIGNATION
SHULAMITH SCHOOL FOR GIRLS							
305 CEDARHURST AVENUE							
CEDARHURST, NY 11516	27-4092673	501 C (3)	54,280.	0.			DONOR DESIGNATION
	27 1052075		51,200.				Denois Dibionition
UNITED WAY OF GREATER LOS ANGELES							
1150 S OLIVE ST STE T-500							
LOS ANGELES, CA 90015	95-2274801	501 C (3)	51,440.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other A				(-0		,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INITED WAY OF GREATER HOUSTON							
IOUSTON, TX 77253	74-1167964	501 C (3)	50,980.	0.			DONOR DESIGNATION
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. – 3 INTERNATIONAL DRIVE STE 200 – RYE BROOK, NY 10573	13-5644916	501 C (3)	47,804.	0.			DONOR DESIGNATION
THE WOODRUFF ARTS CENTER 280 PEACHTREE ST NE							
ATLANTA, GA 30309	58-0633971	501 C (3)	46,750.	0.			DONOR DESIGNATION
NJ 2-1-1 PARTNERSHIP 6 WING DRIVE, SUITE 201							
CEDAR KNOLLS, NJ 07927	22-3338917	501 C (3)	43,324.	0.			DONOR DESIGNATION
WIN LAKES CHURCH 2701 CABRILLO COLLEGE DR. APTOS, CA 95003	95-3477339	501 C (3)	41,000.	0.			DONOR DESIGNATION
RACE BIBLE CHURCH OF VIRGINIA EACH - 2956 ANSOL LANE - VIRGINIA							
BEACH, VA 23452	27-2343832	501 C (3)	40,000.	0.			DONOR DESIGNATION
NITED WAY FOR SOUTHEASTERN NICHIGAN - 3011 W GRAND BLVD STE							
500 - DETROIT, MI 48202	20-3099071	501 C (3)	39,869.	0.			DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 3RD AVENUE; FL 3 -							
NEW YORK CITY, NY 10017	13-5661935	501 C (3)	37,927.	0.			DONOR DESIGNATION
NITED WAY OF METROPOLITAN CHICAGO 31196 MOMENTUM PLACE							
HICAGO, IL 60689	30 - 0200478	501 C (3)	37,080.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED STATES CONFERENCE OF							
CATHOLIC BISHOPS - 3211 4TH STREET							
NE - WASHINGTON DC, DC 20017	53-0196617	501 C (3)	36,516.	0.			DONOR DESIGNATION
			,				
GREATER CHICAGO FOOD DEPOSITORY							
4100 W ANN LURIE PL							
CHICAGO, IL 60632	36-2971864	501 C (3)	36,421.	0.			DONOR DESIGNATION
BAYSIDE COVENANT CHURCH GRANITE							
BAY ROSEVILLE CA - 8211 SIERRA							
COLLEGE BLVD STE 440 - ROSEVILLE,							
CA 95661	68-0358620	501 C (3)	35,000.	0.			DONOR DESIGNATION
CHRIST CHURCH OF SOUTH METRO							
ATLANTA - 285 LYNWOOD AVENUE -							
TYRONE, GA 30290	86-2283258	501 C (3)	35,000.	0.			DONOR DESIGNATION
COMMUNITY FOOD BANK OF NEW JERSEY,							
INC 31 EVANS TERMINAL ROAD -	22 2422002	F01 g (2)	24 710				
HILLSIDE, NJ 07205 ALZHEIMER'S DISEASE & RELATED	22-2423882	501 C (3)	34,718.	0.			DONOR DESIGNATION
DISORDERS ASSOCIATION, INC 225 N. MICHIGAN AVENUE - 17TH FLOOR -							
CHICAGO, IL 60601	13-3039601	501 C (3)	34,525.	0.			DONOR DESIGNATION
	13-3039001	501 C (5)	54,525.	Ū.			DONOR DESIGNATION
UNITED WAY OF GREATER KANSAS CITY							
4801 MAIN STREET STE. 425							
KANSAS CITY, MO 64112	44-0545812	501 C (3)	33,024.	٥.			DONOR DESIGNATION
PEACE LUTHERAN CHURCH							
455 CLARK STATE RD.							
GAHANNA, OH 43230	41-1568278	501 C (3)	31,750.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES COMMUNITY			1				
SERVICES ARCHDIOCESE OF NEW YORK -							
1011 1ST AVE FL 6 - NEW YORK CITY,							
NY 10022	13-5562185	501 C (3)	31,374.	٥.			DONOR DESIGNATION

Schedule I (Form 990) UNITED WA	I OF DERG.	EN COUNTI				2	42-0020939 Pa
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HRIST OUR KING & SAVIOR CATHOLIC							
CHURCH GREENSBORO INC - 6341 LAKE							
DCONEE PKWY - GREENSBORO, GA 30642	58-2008223	501 C (3)	30,000.	٥.			DONOR DESIGNATION
SCONEL TIMI SKEENDDONG, SM 50042	30 2000223	501 C (5)					BONON BEDIOMITION
MAYFAIR BIBLE CHURCH							
5339 W. PIERSON ROAD							
FLUSHING, MI 48433	38-1550340	501 C (3)	30,000.	0.			DONOR DESIGNATION
UNITED WAY OF NORTHEAST FLORIDA							
INC - 40 E ADAMS ST STE 310 -							
JACKSONVILLE, FL 32202	59-0637825	501 C (3)	29,877.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN DALLAS,							
INC 1800 N LAMAR ST - DALLAS,							
TX 75202	75-6005352	501 C (3)	28,665.	0.			DONOR DESIGNATION
AMERICAN NATIONAL RED CROSS							
431 18TH STREET NW							
WASHINGTON DC, DC 20006	53-0196605	501 C (3)	28,278.	0.			DONOR DESIGNATION
ANN & ROBERT H LURIE CHILDRENS							
HOSPITAL OF CHICAGO FOUNDATION -							
225 E CHICAGO AVE # 282 - CHICAGO,							
IL 60611	36-3357006	501 C (3)	28,100.	0.			DONOR DESIGNATION
CRADLES TO CRAYONS INC							
281 NEWTONVILLE AVENUE	04 2504267		07.000				DONOD DEGLONATION
IEWTON, MA 02460	04-3584367	DUT C (3)	27,238.	0.			DONOR DESIGNATION
CENTRAL CHRISTIAN CHURCH ARIZONA							
33 N LINDSAY RD							
MESA, AZ 85213	86-0192799	501 C (3)	26,750.	0.			DONOR DESIGNATION
	00 0192199	501 C (5)	20,730.	0.			PONOR DESIGNATION
ORANGE COUNTY UNITED WAY,							
CALIFORNIA - 18012 MITCHELL AVE.							
SOUTH - IRVINE, CA 92614	33-0047994	501 C (3)	26,586.	0.			DONOR DESIGNATION
JOUIN INVINE, CR J2014	33 00 - 7 9 9 4		20,300.	· ·			POHON DEPIGHATION

# UNITED WAY OF BERGEN COUNTY

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Schedule I (Form 990) UNITED WA							2-6028959 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY,							
NORTHRIDGE FOUNDATION - 18111							
NORDHOFF ST - NORTHRIDGE, CA 91330	95-6196006	501 C (3)	26,100.	0.			DONOR DESIGNATION
,,				- •			
EMERGENCY ASSISTANCE FOUNDATION,							
NC P.O. BOX 737099 - DALLAS,							
TX 75373-7099	45-1813056	501 C (3)	25,435.	Ο.			DONOR DESIGNATION
PELOTONIA							
L-3454							
COLUMBUS, OH 43260	82-4997087	501 C (3)	25,351.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS LONE STAR							
450 E JOHN CARPENTER FWY STE 300							
IRVING, TX 75062	75-0800632	501 C (3)	25,000.	0.			DONOR DESIGNATION
KABEYUN PO BOX 325							
ALTON BAY, NH 03810	02-6034452	501 C (3)	25,000.	0.			DONOR DESIGNATION
ALION BAI, NH 03810	02-0034452	501 C (3)	25,000.	0.			DONOR DESIGNATION
YESHIVAT TORAT SHRAGA							
COPPERBEECH LANE							
LAWRENCE, NY 11559	47-3163235	501 C (3)	25,000.	0.			DONOR DESIGNATION
	17 0100100			••			
FIRST UNITED METHODIST							
CHURCH/MCDONOUGH - 151 MACON							
STREET - MCDONOUGH, GA 30253	58-2532607	501 C (3)	24,000.	0.			DONOR DESIGNATION
NITED STATES OF AMERICA RUGBY			, ,				
OOTBALL UNION - 500 SOUTH CHERRY							
STREET; STE. 100 - DENVER, CO							
30246	16-1118870	501 C (3)	23,500.	0.			DONOR DESIGNATION
			,				
RAVINIA FESTIVAL ASSOCIATION							
16 SHERIDAN RD							
IIGHLAND PARK, IL 60035	36-6002273	501 C (3)	23,350.	Ο.			DONOR DESIGNATION

# UNITED WAY OF BERGEN COUNTY

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Schedule I (Form 990) UNITED WAY							2-6028959 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE REPETORY THEATRE	01 0756535	F01 G (2)	22.500				
SEATTLE, WA 98109 INITED WAY OF CENTRAL INDIANA INC 2955 N MERIDIAN ST STE 300	91-0756535		22,500.	0.			DONOR DESIGNATION
NDIANAPOLIS, IN 46208 YOUNDATION AT NEW JERSEY INSTITUTE OF TECHNOLOGY - UNIVERSITY HEIGHTS	35-1007590		22,500.	0.			DONOR DESIGNATION
- NEWARK, NJ 07102 /ISTA COMMUNITY CHURCH INC 4200 S. CHICKASAW TRAIL DRLANDO, FL 32829	22-1714037 59-3103144		21,752.	0.			DONOR DESIGNATION
OHNS HOPKINS UNIVERSITY 910 KESWICK RD STE N2100 WALTIMORE, MD 21211	52-0595110	501 C (3)	21,414.	0.			DONOR DESIGNATION
TAR OF HOPE MISSION 848 LOOP CENTRAL DR STE 500 OUSTON, TX 77081	74-1152599	501 C (3)	21,337.	0.			DONOR DESIGNATION
AMBDA LEGAL DEFENSE AND EDUCATION UND, INC 120 WALL ST FL 19 - EW YORK CITY, NY 10005	23-7395681	501 C (3)	21,108.	0.			DONOR DESIGNATION
MANNA FOOD BANK 527 SWANNANOA RIVER RD. ASHEVILLE, NC 28805	58-1514800	501 C (3)	21,000.	0.			DONOR DESIGNATION
NOUNDED WARRIOR PROJECT INC 1899 BELFORT RD., SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501 C (3)	20,551.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (SCNG	euule I (Form 990), Pa	тт п.) Т	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PHILIP THE DEACON LUTHERAN CHURCH - 17205 COUNTY ROAD 6 -							
MINNEAPOLIS, MN 55447	23-7248186	501 C (3)	20,400.	0.			DONOR DESIGNATION
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 E 92ND ST - NEW YORK, NY 10128	13-1623829	501 C (3)	20,365.	0.			DONOR DESIGNATION
JDRF INTERNATIONAL 200 VESEY STREET; FL 28							
NEW YORK CITY, NY 10281	23-1907729	501 C (3)	20,277.	0.			DONOR DESIGNATION
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DR							
LOS ANGELES, CA 90045	95-1643334	501 C (3)	20,000.	0.			DONOR DESIGNATION
ROCKHURST HIGH SCHOOL 9301 STATE LINE RD. KANSAS CITY, MO 64114-3299	44-0662501	501 C (3)	20,000.	0.			DONOR DESIGNATION
, WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW FL 7							
WASHINGTON, DC 20001	27-3521132	501 C (3)	19,785.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF NORTHEAST KANSAS, INC 9720 WEST 87TH							
STREET - OVERLAND PARK, KS 66212	48-1181305	501 C (3)	19,376.	0.			DONOR DESIGNATION
BROWN HILLEL FOUNDATION 80 BROWN ST.							
PROVIDENCE, RI 02906	05-6019146	501 C (3)	19,000.	0.			DONOR DESIGNATION
AMERICAN ROYAL ASSOCIATION 1701 AMERICAN ROYAL CT.							
KANSAS CITY, MO 64102	44-0615551	501 C (3)	18,840.	Ο.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALVATION ARMY NATIONAL CORP.									
15 SLATERS LANE									
LEXANDRIA, VA 22314	22-2406433	501 C (3)	18,639.	0.			DONOR DESIGNATION		
CAMP SUNSHINE, INC.									
.850 CLAIRMONT RD									
DECATUR, GA 30033	58-1872217	501 C (3)	18,437.	0.			DONOR DESIGNATION		
CLEVELAND CLINIC FOUNDATION									
6801 BRECKSVILLE RD RK1-85									
INDEPENDENCE, OH 44131	34-0714585	501 C (3)	18,350.	Ο.			DONOR DESIGNATION		
JEWISH UNITED FUND OF METROPOLITAN									
CHICAGO - 30 S. WELLS STREET; RM									
3134 - CHICAGO, IL 60606	36-2167034	501 C (3)	18,080.	0.			DONOR DESIGNATION		
PAWS CHICAGO									
1997 N. CLYOURN AVENUE									
CHICAGO, IL 60614	36-4219778	501 C (3)	18,077.	0.			DONOR DESIGNATION		
STEPHEN SILLER TUNNEL TO TOWERS									
FOUNDATION - 2361 HYLAN BLVD -									
STATEN ISLAND, NY 10306	02-0554654	501 C (3)	17,852.	0.			DONOR DESIGNATION		
INITED WAY OF GREATER CHARLOTTE									
INC - 601 E 5TH ST STE 350 -									
CHARLOTTE, NC 28202	56-0529948	501 C (3)	17,700.	Ο.			DONOR DESIGNATION		
TRUSTEES OF THE UNIVERSITY OF				••					
PENNSYLVANIA - 2929 WALNUT STREET;									
STE. 300 - PHILADELPHIA, PA									
L9104-5099	23-1352685	501 C (3)	17,685.	0.			DONOR DESIGNATION		
MOUNTAIN CHRISTIAN CHURCH									
1824 MOUNTAIN ROAD				_					
JOPPA, MD 21085	52-0635086	501 C (3)	17,672.	0.			DONOR DESIGNATION		

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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	501 C (3)	17,620.	0.			DONOR DESIGNATION
CHICAGO CHILDREN'S ADVOCACY CENTER							
CHICAGO CHILDREN'S ADVOCACY CTR							
1240 S. DAMEN AVE CHICAGO, IL							
60608	36-4251865	501 C (3)	17,500.	0.			DONOR DESIGNATION
	20 1201000		1,,500.				
THEMINNESOTAOPERA							
620 N 1ST ST							
MINNEAPOLIS, MN 55401	41-0946789	501 C (3)	17,500.	0.			DONOR DESIGNATION
	41 0940709	501 C (5)	17,500.				Denois Dibiomition
ARCHDIOCESE OF NEWARK							
171 CLIFTON AVE							
NEWARK, NJ 07104	22-1487308	501 C (3)	17,330.	0.			DONOR DESIGNATION
MEWARK, NO 07104	22 140/300	501 C (5)	17,550.	0.			DONOR DESIGNATION
FUCHS MIZRACHI SCHOOL							
26600 SHAKER BOULEVARD							
	34-1400924	501 C (3)	17,250.	0.			DONOR DESIGNATION
BEACHWOOD, OH 44122	34-1400924	501 C (3)	17,250.	0.			DONOR DESIGNATION
COVENANT OF GRACE PRESBYTERIAN							
CHURCH - 820 NICODEMUS RD	50 1000APC	F01 C (2)	17 000	_			DONOD DEGICNATION
REISTERSTOWN, MD 21136	52-1283476	DUI ( ( 3 )	17,000.	0.			DONOR DESIGNATION
HAMPTON UNIVERSITY							
200 WILLIAM R. HARVEY WAY, ROOM							
114 WIGWAM BLDG HAMPTON, VA							
23668	54-0505990	DUT C (3)	16,806.	0.			DONOR DESIGNATION
NORTH POINT MINISTRIES INC							
PO BOX 3300							
ALPHARETTA, GA 30023	58-2203569	501 C (3)	16,460.	0.			DONOR DESIGNATION
CHURCH OF THE SAVIOUR							
651 NORTH WAYNE AVE.							
WAYNE, PA 19087	23-1862788	501 C (3)	16,450.	Ο.		1	DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance		
PAUL SNYDER MEMORIAL FOUNDATION									
67 CRAIG RD									
ISLIP TERRACE, NY 11752-1919	26-4740228	501 C (3)	16,384.	٥.			DONOR DESIGNATION		
VILLANOVA UNIVERSITY									
800 E LANCASTER AVE									
VILLANOVA, PA 19085	23-1352688	501 C (3)	16,307.	0.			DONOR DESIGNATION		
MUSIC INSTITUTE OF CHICAGO									
1702 SHERMAN AVE									
EVANSTON, IL 60201	36-2374224	501 C (3)	16,000.	٥.			DONOR DESIGNATION		
CYSTIC FIBROSIS FOUNDATION									
4550 MONTGOMERY AVE STE 1100N									
BETHESDA, MD 20814	13-1930701	501 C (3)	15,725.	0.			DONOR DESIGNATION		
NORTH TEXAS FOOD BANK									
3677 MAPLESHADE LN									
PLANO, TX 75075	75-1785357	501 C (3)	15,605.	٥.			DONOR DESIGNATION		
i									
CHAI LIFELINE									
151 W. 30TH STREET									
NEW YORK, NY 10001	11-2940331	501 C (3)	15,486.	0.			DONOR DESIGNATION		
BIG SHOULDERS FUND									
212 W VAN BUREN ST STE 900									
CHICAGO, IL 60607	36-3490557	501 C (3)	15,462.	٥.			DONOR DESIGNATION		
· · ·			· · · ·						

151 W. 30TH STREET						
NEW YORK, NY 10001	11-2940331	501 C (3)	15,486.	0.		DONOR DESIGNATION
BIG SHOULDERS FUND						
212 W VAN BUREN ST STE 900						
CHICAGO, IL 60607	36-3490557	501 C (3)	15,462.	٥.		DONOR DESIGNATION
ME MOMENT SUPPORT AND EMPOWERMENT						
GROUP INC - 711 STELLE AVE -						
PLAINFIELD, NJ 07060-2209	84-5095926	501 C (3)	15,340.	٥.		DONOR DESIGNATION
LINCOLN PARK ZOOLOGICAL SOCIETY						
2001 N CLARK ST						
CHICAGO, IL 60614	36-2512404	501 C (3)	15,275.	٥.		DONOR DESIGNATION

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		22-0020959 Pa
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ TAEKWONDO FOR YOUTH FOUNDATION							
247 FITZPATRICK STREET							
HILLSIDE, NJ 07205	20-1130388	501 C (3)	15,242.	0.			DONOR DESIGNATION
ALL NATIONS INTERNATIONAL INC							
PO BOX 901253							
KANSAS CITY, MO 64190	82-2429894	501 C (3)	15,000.	0.			DONOR DESIGNATION
FIRST PRESBYTERIAN CHURCH PO BOX 1							
BELMONT, NC 28012	56-0597087	501 C (3)	15,000.	0.			DONOR DESIGNATION
GLIDE FOUNDATION 330 ELLIS ST							
SAN FRANCISCO, CA 94102	94-1156481	501 C (3)	15,000.	0.			DONOR DESIGNATION
GLOBAL GATES 236 W. 72ND STREET							
NEW YORK, NY 10023	82-2452416	501 C (3)	15,000.	0.			DONOR DESIGNATION
INTERNATIONAL OUTREACH MINISTRIES INC - PO BOX 2140 - MCCOMB, MS							
39649	43-1972477	501 C (3)	15,000.	0.			DONOR DESIGNATION
KU ENDOWMENT CHARITABLE GIFT FUND 20 BOX 928							
LAWRENCE, KS 66044	20-0317170	501 C (3)	15,000.	0.			DONOR DESIGNATION
LDS FOUNDATION/HUMANITARIAN FUND L5 E. SOUTH TEMPLE; 2ND FL EAST							
SALT LAKE CITY, UT 84150	23-7300405	501 C (3)	15,000.	0.			DONOR DESIGNATION
MELMARK CHARITABLE FOUNDATION 2600 WAYLAND ROAD							
BERWYN, PA 19312	23-2446806	501 C (3)	15,000.	Ο.			DONOR DESIGNATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ROSE OF LIMA ROMAN CATHOLIC CHURCH – 2 BAYVIEW AVE – MASSAPEQUA, NY 11758	11-1814003	501 C (3)	15,000.	0.			DONOR DESIGNATION
ZOOLOGICAL SOCIETY OF PITTSBURGH 1 HILL ROAD PITTSBURGH, PA 15206	25-1418766	501 C (3)	15,000.	0.			DONOR DESIGNATION
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 02494-2704	04-2746912	501 C (3)	14,763.	0.			DONOR DESIGNATION
EVANGELICAL LUTHERAN CHURCH OF THE MESSIAH – 228 RAMAPO VALLEY ROAD – OAKLAND, NJ 07436	22-2518319	501 C (3)	14,700.	0.			DONOR DESIGNATION
ST. NICHOLAS THE WONDERWORKER ORTHODOX CHURCH - 191 KING AVENUE - COLUMBUS, OH 43201	36-3358645	501 C (3)	14,550.	0.			DONOR DESIGNATION
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	501 C (3)	14,538.	0.			DONOR DESIGNATION
PITTSBURGH CLO (CIVIC LIGHT OPERA) 719 LIBERTY AVE PITTSBURGH, PA 15222	25-6000890	501 C (3)	14,500.	0.			DONOR DESIGNATION
			, .				

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

SHATTERPROOF 101 MERRITT CORPORATE PARK; 1ST FLO NORWALK, CT 06851 45-4619712 501 C (3) 14,500. Ο. DONOR DESIGNATION MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065 13-1924236 501 C (3) 14,435. Ο. DONOR DESIGNATION

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Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	vernments (Sch	dule I (Form 990) Pa		22-0020939 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST - 2000 WESTCHESTER AVENUE - PURCHASE, NY 10577	52-7082731	501 C (3)	14,399.	0.			DONOR DESIGNATION
FOOTPRINTS OF FAITH FOUNDATION 134 SAINT ANDREWS DR ALLEN, TX 75002	33-1207625	501 C (3)	14,335.	0.			DONOR DESIGNATION
NITED WAY OF GREATER CINCINNATI PO BOX 632840 CINCINNATI, OH 45263-2840	31-0537502	501 C (3)	14,231.	0.			DONOR DESIGNATION
DOCTORS WITHOUT BORDERS USA INC 10 RECTOR STREET, 16TH FLOOR NEW YORK CITY, NY 10006	13-3433452	501 C (3)	14,199.	0.			DONOR DESIGNATION
THE PITTSBURGH CULTURAL TRUST 303 LIBERTY AVENUE PITTSBURGH, PA 15222	25-1469002	501 C (3)	14,000.	0.			DONOR DESIGNATION
EW JERSEY PERFORMING ARTS CENTER NJPAC) – 1 CENTER STREET – EWARK, NJ 07102	22-2889703	501 C (3)	13,847.	0.			DONOR DESIGNATION
ATIONAL ACADEMY FOUNDATION 69 MADISON AVENUE; STE. 2797 EW YORK, NY 10016	13-3480246	501 C (3)	13,700.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL OKLAHOMA PO BOX 248919 DKLAHOMA CITY, OK 73124	73-0589829	501 C (3)	13,600.	0.			DONOR DESIGNATION
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA – 1249 PENN AVENUE; PO BOX 735 – PITTSBURGH, PA L5230-0734	25-1043578	501 C (3)	13,600.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF NEW JERSEY							
35 KNOX HILL RD.							
MORRISTOWN, NJ 07963-0338	22-2281783	501 C (3)	13,555.	0.			DONOR DESIGNATION
ATLANTA OPERA							
1575 NORTHSIDE DRIVE, NW							
ATLANTA, GA 30318	58-1371843	501 C (3)	13,400.	0.			DONOR DESIGNATION
WORLD WILDLIFE FUND INC							
1250 24TH STREET NW; SUITE 105							
WASHINGTON, DC 20037	52-1693387	501 C (3)	13,395.	0.			DONOR DESIGNATION
UNITED WAY OF SAN ANTONIO & BEXAR							
COUNTY - 700 S ALAMO ST - SAN							
ANTONIO, TX 78205	74-1272381	501 C (3)	13,388.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER NEWARK							
50 PARK PLACE, SUITE 1025							
NEWARK, NJ 07102	22-6069078	501 C (3)	13,179.	0.			DONOR DESIGNATION
THE CHILDRENS HOSPITAL OF							
PHILADELPHIA FOUNDATION - 3396							
CIVIC CENTER BLVD - PHILADELPHIA,	22 2227022	F01 g (2)	12 170	0			DONOD DEGISTANA ETON
PA 19104	23-2237932	501 C (3)	13,176.	0.			DONOR DESIGNATION
UNITED WAY OF ANCHORAGE							
PO BOX 200108							
ANCHORAGE, AK 99520	92-0027948	501 C (3)	13,121.	0.			DONOR DESIGNATION
	52 002/540	501 C (5)	13,121.	0.			DOTOR DEDIGINATION
TRUE LIFE COMMUNITY SDA CHURCH							
10548 NW 56TH DRIVE							
CORAL SPRINGS, FL 33076	52-0643036	501 C (3)	13,100.	0.			DONOR DESIGNATION
			,				
THE GREATER BOSTON FOOD BANK INC							
70 SOUTH BAY AVENUE							
BOSTON, MA 02118	04-2717782	501 C (3)	13,009.	Ο.			DONOR DESIGNATION

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHONSUS ACADEMY AND CENTER FOR THE ARTS - 1439 W. WELLINGTON AVENUE - CHICAGO, IL 60657	36-1721270	501 C (3)	12,650.	0.			DONOR DESIGNATION
COMPASSION INTERNATIONAL, INC. 12289 VOYAGER PKWY COLORADO SPRINGS, CO 80921-3668	36-2423707	501 C (3)	12,531.	0.			DONOR DESIGNATION
UCAN CHICAGO 3605 W. FILLMORE CHICAGO, IL 60624	36-2167937	501 C (3)	12,500.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC - 225 W VINE ST - MILWAUKEE, WI 53212	39-0806190		12,500.	0.			DONOR DESIGNATION
BLUE RIDGE CHAPEL 445 BLUE RIDGE COURT ROCKY MOUNTAIN, VA 24151	52-1275608	501 C (3)	12,460.	0.			DONOR DESIGNATION
CHILDRENS SPECIALIZED HOSPITAL FOUNDATION, INC. – 150 NEW PROVIDENCE ROAD – MOUNTAINSIDE, NJ 07092-2590	13-6844298	501 C (3)	12,442.	0.			DONOR DESIGNATION
WILLAMSON COLLEGE OF THE TRADES 106 SOUTH NEW MIDDLETOWN ROAD MEDIA, PA 19063-5299	23-1352691	501 C (3)	12,352.	0.			DONOR DESIGNATION
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 C (3)	12,332.	0.			DONOR DESIGNATION
CONNECTICUT FOOD BANK INC 1 RESEARCH PARKWAY WALLINGFORD, CT 06492-1929	06-1063025	501 C (3)	12,275.	0.			DONOR DESIGNATION

Schedule I (Form 990)

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# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HRIS 180 INC.							
1030 FAYETTEVILLE ROAD SE							
ATLANTA, GA 30316	58-1430183	501 C (3)	12,050.	0.			DONOR DESIGNATION
· · ·							
WHITES CHAPEL METHODIST CHURCH							
185 S WHITE CHAPEL BLVD							
SOUTHLAKE, TX 76092	75-2253775	501 C (3)	12,040.	0.			DONOR DESIGNATION
BOYS & GIRLS COUNTRY							
18806 ROBERTS ROAD							
HOCKLEY, TX 77447	74-6026198	501 C (3)	12,000.	0.			DONOR DESIGNATION
FELLOWSHIP PRESBYTERIAN CHURCH							
1105 OLD SPARTANBURG RD			10.000				
GREER, SC 29650	57-0726954	501 C (3)	12,000.	0.			DONOR DESIGNATION
FIRST UNITED METHODIST CHURCH OF							
ALLEN - 601 S GREENVILLE AVE -	75 1 601 004	F01 G (2)	10.000	0			DONOD DEGISINATION
ALLEN, TX 75002	75-1691084	501 C (3)	12,000.	0.			DONOR DESIGNATION
THE CATHEDRAL OF ST. PHILIP							
2744 PEACHTREE ROAD							
ATLANTA, GA 30305	58-6088023	501 C (3)	12,000.	0.			DONOR DESIGNATION
illmin, on sosos	30 000023	501 C (5)	12,000.				DONOR DEDICIMITION
SETON HALL PREPARATORY SCHOOL							
120 NORTHFIELD AVENUE							
WEST ORANGE, NJ 07052	22-2807217	501 C (3)	11,922.	0.			DONOR DESIGNATION
		/					
FURNITURE BANK OF CENTRAL OHIO							
118 SOUTH YALE AVE							
COLUMBUS, OH 43222	31-1600869	501 C (3)	11,855.	0.			DONOR DESIGNATION
		- *	,				
JNITED WAY OF MASSACHUSETTS BAY							
INC - PO BOX 412866 - BOSTON, MA							
, ,	04-2382233	501 C (3)	11,829.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EMPTY STOCKING FUND INC							
693 HUMPHRIES ST SW							
ATLANTA, GA 30310	23-7159125	501 C (3)	11,770.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF							
GREATER KANSAS CITY - 1709 WALNUT							
STREET - KANSAS CITY, MO 64108	43-6068464	501 C (3)	11,725.	0.			DONOR DESIGNATION
MISERICORDIA HOME							
6300 N RIDGE AVE	26 21 701 52	F01 g (2)	11 650	0			
CHICAGO, IL 60660	36-2170153	501 C (3)	11,650.	0.			DONOR DESIGNATION
HOMEWOOD COMMUNITY CHURCH							
2811 CRESCENT AVENUE							
HOMEWOOD, AL 35209	83-1840512	501 C (3)	11,500.	0.			DONOR DESIGNATION
,							
UNIVERSITY OF WISCONSIN FOUNDATION							
1847 UNIVERSITY AVENUE							
MADISON, WI 53726	39-0743975	501 C (3)	11,425.	0.			DONOR DESIGNATION
ALZHEIMERS FOUNDATION OF AMERICA							
INC - 322 8TH AVE FL 16 - NEW YORK							
CITY, NY 10001	91-1792864	501 C (3)	11,360.	0.			DONOR DESIGNATION
ST. CHRYSOSTOM'S EPISCOPAL CHURCH							
1424 NORTH DEARBORN PARKWAY							
CHICAGO, IL 60610	36-2170847	501 C (3)	11,250.	0.			DONOR DESIGNATION
	30 21/004/		11,230.				Denon Dibionnition
CUYAHOGA VALLEY CHRISTIAN ACADEMY							
4687 WYOGA LAKE ROAD							
CUYAHOGA FALLS, OH 44224	34-1027005	501 C (3)	11,200.	0.			DONOR DESIGNATION
AGAPE COMMUNITY CENTER INC.							
2210 MARIETTA BOULEVARD NW							
ATLANTA, GA 30318	58-2372950	501 C (3)	11,000.	٥.			DONOR DESIGNATION

# UNITED WAY OF BERGEN COUNTY

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANADOLLS ADMS SEMMED							
INDIANAPOLIS ARTS CENTER 320 EAST 67TH STREET							
INDIANAPOLIS, IN 46220	35-1088735	501 C (3)	11,000.	0.			DONOR DESIGNATION
INDIANAPOLIS, IN 40220	33-1088733	501 C (3)	11,000.	υ.			DONOR DESIGNATION
VALLEY OF THE SUN UNITED WAY							
3200 E CAMELBACK RD STE 375							
PHOENIX, AZ 85018	86-0104419	501 C (3)	10,980.	Ο.			DONOR DESIGNATION
GREATER CLEVELAND FOOD BANK, INC.							
13815 COIT ROAD							
CLEVELAND, OH 44110	34-1292848	501 C (3)	10,915.	Ο.			DONOR DESIGNATION
			,				
ST IGNATIUS COLLEGE OF CHICAGO							
1076 W ROOSEVELT RD STE 1							
CHICAGO, IL 60608	36-2167867	501 C (3)	10,900.	Ο.			DONOR DESIGNATION
HERITAGE CHRISTIAN ACADEMY							
15655 BASS LAKE RD.							
MAPLE GROVE, MN 55311	41-2005352	501 C (3)	10,750.	0.			DONOR DESIGNATION
INDIANA REPERTORY THEATRE, INC.							
140 WEST WASHINGTON STREET							
INDIANAPOLIS, IN 46204	35-1186290	501 C (3)	10,500.	0.			DONOR DESIGNATION
VESTERN ACADEMY							
L511 BUTLERCREST STREET							
IOUSTON, TX 77080	26-1886794	501 C (3)	10,500.	0.			DONOR DESIGNATION
INITED NEGRO COLLEGE FUND							
50 PARK PLACE, SUITE 406	12 1004041	F01 0 (2)	10 400	_			DONOR DEGLAMATON
IEWARK, NJ 07102	13-1624241	DUT C (3)	10,492.	0.			DONOR DESIGNATION
CROHN'S & COLITIS FOUNDATION							
733 3RD AVENUE; STE. 510	13-6193105	501 C (3)	10 4 9 4	0.			DONOR DESTONATION
NEW YORK, NY 10017	1 13-0193102		10,484.	υ.			DONOR DESIGNATION

(a) Name and address of	<b>(b)</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	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BOSTON YOUTH SYMPHONY ORCHESTRAS,							
INC 855 COMMONWEALTH AVE -							
BOSTON, MA 02215	04-2790069	501 C (3)	10,330.	0.			DONOR DESIGNATION
MAKE-A-WISH TEXAS GULF COAST AND							
LOUISIANA, INC 12625 SOUTHWEST							
FWY - STAFFORD, TX 77477	76-0116615	501 C (3)	10,300.	0.			DONOR DESIGNATION
MICHAEL J. FOX FOUNDATION FOR							
PARKINSONS RESEARCH - GRAND							
CENTRAL STATION; PO BOX 4777 - NEW							
YORK, NY 10163	13-4141945	501 C (3)	10,272.	0.			DONOR DESIGNATION
HOUSTON AREA WOMEN'S CENTER, INC.							
1010 WAUGH DR							
HOUSTON, TX 77019	74-2029166	501 C (3)	10,261.	0.			DONOR DESIGNATION
CHILDREN'S HEALTHCARE OF ATLANTA							
FOUNDATION - 1575 NORTHEAST	90-0779996	501 C (3)	10,250.	0.			DONOR DESIGNATION
EXPRESSWAY - ATLANTA, GA 30329	90-0779996	501 C (3)	10,250.	0.			DONOR DESIGNATION
HOWARD SCHOOL INC							
1192 FOSTER ST NW							
ATLANTA, GA 30318	58-0611768	501 C (3)	10,220.	0.			DONOR DESIGNATION
THE CHURCH OF JESUS CHRIST OF			,				
LATTER-DAY SAINTS - 50 E NORTH							
TEMPLE FL 22 - SALT LAKE CITY, UT							
84150	87-0234341	501 C (3)	10,200.	0.			DONOR DESIGNATION
CATHOLIC COMMUNITY SERVICES OF							
SOUTHERN ARIZONA, INC 140 W							
SPEEDWAY BLVD STE 230 - TUCSON, AZ							
85705	86-0100880	501 C (3)	10,150.	0.			DONOR DESIGNATION
OPERA COLUMBUS 55 EAST STATE STREET							
JJ EAST STATE STREET		1	1			1	1

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GREATER HOUSTON INC - 815 CROSBY STREET -							
HOUSTON, TX 77019	76-0270942	501 C (3)	10,050.	0.			DONOR DESIGNATION
MAKE-A-WISH EASTERN NORTH CAROLINA 3809 COMPUTER DR STE 201							
RALEIGH, NC 27609	58-1792140	501 C (3)	10,020.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES COMMUNITY SERVICES - 5151 N 19TH AVE -	00.000000	F01 g (2)	10.004				
PHOENIX, AZ 85015	86-0223999	501 C (3)	10,004.	0.			DONOR DESIGNATION
ASAHI GAKUEN 19191 S VERMONT AVE STE 660							
TORRANCE, CA 90502	95-2578684	501 C (3)	10,000.	0.			DONOR DESIGNATION
ATLANTA NEUROSCIENCE FOUNDATION INC - 3200 DOWNWOOD CIR NW STE 550							
- ATLANTA, GA 30327	84-5179182	501 C (3)	10,000.	0.			DONOR DESIGNATION
ATLANTA POLICE FOUNDATION 191 PEACHTREE STREET							
ATLANTA, GA 30303	11-3655936	501 C (3)	10,000.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA/HEART OF AMERICA - 10210 HOLMES ROAD -							
KANSAS CITY, MO 64131	44-0545995	501 C (3)	10,000.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUB OF PAWTUCKET 1 MOELLER PL							
PAWTUCKET, RI 02860-5775	05-0258924	501 C (3)	10,000.	0.			DONOR DESIGNATION
CALVIN UNIVERSITY 3201 BURTON ST SE							
GRAND RAPIDS, MI 49546	38-3071514	501 C (3)	10,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

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### Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

Part II Continuation of Grants and Other A					. , , , , , , , , , , , , , , , , , , ,	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HICAGO SHAKESPEARE THEATER							
800 EAST GRAND AVENUE ON NAVY PIER							
CHICAGO, IL 60611	36-3467607	501 C (3)	10,000.	0.			DONOR DESIGNATION
CITYDANCE INC							
524 PLASTERS AVE NE							
ATLANTA, GA 30324	11-3729524	501 C (3)	10,000.	0.			DONOR DESIGNATION
FAYETTE PREGNANCY RESOURCE CENTER							
360 EAST LANIER AVENUE							
FAYETTEVILLE, GA 30214	58-2037105	501 C (3)	10,000.	0.			DONOR DESIGNATION
GROVE CITY COLLEGE							
100 CAMPUS DRIVE							
GROVE CITY, PA 16127	25-1065148	501 C (3)	10,000.	0.			DONOR DESIGNATION
HAW CREEK COMMUNITY ASSOCIATION							
PO BOX 9193							
ASHEVILLE, NC 28815	56-1458367	501 C (3)	10,000.	0.			DONOR DESIGNATION
HOSPITAL OF THE UNIVERSITY OF	50 1150507	501 0 (5)	10,000.				
PENNSYLVANIA - 3535 MARKET STREET;							
STE. 750 - PHILADELPHIA, PA							
19104-3309	31-1538725	501 C (3)	10,000.	0.			DONOR DESIGNATION
HOUSTON LIVESTOCK SHOW AND RODEO							
PO BOX 20070							
HOUSTON, TX 77225-0070	74-1142851	501 C (3)	10,000.	٥.			DONOR DESIGNATION
KENT STATE UNIVERSITY FOUNDATION							
475 TERRACE DRIVE	24 6586205		10.000				DONOD DEGICINATION
KENT, OH 44242-0001	34-6576307	DUT C (3)	10,000.	0.			DONOR DESIGNATION
LAGRANGE COLLEGE							
601 BROAD STREET							
LAGRANGE, GA 30240	58-0566199	501 C (3)	10,000.	Ο.			DONOR DESIGNATION

22-	6028959	Page 1

organization or governmentif applicablecash grantnoncash assistancevaluation (book, FWV, appraisal, other)non-cash assistanceMISSIONARY FLIGHTS AND SERVICES INC 3170 AIRMANS DRIVE - FORT PIERCE, FL 3494623-7199063501 C (3)10,000.0.DONORMONTGOMERY COUNTY CHILDRENS ADVOCACY CENTER - 1519 ODD FELLON ST - CONROE, TX 7730176-0388402501 C (3)10,000.0.DONOROVERLAND MISSIONS, INC. 11 RIVERSIDE DR STE 201 COCOA, FL 3292259-3648501501 C (3)10,000.0.DONORSAGE CREEK FOUNDATION 3900 CANNON ROAD CARLESAD, CA 3201090-1013438501 C (3)10,000.0.DONORWILLIAMSTON COMMUNITY SCHOOL 418 HIGHLAND STREPT HILLIAMSTON COMMUNITY SCHOOL 418 HS9538-2391436501 C (3)10,000.0.DONORWINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 2973357-6001204501 C (3)10,000.0.DONORWORLD LEARNING INC 11 KILLAMSTON COMMUNITY SCHOOL A18 HIGHLAND STREPT NITHLIAMSTON COMMUNITY SCHOOL A118 HIGHLAND STREPT NITHLIAMSTON COMMUNITY SCHOOL A148 HIGHLAND STREPT NITHLIAMSTON COMMUNITY SCHOOL A148 HIGHLAND STREPT NITHLIAMSTON COMMUNITY SCHOOL ACK HILL, SC 29733S7-6001204 501 C (3)10,000.0.DONOR DONOR DONOR DONOR DONOR 	
INC 3170 AIRMANS DRIVE - FORT       23-7199063       501 C (3)       10,000.       0.       DONOR         MONTGOMERY COUNTY CHILDRENS       ADVOCACY CENTER - 1519 ODD FELLOW       76-0388402       501 C (3)       10,000.       0.       DONOR         MONTGOMERY COUNTY CHILDRENS       ADVOCACY CENTER - 1519 ODD FELLOW       76-0388402       501 C (3)       10,000.       0.       DONOR         ST CONROE, TX 77301       76-0388402       501 C (3)       10,000.       0.       DONOR         VVERLAND MISSIONS, INC.       11 RIVERSIDE DR STE 201       59-3648501       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       90-1013438       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       90-1013438       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       90-1013438       501 C (3)       10,000.       0.       DONOR         VILLIAMSTON COMMUNITY SCHOOL       38-2391436       501 C (3)       10,000.       0.       DONOR         VINTHROP UNIVERSITY       701 OAKLAND AVENUE       57-6001204       501 C (3)       10,000.       0.       DONOR         VORLD LEARNING INC       1       KILPLING RD BOX 676       S1 C (3)       10,000.	h) Purpose of grant or assistance
PIERCE, FL 34946       23-7199063       501 c (3)       10,000.       0.       DONOR         KONTGOMERY COUNTY CHILDRENS LDVOCACY CENTER - 1519 ODD FELLOW ST - CONROE, TX 77301       76-0388402       501 c (3)       10,000.       0.       DONOR         VVERLAND MISSIONS, INC. 11 RIVERSIDE DR STE 201       76-0388402       501 c (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION 1900 CANNON ROAD       90-1013438       501 c (3)       10,000.       0.       DONOR         VILLIAMSTON COMMUNITY SCHOOL 1818 HIGHLAND STREET       38-2391436       501 c (3)       10,000.       0.       DONOR         VINTHROP UNIVERSITY 101 OAKLAND AVENUE 100 CALAND AV	
Interview         Interview <thinterview< th="">         Interview         <thinterview< th="">         Interview         <thinterview< th=""> <thinterview< th=""> <thint< td=""><td></td></thint<></thinterview<></thinterview<></thinterview<></thinterview<>	
NDVOCACY CENTER - 1519 ODD FELLOW         76-0388402         501 c (3)         10,000.         0.         DONOR           ST - CONROE, TX 77301         76-0388402         501 c (3)         10,000.         0.         DONOR           VVERLAND MISSIONS, INC.         11 RIVERSIDE DR STE 201         59-3648501         501 c (3)         10,000.         0.         DONOR           SAGE CREEK FOUNDATION         90-1013438         501 c (3)         10,000.         0.         DONOR           SAGE CREEK FOUNDATION         90-1013438         501 c (3)         10,000.         0.         DONOR           VILLIAMSTON COMMUNITY SCHOOL         188 HIGHLAND STREET         38-2391436         501 c (3)         10,000.         0.         DONOR           VINTHROP UNIVERSITY         38-2391436         501 c (3)         10,000.         0.         DONOR           NORLD LEARNING INC         57-6001204         501 c (3)         10,000.         0.         DONOR	DESIGNATION
ADVOCACY CENTER = 1519 ODD FELLOW ST - CONROE, TX 77301 76-0388402 501 C (3) 10,000. 0. DONOR OVERLAND MISSIONS, INC. 11 RIVERSIDE DR STE 201 COCOA, FL 32922 59-3648501 501 C (3) 10,000. 0. DONOR SAGE CREEK FOUNDATION 3900 CANNON ROAD CARLSBAD, CA 92010 90-1013438 501 C (3) 10,000. 0. DONOR WILLIAMSTON COMUNITY SCHOOL 418 HIGHLAND STREET WILLIAMSTON, MI 48895 38-2391436 501 C (3) 10,000. 0. DONOR WINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 29733 57-6001204 501 C (3) 10,000. 0. DONOR WORLD LEARNING INC 1 KIPLING RD BOX 676	
VVERLAND MISSIONS, INC.         S9-3648501         501 C (3)         10,000.         0.         DONOR           SOCOA, FL 32922         59-3648501         501 C (3)         10,000.         0.         DONOR           SAGE CREEK FOUNDATION 1900 CANNON ROAD         90-1013438         501 C (3)         10,000.         0.         DONOR           YARLSBAD, CA 92010         90-1013438         501 C (3)         10,000.         0.         DONOR           VILLIAMSTON COMMUNITY SCHOOL 118 HIGHLAND STREET HILLIAMSTON, MI 48895         38-2391436         501 C (3)         10,000.         0.         DONOR           VINTHROP UNIVERSITY 101 OAKLAND AVENUE ROCK HILL, SC 29733         57-6001204         501 C (3)         10,000.         0.         DONOR           VORLD LEARNING INC KRIPLING RD BOX 676         KIPLING RD BOX 676	
11 RIVERSIDE DR STE 201       59-3648501       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       3900 CANNON ROAD       90-1013438       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       3900 CANNON ROAD       90-1013438       501 C (3)       10,000.       0.       DONOR         WILLIAMSTON COMMUNITY SCHOOL       418 HIGHLAND STREET       38-2391436       501 C (3)       10,000.       0.       DONOR         WINTHROP UNIVERSITY       38-2391436       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       KIPLING RD BOX 676       57-6001204       501 C (3)       10,000.       0.       DONOR	DESIGNATION
11 RIVERSIDE DR STE 201       59-3648501       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       3900 CANNON ROAD       90-1013438       501 C (3)       10,000.       0.       DONOR         WILLIAMSTON COMMUNITY SCHOOL       418 HIGHLAND STREET       38-2391436       501 C (3)       10,000.       0.       DONOR         WINTHROP UNIVERSITY       38-2391436       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       KIPLING RD BOX 676       57-6001204       501 C (3)       10,000.       0.       DONOR	
COCOA, FL 32922       59-3648501       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       3900 CANNON ROAD       90-1013438       501 C (3)       10,000.       0.       DONOR         SAGE CREEK FOUNDATION       3900 CANNON ROAD       90-1013438       501 C (3)       10,000.       0.       DONOR         WILLIAMSTON COMMUNITY SCHOOL       418 HIGHLAND STREET       38-2391436       501 C (3)       10,000.       0.       DONOR         WILLIAMSTON, MI 48895       38-2391436       501 C (3)       10,000.       0.       DONOR         WITTHROP UNIVERSITY       38-2391436       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       57-6001204       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       1       KIPLING RD BOX 676       KIPLIN	
3900 CANNON ROAD CARLSBAD, CA 9201090-1013438501 C (3)10,000.0.DONORWILLIAMSTON COMMUNITY SCHOOL 418 HIGHLAND STREET WILLIAMSTON, MI 4889538-2391436501 C (3)10,000.0.DONORWINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 29733357-6001204501 C (3)10,000.0.DONORWORLD LEARNING INC 1 KIPLING RD BOX 676CCCCDONOR	DESIGNATION
3900 CANNON ROAD CARLSBAD, CA 9201090-1013438501 C (3)10,000.0.DONORWILLIAMSTON COMMUNITY SCHOOL 418 HIGHLAND STREET WILLIAMSTON, MI 4889538-2391436501 C (3)10,000.0.DONORWINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 2973337-6001204501 C (3)10,000.0.DONORWORLD LEARNING INC 1 KIPLING RD BOX 676CCCCDONOR	
CARLSBAD, CA 9201090-1013438501 C (3)10,000.0.onorVILLIAMSTON COMMUNITY SCHOOL 418 HIGHLAND STREET VILLIAMSTON, MI 4889538-2391436501 C (3)10,000.0.onorVINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 2973337-6001204501 C (3)10,000.0.onorVORLD LEARNING INC L KIPLING RD BOX 676CCCCOnor	
WILLIAMSTON COMMUNITY SCHOOL     38-2391436     501 C (3)     10,000.     0.       MILLIAMSTON, MI 48895     38-2391436     501 C (3)     10,000.     0.       WINTHROP UNIVERSITY     701 OAKLAND AVENUE     57-6001204     501 C (3)     10,000.     0.       ROCK HILL, SC 29733     57-6001204     501 C (3)     10,000.     0.     DONOR	
418 HIGHLAND STREET       38-2391436       501 C (3)       10,000.       0.       DONOR         WINTHROP UNIVERSITY       38-2391436       501 C (3)       10,000.       0.       DONOR         VOI OAKLAND AVENUE       57-6001204       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       KIPLING RD BOX 676       Image: Construct of the second se	DESIGNATION
418 HIGHLAND STREET NILLIAMSTON, MI 4889538-2391436501 C (3)10,000.0.DONORWINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 2973357-6001204501 C (3)10,000.0.DONORWORLD LEARNING INC 1 KIPLING RD BOX 676CCCCDONOR	
WILLIAMSTON, MI 48895 38-2391436 501 C (3) 10,000. 0. DONOR WINTHROP UNIVERSITY 701 OAKLAND AVENUE ROCK HILL, SC 29733 57-6001204 501 C (3) 10,000. 0. DONOR WORLD LEARNING INC 1 KIPLING RD BOX 676	
701 OAKLAND AVENUE       57-6001204       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       L KIPLING RD BOX 676       L KIPLING RD BO	DESIGNATION
701 OAKLAND AVENUE       57-6001204       501 C (3)       10,000.       0.       DONOR         WORLD LEARNING INC       Image: Constraint of the second secon	
ROCK HILL, SC 29733         57-6001204         501 C (3)         10,000.         0.         DONOR           WORLD LEARNING INC L KIPLING RD BOX 676         Image: Constraint of the second secon	
VORLD LEARNING INC L KIPLING RD BOX 676	
KIPLING RD BOX 676	DESIGNATION
	DESIGNATION
JOYOLA ACADEMY	
100 LARAMIE AVENUE	
VILMETTE, IL 60091         36-2367981         501 C (3)         9,900.         0.         DONOR	DESIGNATION
HELPING HANDS HEAL HURT INC	
28 FERNWOOD RD	
	DESIGNATION

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROCKLAND FOUNDATION ROCKLAND							
MEMORIAL COMMUNITY CHURCH - 17 S							
MT VERNON COUNTRY CLUB RD -							
GOLDEN, CO 80401	23-7385860	501 C (3)	9,880.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF COLORADO - 7535 EAST HAMPDEN							
AVENUE; STE. 605 - DENVER, CO							
80231	23-7161796	501 C (3)	9,850.	0.			DONOR DESIGNATION
	23 /101/30	501 C (5)	5,000.				
WORKING WARDROBES FOR A NEW START							
2000 E MCFADDEN AVE STE 100							
SANTA ANA, CA 92705	33-0669145	501 C (3)	9,750.	0.			DONOR DESIGNATION
UNIVERSITY OF NOTRE DAME DU LAC							
724 GRACE HALL							
NOTRE DAME, IN 46556	35-0868188	501 C (3)	9,742.	0.			DONOR DESIGNATION
SAINT JUDE THE APOSTLE CATHOLIC CHURCH SANDY SPRINGS INC - 7171							
GLENRIDGE DR - ATLANTA, GA 30328	83-0415529	501 C (3)	9,719.	0.			DONOR DESIGNATION
GLENRIDGE DR - AILANIA, GA 50528	05-0415525	501 C (5)	5,115.	0.			DONOR DESIGNATION
DENVER CHILDREN'S HOME							
1501 ALBION ST							
DENVER, CO 80220	84-0404239	501 C (3)	9,663.	0.			DONOR DESIGNATION
i							
GLOBALGIVING							
1 THOMAS CIRCLE NW; SUITE 800							
WASHINGTON, DC 20005	30-0108263	501 C (3)	9,650.	0.			DONOR DESIGNATION
YMCA OF METROPOLITAN CHICAGO							
1030 W VAN BUREN ST							L
CHICAGO, IL 60607	36-2179782	501 C (3)	9,650.	0.			DONOR DESIGNATION
AUBURN UNIVERSITY FOUNDATION							
317 SOUTH COLLEGE ST.							
AUBURN, AL 36849	63-6022422	501 C (3)	9,580.	0.			DONOR DESIGNATION

Schedule I (Form 990)

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# UNITED WAY OF BERGEN COUNTY

22-6028959 Page	e 1
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Schedule I (Form 990) UNITED WAY							2-6028959 Pag
Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EEE FOUNDATION							
45 HOES LANE							
PISCATAWAY, NJ 08854	23-7310664	501 C (3)	9,500.	0.			DONOR DESIGNATION
INDIANA SYMPHONY SOCIETY							
1 EAST WASHINGTON STREET							
INDIANAPOLIS, IN 46204	35-0998627	501 C (3)	9,500.	0.			DONOR DESIGNATION
BREAST CANCER RESEARCH FOUNDATION							
25 W 43RD ST STE 609							
NEW YORK CITY, NY 10036	13-3727250	501 C (3)	9,492.	0.			DONOR DESIGNATION
THE POSSE FOUNDATION							
4 WALL STREET; SUITE 8A-60							
JEW YORK, NY 10005	13-3840394	501 C (3)	9,400.	0.			DONOR DESIGNATION
OVERFLOWING CHURCH							
L2204 FIRESTONE BLVD							
IORWALK, CA 90650	33-0484833	501 C (3)	9,380.	0.			DONOR DESIGNATION
LANNED PARENTHOOD FEDERATION OF	55 0101055	501 C (5)	5,300.				DONOR DEDICAMITON
AMERICA INC 123 WILLIAM							
TREET-10TH FL - NEW YORK, NY							
.0038	13-1644147	501 C (3)	9,268.	0.			DONOR DESIGNATION
			,				
TEVENS INSTITUTE OF TECHNOLOGY							
. CASTLE POINT TERRACE; 8TH FLOOR							
OBOKEN, NJ 07030	22-1487354	501 C (3)	9,266.	0.			DONOR DESIGNATION
IG BROTHERS BIG SISTERS OF							
CENTRAL OHIO, INC 1855 E DUBLIN				_			
RANVILLE RD - COLUMBUS, OH 43229	31-4379429	501 C (3)	9,180.	0.			DONOR DESIGNATION
CHICAGO WALDORF SCHOOL							
200 N. ASHLAND AVENUE							
CHICAGO, IL 60640	36-6095133	501 C (3)	9,133.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

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

06-0771570 501 C (3)

AVENUE - HARTFORD, CT 06105

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400218							
CHARLOTTESVILLE, VA 22904	54-1682176	501 C (3)	9,100.	0.			DONOR DESIGNATION
MASSACHUSETTS ADOPTION RESOURCE EXCHANGE INC - 19 NEEDHAM STREET							
NO 206 - NEWTON, MA 02461-1624	04-2227431	501 C (3)	9,046.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL IOWA 1111 9TH ST STE 100							
DES MOINES, IA 50314	42-0680425	501 C (3)	9,038.	0.			DONOR DESIGNATION
CALVARY CHAPEL CARDUNAL 2301 BOYER ROAD	26 4115040	501 6 (2)					
ALGONQUIN, IL 60102	36-4117948	501 C (3)	9,000.	0.			DONOR DESIGNATION
EXPLORER WEST MIDDLE SCHOOL 10015 28TH AVENUE SW							
SEATTLE, WA 98146	91-1705420	501 C (3)	9,000.	0.			DONOR DESIGNATION
HERO INC. 1462 RUSSELL STREET							
GREENBAY, WI 54304	26-1209762	501 C (3)	9,000.	0.			DONOR DESIGNATION
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVE - ST							
PAUL, MN 55108	41-0872993	501 C (3)	9,000.	0.			DONOR DESIGNATION
THE COMPASS CHURCH 1551 E. HOBSON ROAD NAPERVILLE, IL 60540	36-3256985	501 C (3)	9,000.	0.			DONOR DESIGNATION
WORLD AFFAIRS COUNCIL OF CONNECTICUT INC 1049 ASYLUM							

Schedule I (Form 990)

DONOR DESIGNATION

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# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DALLAS							
1421 W MOCKINGBIRD LN							
DALLAS, TX 75247	75-2745221	501 C (3)	8,945.	0.			DONOR DESIGNATION
DIOCESE OF METUCHEN							
146 METLARS LANE							
PISCATAWAY, NJ 08854	22-2385423	501 C (3)	8,900.	0.			DONOR DESIGNATION
29 ACRES							
3000 MOSELEY RD							
CROSSROADS, TX 76227	27-5537523	501 C (3)	8,758.	0.			DONOR DESIGNATION
	27 3337323	501 C (5)	0,750.				DONOR DESIGNATION
CHICAGO PUBLIC LIBRARY FOUNDATION							
199 W MADISON ST FL 3							
CHICAGO, IL 60606	36-3480353	501 C (3)	8,750.	0.			DONOR DESIGNATION
DANA-FARBER CANCER INSTITUTE							
450 BROOKLINE AVE							
BOSTON, MA 02215-5418	04-2263040	501 C (3)	8,690.	0.			DONOR DESIGNATION
VIETNAM VETERANS WORKSHOP, INC. DBA NEW ENGLAND CTR & HOME FOR							
VETERANS - 17 COURT ST - BOSTON,							
MA 02108	04-3007211	501 C (3)	8,655.	0.			DONOR DESIGNATION
PENINSULA EDUCATION FOUNDATION 300 PASEO DEL MAR PALOS VERDES PENINSULA, CA 90274	95-3498211	501 C (3)	8,650.	0.			DONOR DESIGNATION
CENTRAL PENNSYLVANIA FOOD BANK,							
INC 3908 COREY RD - HARRISBURG,							
PA 17109	23-2202250	501 C (3)	8,614.	0.			DONOR DESIGNATION
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL TEXAS INC - 1315 BARBARA	74-2277664	501 C (3)	0 600	0.			DONOR DESIGNATION
JORDAN BLVD - AUSTIN, TX 78723	/4-22//004	501 C (3)	8,602.	υ.			PONON DESIGNATION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS, INC.							
1133 19TH ST NW WASHINGTON, DC 20036	52-0889518	501 C (3)	8,580.	0.			DONOR DESIGNATION
WASHINGTON, DC 20030	52-0009510	501 C (5)	8,580.	0.			DONOR DESIGNATION
GREEN ROAD SYNAGOGUE 2437 S. GREEN ROAD							
BEACHWOOD, OH 44122	34-1114908	501 C (3)	8,546.	0.			DONOR DESIGNATION
THEATRE HORIZON 401 DEKALB STREET FLOOR 1							
NORRISTOWN, PA 19401-4909	20-3708656	501 C (3)	8,530.	0.			DONOR DESIGNATION
UNICEF USA 125 MAIDEN LANE	13-1760110	E01 G (2)	8,502.	0.			DONOR DESIGNATION
NEW YORK, NY 10038	13-1700110	501 C (5)	0,302.	0.			DONOR DESIGNATION
ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD. HIGHLAND HILLS, OH 44128	34-0714766	501 C (3)	8,500.	0.			DONOR DESIGNATION
WILLOWS COMMUNITY SCHOOL 8509 HIQUERA STREET CULVER CITY, CA 90232	95-4466863	501 C (3)	8,500.	0.			DONOR DESIGNATION
GLENWOOD ACADEMY 500 WEST 187TH STREET							
GLENWOOD, IL 60425	36-2167087	501 C (3)	8,364.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF CHICAGO 651 W WASHINGTON BLVD STE 404 CHICAGO, IL 60661	36-2170141	501 C (3)	8,282.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER PHILADELPHIA	33 21/0141		0,202.	0.			
& SOUTHERN NEW JERSEY - 1800 JOHN							

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST BONAVENTURE UNIVERSITY BUSINESS							
OFFICE - HOPKINS HALL - 3261 WEST							
STATE ROAD - ST BONAVENTURE, NY							
14778	16-0743150	501 C (3)	8,250.	0.			DONOR DESIGNATION
LESTER AND ROSALIE ANIXTER CENTER							
6610 N CLARK ST							
CHICAGO, IL 60626	36-2244895	501 C (3)	8,220.	0.			DONOR DESIGNATION
	50 2211055	501 0 (5)		<b>.</b>			
SAMARITANS PURSE							
PO BOX 3000							
BOONE, NC 28607	58-1437002	501 C (3)	8,163.	0.			DONOR DESIGNATION
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC 13770 NOEL RD							
UNIT 801889 - DALLAS, TX 75380	75-1835298	501 C (3)	8,158.	0.			DONOR DESIGNATION
FUND FOR THE ARTS INC 623 W MAIN ST							
LOUISVILLE, KY 40202	61-0479626	501 C (3)	8,150.	0.			DONOR DESIGNATION
FEEDING WESTCHESTER 200 CLEARBROOK RD ELMSFORD, NY 10523	13-3507988	501 C (3)	8,140.	0.			DONOR DESIGNATION
FAMILY LEGACY 3030 LBJ FREEWAY; STE. 1400	75 2007202	F01 g (2)	0.004				
DALLAS, TX 75234	75-2897392	501 C (3)	8,064.	0.			DONOR DESIGNATION
BROOKLINE HIGH SCHOOL 21ST CENTURY FUND INC - 115 GREENOUGH ST -							
BROOKLINE, MA 02445	04-3402735	501 C (3)	8,000.	0.			DONOR DESIGNATION
FRANCISCAN UNIVERSITY OF STEUBENVILLE - 1235 UNIVERSITY BLVD ADVANCEMENT OFFICE -							
STEUBENVILLE, OH 43952	34-0714818	501 C (3)	8,000.	0.			DONOR DESIGNATION

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NEW YORK, NY 10165-0005

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COLUMBUS HUMANE

HILLIARD, OH 43026

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	-
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OLY FAMILY UNIVERSITY							
9801 FRANKFORD AVE							
PHILADELPHIA, PA 19114-2009	23-1501197	501 C (3)	8,000.	0.			DONOR DESIGNATION
THE SALVATION ARMY							
5550 PRAIRIE STONE PKWY							
HOFFMAN ESTATES, IL 60192	36-2167910	501 C (3)	8,000.	0.			DONOR DESIGNATION
SAINT MARK METHODIST CHURCH							
781 PEACHTREE ST NE							
ATLANTA, GA 30308	58-0593434	501 C (3)	7,950.	0.			DONOR DESIGNATION
illimiti, di 50500	50 0555454	501 C (5)	7,550.				DONOR DEDIGRATION
AMADEO CHURCH							
20549 E GERMANN RD							
QUEEN CREEK, AZ 85142	20-4619609	501 C (3)	7,900.	0.			DONOR DESIGNATION
~ , ,							
HOLTON-ARMS SCHOOL INC							
7303 RIVER RD.							
BETHESDA, MD 20817	53-0196507	501 C (3)	7,850.	٥.			DONOR DESIGNATION
MANCHESTER UNITED METHODIST CHURCH							
29 WOODS MILL RD							
MANCHESTER, MO 63011	43-0889609	501 C (3)	7,800.	0.			DONOR DESIGNATION
BOOKS AND BREAKFAST							
419 GREENWOOD ST							
EVANSTON, IL 60201	46-3717739	501 C (3)	7,784.	0.			DONOR DESIGNATION
			,,,,,,,,,,				
FRIENDS OF ISRAELI DEFENSE FORCES							
50 EAST 42ND STREET							
		1	1	1	1	1	1

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31-4379492 501 C (3)

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# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL HUMANE SOCIETY							
845 MEADOW LN N							
MINNEAPOLIS, MN 55422	41-0693842	501 C (3)	7,650.	0.			DONOR DESIGNATION
	11 0055012	301 0 (3)	,,	<b>.</b>			
SECOND HARVEST OF SILICON VALLEY							
750 CURTNER AVE							
SAN JOSE, CA 95125	94-2614101	501 C (3)	7,605.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUBS OF CHICAGO,							
INC 2102 W MONROE ST - CHICAGO,							
IL 60612	36-2166997	501 C (3)	7,582.	0.			DONOR DESIGNATION
ASSOCIATION OF GRADUATES OF THE							
UNITED STATES MILITARY ACADEMY -							
698 MILLS RD - WEST POINT, NY							
10996-1607	14-1260763	501 C (3)	7,575.	0.			DONOR DESIGNATION
ATLANTA COMMUNITY FOOD BANK, INC.							
3400 N DESERT DR							
ATLANTA, GA 30344	58-1376648	501 C (3)	7,566.	0.			DONOR DESIGNATION
· · · · ·							
UNITED PERFORMING ARTS FUND							
301 W WISCONSIN AVE STE 600							
MILWAUKEE, WI 53203	39-6100399	501 C (3)	7,540.	0.			DONOR DESIGNATION
ALL GOOD DAWGS INC.							
33 MERIDIAN PLACE							
INDIANAPOLIS, IN 46205	88-2404824	501 C (3)	7,500.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUBS OF GREATER							
KANSAS CITY - 4001 DR MARTIN							
LUTHER KING JR BLVD STE 102 -							
KANSAS CITY, MO 64130	43-6072065	501 C (3)	7,500.	0.			DONOR DESIGNATION
BRADEN'S HOPE FOR CHILDHOOD CANCER							
15954 MURLEN #124							
OLATHE, KS 66062	27-3519273	501 C (3)	7,500.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	eaule I (⊢orm 990), Pa	π II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIC CONSULTING ALLIANCE							
21 SOUTH CLARK STREET; STE. 4301							
CHICAGO, IL 60603	45-0467524	501 C (3)	7,500.	0.			DONOR DESIGNATION
FOUNDATION FOR NORTH CAROLINA A&T							
STATE UNIVERSITY INC 1601 E.							
MARKET STREET - GREENSBORO, NC							
27411-0003	23-7055330	501 C (3)	7,500.	٥.			DONOR DESIGNATION
FRIENDS OF ENERGY INSTITUTE INC							
3501 SOUTHMORE BLVD							
HOUSTON, TX 77004	85-0831660	501 C (3)	7,500.	0.			DONOR DESIGNATION
GIRLS INCORPORATED OF METRO DENVER							
1499 JULIAN ST							
DENVER, CO 80204	74-2277668	501 C (3)	7,500.	0.			DONOR DESIGNATION
	, 1 11, , 000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>			
GREEN FOOTHILLS							
3921 E. BAYSHORE ROAD							
PALO ALTO, CA 94024	94-6121854	501 C (3)	7,500.	0.			DONOR DESIGNATION
			,				
RECOVERY RESOURCE COUNCIL							
2700 AIRPORT FWY							
FORT WORTH, TX 76111	75-6005093	501 C (3)	7,500.	0.			DONOR DESIGNATION
ST FRANCIS DAY SCHOOL INC							
9375 WILLEO RD							
ROSWELL, GA 30075	58-1266732	501 C (3)	7,500.	0.			DONOR DESIGNATION
TKE EDUCATIONAL FOUNDATION							
7439 WOODLAND DRIVE							
INDIANAPOLIS, IN 46278	51-0166412	501 C (3)	7,500.	0.			DONOR DESIGNATION
LUTHERAN UNIVERSITY ASSOCIATION -	51 5100412		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
VALPARAISO UNIVERSITY - 1700							
CHAPEL DRIVE - VALPARAISO, IN							
46383	35-0868125	501 C (3)	7,417.	0.			DONOR DESIGNATION
	55 5555125		·, ···	۰.			Perior Photomitton

(b) EIN

13-1685039 501 C (3)

(a) Name and address of

organization or government

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

(c) IRC section

if applicable

ATLANTA, GA 30303

332241 04-01-23

organization or government			cash grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	Or assistance
ACTUARIAL FOUNDATION							
1514 E WOODFIELD RD STE 625							
SCHAUMBURG, IL 60173	36-3968441	501 C (3)	7,400.	0.			DONOR DESIGNATION
EQUAL JUSTICE INITIATIVE							
122 COMMERCE STREET							
MONTGOMERY, AL 36104	63-1135091	501 C (3)	7,328.	0.			DONOR DESIGNATION
,							
MONTCLAIR STATE UNIVERSITY							
FOUNDATION, INC 1 NORMAL AVENUE							
- MONTCLAIR, NJ 07043-9987	22-6017209	501 C (3)	7,281.	٥.			DONOR DESIGNATION
CATHOLIC CHARITIES OF ST LOUIS							
4445 LINDELL BLVD ST LOUIS, MO 63108	43-0653270	501 C (3)	7,245.	0.			DONOR DESIGNATION
<u>51 10015, M0 05100</u>	43 0033270	501 C (5)	7,245.				DONOR DESIGNATION
JEFFERSON BAPTIST CHURCH							
9135 JEFFERSON HWY							
BATON ROUGE, LA 70809	72-0649163	501 C (3)	7,184.	0.			DONOR DESIGNATION
MIAMI UNIVERSITY							
500 E HIGH ST							
OXFORD, OH 45056	31-6402089	501 C (3)	7,180.	0.			DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION							
2451 CRYSTAL DR STE 900							
ARLINGTON, VA 22202	13-1623888	501 C (3)	7,120.	0.			DONOR DESIGNATION
MARY'S PLACE SEATTLE							
PO BOX 1711							
SEATTLE, WA 98111	27-2087950	501 C (3)	7,090.	0.			DONOR DESIGNATION
C.A.R.E.							
150 ELLIS ST NE							

(d) Amount of

cash grant

(e) Amount of

noncash

(f) Method of

valuation

(g) Description of

non-cash assistance

DONOR DESIGNATION

(h) Purpose of grant

or assistance

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# UNITED WAY OF BERGEN COUNTY

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Part II Continuation of Grants and Othe	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE PRESENTATION							
271 W SADDLE RIVER RD							
JPPER SADDLE RIVER RD	22-1854004	501 C (3)	7 050	0.			DONOR DESIGNATION
JPPER SADDLE RIVER, NJ 07436	22-1054004	501 C (3)	7,050.	υ.			DONOR DESIGNATION
ANGEL CITY PIT BULLS							
PO BOX 19944							
OS ANGELES, CA 90019	27-2348995	501 C (3)	7,000.	Ο.			DONOR DESIGNATION
,			, , ,				
BISHOP HENDRICKEN HIGH SCHOOL							
2615 WARWICK AVE.							
NARWICK, RI 02889	05-600057	501 C (3)	7,000.	Ο.			DONOR DESIGNATION
FAMILY FOUNDATION FCA							
15060 OLD CHENEY HIGHWAY							
DRLANDO, FL 32828	20-0041378	501 C (3)	7,000.	0.			DONOR DESIGNATION
GAVRIEL FUND							
2312 FOREST CIRCLE							
COMS RIVER, NJ 08755	84-5138602	501 C (3)	7,000.	0.			DONOR DESIGNATION
PARK STREET SCHOOL INC 57 BRIMMER ST							
	04-3488022	F01 C (2)	7,000.	0.			DONOR DESIGNATION
BOSTON, MA 02108	04-3400022	501 C (3)	7,000.	υ.			DONOR DESIGNATION
CHICAGO CHILDREN'S MUSEUM							
700 EAST GRAND AVENUE							
CHICAGO, IL 60611	36-3162484	501 C (3)	6,950.	0.			DONOR DESIGNATION
,		/					
CICHMONDS FIRST BAPTIST CHURCH							
2709 MONUMENT AVE							
RICHMOND, VA 23220	54-0515710	501 C (3)	6,940.	Ο.			DONOR DESIGNATION
·			, 				
JEWISH FEDERATION OF CLEVELAND							
5701 SCIENCE PARK DRIVE							
BEACHWOOD, OH 44122	34-0714445	501 C (3)	6,908.	Ο.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

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

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WAYNE, NJ 07470

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY/MID AMERICA CHAPTER - 2020							
W 89TH STREET; STE. 100 - LEAWOOD,							
KS 66208	44-0613436	501 C (3)	6,900.	0.			DONOR DESIGNATION
WOODLAND PARK ZOO							
5500 PHINNEY AVENUE N							
SEATTLE, WA 98103-5897	91-6070005	501 C (3)	6,800.	0.			DONOR DESIGNATION
·							
GEORGETOWN UNIVERSITY							
37TH AND O STS NW							
WASHINGTON, DC 20007	53-0196603	501 C (3)	6,750.	0.			DONOR DESIGNATION
THE TREVOR PROJECT							
PO BOX 69232							
WEST HOLLYWOOD, CA 90069	95-4681287	501 C (3)	6,725.	0.			DONOR DESIGNATION
	55 4001207	501 C (5)	0,723.				DONOR DEDIGNATION
URBAN PEAK							
2100 STOUT ST							
DENVER, CO 80205	84-1212246	501 C (3)	6,705.	0.			DONOR DESIGNATION
WITTE MUSEUM							
3801 BROADWAY			6 0.0				
SAN ANTONIO, TX 78209	74-1400537	501 C (3)	6,700.	0.			DONOR DESIGNATION
ST PETERS PREPARATORY SCHOOL							
144 GRAND STREET							
JERSEY CITY, NJ 07302	22-1527060	501 C (3)	6,637.	0.			DONOR DESIGNATION
MINDS MATTER NATIONAL INC.							
1120 AVENUE OF AMERICAS							
NEW YORK, NY 10036	13-3688434	501 C (3)	6,601.	0.			DONOR DESIGNATION
FOWA RESCUE, INC.							
PO BOX 3701							

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

332241 04-01-23

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEBRE GENET KIDIST MARIAM							
ETHIOPIAN ORTHODOX TEWAHIDO CHURCH							
OF CHICAGO - 5009 N NORTHWEST HWY							
- CHICAGO, IL 60630	30-0589589	501 C (3)	6,500.	0.			DONOR DESIGNATION
EASTER SEALS/NORTH GEORGIA							
815 PARK N BLVD							
CLARKSTON, GA 30021	58-1919768	501 C (3)	6,500.	0.			DONOR DESIGNATION
ELDERHEART INC							
694 N LARCH ST UNIT 910							
SISTERS, OR 977590769	46-2750726	501 C (3)	6,500.	0.			DONOR DESIGNATION
GOOD SPORTS INC. 1515 WASHINGTON STREET SUITE 300							
BRAINTREE, MA 02184	75-3138664	501 C (3)	6,500.	0.			DONOR DESIGNATION
HITEC FOUNDATION 444 WEST LAKE STREET; STE. 1940	27 2960162	501 (2)	6 500				DONOR DEGLONATION
CHICAGO, IL 60606	27-2869162	501 C (3)	6,500.	0.			DONOR DESIGNATION
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET; STE. 201 PITTSBURGH, PA 15213	25-0965591	501 C (3)	6,500.	0.			DONOR DESIGNATION
DARETOWN BOY SCOUTS TROOP 60 P.O. BOX 455 ELMER, NJ 08318	64-0964548	501 C (3)	6,465.	0.			DONOR DESIGNATION
ELMER, NO 00310	04 0504540	501 C (57	0,405.	••			DENOR DESIGNATION
ST JAMES CATHEDRAL							
804 9TH AVE							
SEATTLE, WA 98104	91-0567738	501 C (3)	6,450.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA/ATLANTA AREA	22 000,,00	• (•/					
COUNCIL - ATLANTA AREA COUNCIL							
1800 CIRCLE 75 PKWY SE - ATLANTA,							
GA 30339	58-0566122	501 C (3)	6,400.	٥.			DONOR DESIGNATION

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# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIND RENEWAL INTERNATIONAL INC							
21498 EAST STANFORD DRIVE							
AURORA, CO 80015	81-5119984	501 C (3)	6,400.	0.			DONOR DESIGNATION
NEW HOPE LUTHERAN CHURCH							
1424 FM 1092 RD							
MISSOURI CITY, TX 77459	74-1843316	501 C (3)	6,400.	0.			DONOR DESIGNATION
STARLIGHT THEATRE ASSOCIATION OF							
KANSAS CITY INC 4600 STARLIGHT							
ROAD - KANSAS CITY, MO 64132	44-0552079	501 C (3)	6,400.	0.			DONOR DESIGNATION
TALMUDICAL ACADEMY OF BALTIMORE							
4445 OLD CT. ROAD	50.0501686		C 100	0			
PIKESVILLE, MD 21208	52-0591676	501 C (3)	6,400.	0.			DONOR DESIGNATION
ARCHDIOCESE OF PHILADELPHIA							
222 N. 17TH ST.							
PHILADELPHIA, PA 19103	23-1360839	501 C (3)	6,350.	0.			DONOR DESIGNATION
		301 0 (3)					
UNIVERSITY OF GEORGIA FOUNDATION							
1 PRESS PLACE; STE. 101							
ATHENS, GA 30601	58-6033837	501 C (3)	6,340.	0.			DONOR DESIGNATION
ANTI CRUELTY SOCIETY							
157 W. GRAND AVENUE							
CHICAGO, IL 60610	36-2179814	501 C (3)	6,336.	0.			DONOR DESIGNATION
GENERAL CONFERENCE OF SEVENTH DAY							
ADVENTISTS - PO BOX 12000 -							
CALHOUN, GA 30703	58-6035029	501 C (3)	6,300.	0.			DONOR DESIGNATION
UNIVERSITY OF WASHINGTON							
FOUNDATION - 407 GERBERDING HALL -	04 2000420	F01 g (2)					
SEATTLE, WA 98195	94-3079432	DUI C (3)	6,300.	٥.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE,							
INC 122 EAST 42ND STREET - NEW							
YORK, NY 10168-1289	13-5660870	501 C (3)	6,267.	0.			DONOR DESIGNATION
PHILADELPHIA RONALD MCDONALD HOUSE							
INC - 3925 CHESTNUT ST -							
PHILADELPHIA, PA 19104	23-7377505	501 C (3)	6,251.	0.			DONOR DESIGNATION
ALL FAITHS CHILDREN'S ADVOCACY							
CENTER - 1709 MOON ST NE -							
ALBUQUERQUE, NM 87112	85-0165284	501 C (3)	6,223.	0.			DONOR DESIGNATION
JA EMPOWERMENT LLC							
90 EMERSON LANE							
BRIDGEVILLE, PA 15017	82-1927403	501 C (3)	6,200.	0.			DONOR DESIGNATION
CORNELL UNIVERSITY							
377 PINE TREE RD							
ITHACA, NY 14850	15-0532082	501 C (3)	6,169.	0.			DONOR DESIGNATION
CHILDRENS HOSPITAL OF PHILADELPHIA							
34TH ST AND CIVIC CENTER BLVD							
PHILADELPHIA, PA 19104	23-1352166	501 C (3)	6,156.	0.			DONOR DESIGNATION
,		,					
NORTHWEST HARVEST E M M							
PO BOX 12272							
SEATTLE, WA 98102	41-1930941	501 C (3)	6,100.	0.			DONOR DESIGNATION
DREAMS COME TRUE OF JACKSONVILLE							
INC - 6803 SOUTHPOINT PKWY -							
JACKSONVILLE, FL 32216	59-2967803	501 C (3)	6,050.	0.			DONOR DESIGNATION
,	22 290,000						
AMERICAN FRIENDS OF MAGEN DAVID							
ADOM - 20 W 36TH STREET; STE. 1100							
- NEW YORK, NY 10018	13-1790719	501 C (3)	6,007.	٥.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL STARS PROJECT, INC.							
542 WEST 42ND ST.							
NEW YORK CITY, NY 10036	13-3148295	501 C (3)	6,002.	0.			DONOR DESIGNATION
BENEDICTINE HIGH SCHOOL							
2900 MARTIN LUTHER KING JR. DRIVE							
CLEVELAND, OH 44104	34-1619790	501 C (3)	6,000.	0.			DONOR DESIGNATION
DEMIL DIVENU COUCOL EOD CIDIC							
BETH RIVKAH SCHOOL FOR GIRLS 310 CROWN STREET							
	11-2163504	501 C (3)	6,000.	0.			DONOR DESIGNATION
BROOKLYN, NY 11225	11-2105504	501 C (5)	0,000.	0.			DONOR DESIGNATION
BRANDEIS INTERNATIONAL BUSINESS							
SCHOOL - 415 SOUTH STREET; MS126 -							
WALTHAM, MA 02453	04-2103552	501 C (3)	6,000.	0.			DONOR DESIGNATION
·			,				
CEDARVILLE UNIVERSITY							
251 N MAIN STREET							
CEDARVILLE, OH 45314	31-0536647	501 C (3)	6,000.	0.			DONOR DESIGNATION
GOOD SHEPHERD CATHOLIC COMMUNITY							
1000 TINKER ROAD							
COLLEYVILLE, TX 76034	75-2496140	501 C (3)	6,000.	0.			DONOR DESIGNATION
HUMANE SOCIETY OF CHARLOTTE INC							
1348 PARKER DR	50 1040450	F01 a (2)	C 000	•			
CHARLOTTE, NC 28208	58-1342479	501 C (3)	6,000.	0.			DONOR DESIGNATION
JOHN F. KENNEDY CENTER FOR THE							
PERFORMING ARTS - PO BOX 96533 -							
WASHINGTON, DC 96533	53-0245017	501 C (3)	6,000.	0.			DONOR DESIGNATION
	55 0245017			0.			Denon Dibiomition
NEW HAMPTON SCHOOL							
70 MAIN STREET							
NEW HAMPTON, NH 03256	02-0223634	501 C (3)	6,000.	0.			DONOR DESIGNATION

#### Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	overnments (Sche	edule I (Form 990), Pa		22-0020959 P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RALLY FOUNDATION INC							
5775 GLENRIDGE DR STE 370							
ATLANTA, GA 30328	20-1950849	501 C (3)	6,000.	0.			DONOR DESIGNATION
RECONCILING MINISTRIES NETWORK							
123 W MADISON ST STE 1450							
CHICAGO, IL 60602	52-1696721	501 C (3)	6,000.	0.			DONOR DESIGNATION
SHIRLEY RYAN ABILITYLAB							
355 E ERIE ST							
CHICAGO, IL 60611	36-2256036	501 C (3)	6,000.	٥.			DONOR DESIGNATION
SOCIETY OF SAINT VINCENT DE PAUL							
ST ELIZABETH ANN SETON - 9							
HILLGATE - IRVINE, CA 92612	27-2273709	501 C (3)	6,000.	0.			DONOR DESIGNATION
STRATEGIES TO END HOMELESSNESS							
2368 VICTORY PARKWAY; STE. 600							
CINCINNATI, OH 45218	20-8286347	501 C (3)	6,000.	0.			DONOR DESIGNATION
THE AMALFI JETS CHARITABLE							
FOUNDATION INC 30851 AGOURA							
ROAD - AGOURA HILLS, CA 91301	88-3566648	501 C (3)	6,000.	0.			DONOR DESIGNATION
THE CHILDREN'S PLACE							
6401 ROCKHILL ROAD							
KANSAS CITY, MO 64131	51-0195216	501 C (3)	6,000.	0.			DONOR DESIGNATION
	51 5155210						
UNITED WAY OF WESTCHESTER AND							
PUTNAM, INC 336 CENTRAL PARK							
AVE - WHITE PLAINS, NY 10606	13-1997636	501 C (3)	6,000.	0.			DONOR DESIGNATION
YESHIVAT SHAALVIM INC.							
1144 EAST 29TH ST.							
BROOKLYN, NY 11210	11-3221587	501 C (3)	6,000.	0.			DONOR DESIGNATION
DROORDIN, NI IIZIO	1 11 3221387		0,000.	U.			POHOR DESTGRATION

#### UNITED WAY OF BERGEN COUNTY Schedule I (Form 990)

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF LATINO PROFESSIONALS IN FINANCE & ACCOUNTING - 1717 W 6TH STREET;							
STE. 410 - AUSTIN, TX 78703	86-1118036	501 C (3)	5,987.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF DALLAS, INC. 3000 PEGASUS PARK DR STE 720							
DALLAS, TX 75247	75-0881589	501 C (3)	5,970.	0.			DONOR DESIGNATION
SCOTCH PLAINS FANWOOD SCHOLARSHIP FUND - PO BOX 123 - FANWOOD, NJ							
07023-0123	22-6105926	501 C (3)	5,949.	0.			DONOR DESIGNATION
LIFE REMODELED 2470 COLLINGWOOD ST				_			
DETROIT, MI 48206	27-5020487	501 C (3)	5,920.	0.			DONOR DESIGNATION
CHRISTIAN COMMUNITY ACTION 200 S MILL ST							
LEWISVILLE, TX 75057	23-7319371	501 C (3)	5,850.	0.			DONOR DESIGNATION
LOS ANGELES FOOD BANK 3100 VENICE BLVD							
LOS ANGELES, CA 90019	86-1620575	501 C (3)	5,795.	0.			DONOR DESIGNATION
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD; STE. 505							
COLUMBUS, OH 43229	23-7303509	501 C (3)	5,790.	0.			DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 192 NICKERSON ST.; STE.							
100 - SEATTLE, WA 98109	91-0742424	501 C (3)	5,750.	0.			DONOR DESIGNATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150							
CHICAGO, IL 60601	13-1632524	501 C (3)	5,745.	٥.			DONOR DESIGNATION

Schedule I (Form 990)

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#### Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

(a) Name and address of	<b>(b)</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	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ATHOLIC CHARITIES ERVICES/CLEVELAND - 7911 DETROIT							
AVE - CLEVELAND, OH 44102	34-1318541	501 C (3)	5,730.	0.			DONOR DESIGNATION
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD							
LOS ANGELES, CA 90006	95-1664109	501 C (3)	5,720.	0.			DONOR DESIGNATION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC 125 BROAD ST FL	12 (01251)	F01 g (2)					
18 - NEW YORK CITY, NY 10004	13-6213516	501 C (3)	5,714.	0.			DONOR DESIGNATION
RAFT - RESOURCE AREA FOR TEACHING 1355 RIDDER PARK DR							
SAN JOSE, CA 95131	77-0365627	501 C (3)	5,700.	0.			DONOR DESIGNATION
HOLT INTERNATIONAL CHILDRENS SERVICES INC - 250 COUNTRY CLUB	02 5055200		5.000				
ROAD - EUGENE, OR 97401	23-7257390	501 C (3)	5,660.	0.			DONOR DESIGNATION
OLATHE PUBLIC SCHOOLS FOUNDATION 300 E. LOULA STREET							
OLATHE, KS 66061	48-1190090	501 C (3)	5,650.	0.			DONOR DESIGNATION
YMCA/GREATER INDIANAPOLIS 6610 N SHADELAND AVENUE							
INDIANAPOLIS, IN 46256	35-0868211	501 C (3)	5,600.	٥.			DONOR DESIGNATION
JEWISH FAMILY SERVICE OF GREATER NEW HAVEN - 1440 WHALLEY AVENUE -							
NEW HAVEN, CT 06515	06-0646692	501 C (3)	5,596.	0.			DONOR DESIGNATION
PHILABUNDANCE 3614 SOUTH GALLOWAY STREET							
PHILADELPHIA, PA 19148	23-2290505	501 C (3)	5,582.	0.			DONOR DESIGNATION

# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON FOOD BANK							
535 PORTWALL STREET							
HOUSTON, TX 77029	74-2181456	501 C (3)	5,580.	0.			DONOR DESIGNATION
			, <u> </u>				
PAT TILLMAN FOUNDATION							
180 N LA SALLE ST STE 2910							
CHICAGO, IL 60601	20 - 1072336	501 C (3)	5,572.	0.			DONOR DESIGNATION
METRO UNITED WAY INC							
PO BOX 4488							
LOUISVILLE, KY 40204	61-0444680	501 C (3)	5,530.	0.			DONOR DESIGNATION
FRISCO FAMILY SERVICES							
PO BOX 1387							
FRISCO, TX 75034	75-2530888	501 C (3)	5,525.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA/SPIRIT OF							
ADVENTURE COUNCIL - 2 TOWER OFFICE							
PARK - WOBURN, MA 01801	04 - 2104393	501 C (3)	5,500.	0.			DONOR DESIGNATION
ROCKWALL COUNTY HELPING HANDS							
PO BOX 375							
ROCKWALL, TX 75087	75-2402276	501 C (3)	5,500.	0.			DONOR DESIGNATION
SCOTT J BEIGEL MEMORIAL FUND INC							
8 HART PLACE							
DIX HILLS, NY 11746	82-4450173	501 C (3)	5,500.	0.			DONOR DESIGNATION
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02 1100170		5,500.				
ST CLEMENT PARISH & SCHOOL							
642 W DEMING PL							
CHICAGO, IL 60614	36-3158705	501 C (3)	5,500.	0.			DONOR DESIGNATION
UNITED ARTS OF CENTRAL FLORIDA							
216 PASADENA PLACE							
ORLANDO, FL 32803	59-1166446	501 C (3)	5,500.	Ο.			DONOR DESIGNATION

#### UNITED WAY OF BERGEN COUNTY Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA IRVINE							
FOUNDATION - 111 THEORY SUITE 200							
- IRVINE, CA 92617	95-2540117	501 C (3)	5,500.	0.			DONOR DESIGNATION
JOLIET CATHOLIC ACADEMY							
1200 N LARKIN AVE							
JOLIET, IL 60435	36-3703331	501 C (3)	5,480.	0.			DONOR DESIGNATION
NEW ORLEANS AREA HABITAT FOR							
HUMANITY - 2900 ELYSIAN FIELDS							
AVENUE - NEW ORLEANS, LA							
70122-3625	72-0973161	501 C (3)	5,445.	0.			DONOR DESIGNATION
FONDOS UNIDOS DE PUERTO RICO INC							
CALLE MARGINAL LOS ANGELES							
SANTURCE, PR 00909	66-0269222	501 C (3)	5,405.	0.			DONOR DESIGNATION
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501 C (3)	5,382.	0.			DONOR DESIGNATION
WASHINGTON, DC 20050	52-1401090	501 C (5)	5,302.	0.			DONOR DESIGNATION
BARUCH COLLEGE FUND							
1 BERNARD BARUCH WAY							
NEW YORK, NY 10010	23-7039817	501 C (3)	5,350.	0.			DONOR DESIGNATION
			,				
METAVIVOR RESEARCH AND SUPPORT INC							
1783 FOREST DR # 184							
ANNAPOLIS, MD 21401	37 - 1578088	501 C (3)	5,300.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF THE ROMAN							
CATHOLIC DIOCESE OF SYRACUSE NY -							
1653 WEST ONONDAGA STREET -							
SYRACUSE, NY 13204	15-0532085	501 C (3)	5,250.	0.			DONOR DESIGNATION
HEDOEG ING							
HEROES INC.							
1200 29TH STREET NW	52-6057916	501 C (3)	5 250	٥.			DONOR DESIGNATION
WASHINGTON, DC 20007	276/502/370	DUT C (3)	5,250.	U.			DONOR DESIGNATION

#### UNITED WAY OF BERGEN COUNTY Schedule I (Form 990)

(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
(a) Name and address of organization or government	(D) EIN	if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
UNIOR ACHIEVEMENT OF ARIZONA,							
INC 636 W SOUTHERN AVE - TEMPE,							
AZ 85282	86-0184349	501 C (3)	5,250.	0.			DONOR DESIGNATION
PROTESTRA							
99 WALL STREET #2295							
NEW YORK, NY 10005-4301	85-1772369	501 C (3)	5,250.	0.			DONOR DESIGNATION
THE VILLAGE FOR FAMILIES &							
CHILDREN INC - 1680 ALBANY AVE -							
HARTFORD, CT 06105-1001	06-0668594	501 C (3)	5,250.	0.			DONOR DESIGNATION
GIDEON HAUSNER JEWISH DAY SCHOOL							
450 SAN ANTONIO RD.							
PALO ALTO, CA 94306	77-0245931	501 C (3)	5,216.	0.			DONOR DESIGNATION
,			, -				
ALL COMMUNITY OUTREACH							
801 E MAIN ST							
ALLEN, TX 75002	75-1986190	501 C (3)	5,200.	0.			DONOR DESIGNATION
ASHA FOR EDUCATION							
PO BOX 888080							
LOS ANGELES, CA 90088-8080	77-0459884	501 C (3)	5,200.	0.			DONOR DESIGNATION
MOUNT SAINT JOSEPH ACADEMY SCHOOL							
120 WEST WISSAHICKON AVE.							
FLOURTOWN, PA 19031	23-1352663	501 C (3)	5,200.	0.			DONOR DESIGNATION
·····,		,					
ONEWORLD HEALTH							
21 GAMECOCK AVE STE D							
CHARLESTON, SC 29407	26-3717278	501 C (3)	5,200.	0.			DONOR DESIGNATION
ANIMAL RESCUE LEAGUE OF BOSTON							
10 CHANDLER ST.							
BOSTON, MA 02116	04-2103714	501 C (3)	5,195.	0.			DONOR DESIGNATION

### Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY

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

06-0667605 501 C (3)

NEWINGTON, CT 06111-1527

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMOS HOUSE							
460 PINE ST							
PROVIDENCE, RI 02907-1358	05-0387218	501 C (3)	5,100.	0.			DONOR DESIGNATION
CHILDRENS HEALTH SYSTEM OF TEXAS 2777 N STEMMONS FWY STE 1700							
DALLAS, TX 75207	75-2062019	501 C (3)	5,100.	0.			DONOR DESIGNATION
FAMILY FEST, INC. CHRISTIAN MINISTRY NON PROFIT ORG - 140 W 98TH ST STE 206 - MINNEAPOLIS, MN							
55420	41-1985709	501 C (3)	5,100.	0.			DONOR DESIGNATION
FOOD & FRIENDS, INC. 219 RIGGS RD. NE WASHINGTON, DC 20011	52-1648941	501 C (3)	5,100.	0.			DONOR DESIGNATION
HARVEY MUDD COLLEGE 301 PLATT BLVD.							
CLAREMONT, CA 91711-5990	95-1911219	501 C (3)	5,100.	0.			DONOR DESIGNATION
THE GEORGIA CENTER FOR NONPROFITS, INC. – 881 MEMORIAL DR SE UNIT 1001 – ATLANTA, GA 30316	58-2554789	501 C (3)	5,100.	0.			DONOR DESIGNATION
THOMPSON ISLAND OUTWARD BOUND EDUCATION CENTER INC PO BOX 127 - BOSTON, MA 02127	04-3027900	501 C (3)	5,100.	0.			DONOR DESIGNATION
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE ALBANY, NY 12222	14-1503972		5,100.	0.			DONOR DESIGNATION
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD							

Schedule I (Form 990)

DONOR DESIGNATION

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# Schedule I (Form 990) UNITED WAY OF BERGEN COUNTY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FEDERATION OF GREATER NEW							
HAVEN - 360 AMITY ROAD - WOODBRIDGE, CT 06525	06-0647025	501 C (3)	5,086.	0.			DONOR DESIGNATION
ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER - 8845 WAGNER ST -							
WESTMINSTER, CO 80031	84-0795455	501 C (3)	5,075.	0.			DONOR DESIGNATION
MAKE-A-WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE SE STE 200	50 0110000						
ATLANTA, GA 30339	58-2146828	501 C (3)	5,060.	0.			DONOR DESIGNATION
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7227	56 0520120		5 050				
WINSTON SALEM, NC 27109	56-0532138	501 C (3)	5,050.	0.			DONOR DESIGNATION
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY							
CORVALLIS, OR 97333	93-6022772	501 C (3)	5,045.	0.			DONOR DESIGNATION
UJA/UNITED JEWISH FEDERATION OF NNJ - 50 EISENHOWER DR PARAMUS,							
NJ 07652	20-1195592	501 C (3)	5,036.	0.			DONOR DESIGNATION
LAWRENCE HALL 4833 N FRANCISCO AVE							
CHICAGO, IL 60625	36-2167771	501 C (3)	5,001.	0.			DONOR DESIGNATION

Schedule I (Form 990) 2023

UNITED	WAY	OF	BERGEN	COUNTY

22-6028959 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IRECT AID THROUGH COMPASSION FUND	6	0.	3,155.	соят	BEDS
DIRECT AID THROUGH VALLEY FUND	14	24,813.	0.		

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

PART I, LINE 2:

COMPASSION FUND CASES COME TO UWBC VIA NJ2-1-1. THESE CASES HAVE BEEN

SCREENED BY NJ2-1-1 FOR THE AVAILABILITY OF ASSISTANCE FROM OTHER PROGRAMS.

IF NO OTHER ASSISTANCE IS AVAILABLE, THE CASES ARE FORWARDED TO UWBC

COMPASSION FUND STAFF. THE CASE WILL BE VETTED FOR VALIDITY AND ASSISTANCE

WILL BE PROVIDED AS DEEMED NECESSARY.

#### THE VALLEY FUND IS AN EMPLOYEE RELIEF FUND FOR EMPLOYEES OF VALLEY

#### HOSPITAL. ANY EMPLOYEE CAN APPLY FOR FINANCIAL ASSISTANCE. THE UWBC STAFF

Schedule I (Form 990)	UNITED WAY OF	BERGEN COUNTY	22-6028959 Page 2
Part IV Supplementa	I Information		
VILL SCREEN THE	CASE AND GATHER A	LL THE PROPER VERIF	ICATION FOR NEED. THEY
VILL SUBMIT A S	JMMARY OF THE CASE	WITHOUT PROVIDING	APPLICANT NAME TO THE
ALLEY EMPLOYEE	RELIEF COMMITTEE	TO APPROVE THE ASSI	STANCE REQUESTED.
THE ORGANIZATIO	N OVERSEES THE USE	OF ALL ASSISTANCE	FUNDS BY MAKING
PAYMENTS DIRECT	LY TO CREDITORS TO	WHICH ASSISTANCE W	AS REQUESTED TO BE
PAID.			

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	)
		Compensated Employees		20	Ľ٦	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		mber
		UNITED WAY OF BERGEN COUNTY	22-6	602895	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	°	nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	on to			
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Form 990 of o	ompensation consultant     Compensation survey or study       ther organizations     X Approval by the board or compensation of the state of th	ommittoo			
			Johnmittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				X
	-	les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		I 53.4958-6(c)?				<u> </u>
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

22-6028959

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS TORONTO	(i)	185,585.	0.	4,895.	14,847.	23,617.	228,944.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
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	(i)							
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	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<u>Schedule</u> J (Form 990) 2023	3
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#### 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)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

22-6028959

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.

Name of the organization

#### UNITED WAY OF BERGEN COUNTY

Pa	rti   Ty	pes of Property								
			(a)	(b)	(c)			(d)		
			Check if	Number of contributions or	Noncash contri amounts report		Method noncash cor	of detern		+-
			applicable		Form 990, Part VI		noncash cor	Indution	amoun	เร
1	Art - Work	s of art								
2		rical treasures								
3	Art - Fract	ional interests								
4		d publications								
5		and household goods								
6		other vehicles								
7		l planes								
8										
			x	20	902	322	AVG. SELI	TNC	PRTC	'E
9		- Publicly traded		20	502	, 522.		1110	INIC	<u> </u>
10		- Closely held stock								
11		- Partnership, LLC, or								
		ests								
12		- Miscellaneous								
13		conservation contribution -								
	Historic s									
14	Qualified	conservation contribution - Other $_{\dots}$								
15		e - Residential								
16		e - Commercial								
17	Real estat	e - Other								
18	Collectible	es								
19	Food inve	ntory								
20		d medical supplies								
21	Taxiderm	/								
22	Historical	artifacts								
23		specimens								
24		jical artifacts								
25	Other	()								
26	Other	()								
27	Other	()								
28	Other	( )								
29		f Forms 8283 received by the organiz	zation durino	, the tax year for co	ontributions		•			
		the organization completed Form 828	-			29			0	j
		0	, ,	0	•••••••••••••••••••••••••••••••••••••••				Yes	No
30a	Durina the	e year, did the organization receive by	/ contributio	n any property rep	orted in Part I. lines	s 1 throua	h 28, that it			
		for at least 3 years from the date of t								
		urposes for the entire holding period?		-				30	a	X
h		lescribe the arrangement in Part II.							,u	
31		organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard	contribut	ions?	3	1 X	
		organization hire or use third parties of							1 11	+
JZd	contributi			-				32		x
L								32	a	
	-	lescribe in Part II.	olumn (-) f-	a huna of analytic	for which as here	(a) ia -h -	lead			
33	-	nization didn't report an amount in c	oiumn (C) fói	a type of property	ior which column	(a) is cheo	ikea,			
	describe i	n Part II. Reduction Act Notice, see the Inst	weblers f				0-h	ule M (Fo		
rort	aperwork	neulicition act Notice, see the Inst	I UCLIONS TOP	FUTTI 990.			Sched	uie IVI (F(	orm 990	ハマリンろ

LHA 332141 09-11-23

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN B.

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



22-6028959

UNITED WAY OF BERGEN COUNTY

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. 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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THESE PROJECTS SERVE OVER 500 SENIORS, FAMILIES AND ADULTS WITH

DEVELOPMENTAL DISABILITIES EACH DAY. ANOTHER 5 DEVELOPMENTS ARE UNDER

CONSTRUCTION.

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 MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

A MEMBER OF THE ORGANIZATION SHALL BE ELIGIBLE TO ATTEND ITS ANNUAL MEETING

 FOR
 THE
 PURPOSE
 OF
 ELECTING
 THE
 BOARD
 OF
 DIRECTORS
 WHO
 WILL
 SERVE
 UNTIL
 THE

 For Paperwork
 Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23
 Schedule O (Form 990)
 2023

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Name of the organization UNITED WAY OF BERGEN COUNTY	Employer identification numbe
COMPLETION OF THEIR TERM OR UNTIL SUCCESSORS ARE ELECTED C	R APPOINTED.
FORM 990, PART VI, SECTION B, LINE 11B:	
UNITED WAY OF BERGEN COUNTY HAS ITS FORM 990 PREPARED BY A	N OUTSIDE
ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW P	ROCESS TO ENSURE
THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WH	EN THE FORM 990
HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO	BE FILED WITH THE
INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY T	O THE BOARD
MEMBERS FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVE	RNING BODY IS

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 332212 11-14-23 89

13420214 756359 1225000.002

Name of the organization UNITED WAY OF BERGEN COUNTY

VOTING REGARDNG THAT PARTICULAR TRANSACTION.

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

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION FOR THE 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 THE CHAIRMAN MEETS WITH THE PRESIDENT AND DISCUSSES THE CONSENSUS OF THE BOARD REGARDING COMPENSATION. THE COMPENSATION DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES.

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. THIS PROCESS WAS LAST UNDERTAKEN FY2024.

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					673,	607.
332212 11-14-23									Schedule	e O (Form	990) 2023
					90						
13420214 756	359 122	2500	0.002		2023.05050	UNITED	WAY	OF	BERGEN	COUN	12250001

Name of the organization UNITED WAY OF B	ERGEN COUNTY	Employer identification number 22-6028959
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION HAS A COMMIT	TEE THAT ASSUMES RESPO	NSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS	FINANCIAL STATEMENTS	AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THIS H	PROCESS HAS NOT CHANGE	D FROM THE PRIOR
YEAR.		