



Accounting
Tax | Advisory

Direction that moves you forward

United Way of Passaic County, Inc.
301 Main Street
Paterson, NJ 07505

Dear Yvonne:

Enclosed are the original and one copy of the 2017 Exempt Organization returns, as follows...

2017 Form 990

2017 New Jersey Form CRI-300R

Attached for each tax return are filing instructions. Please follow them carefully.

You have final responsibility for these tax return(s) and therefore, you should review the return(s) carefully before signing and filing them. Our engagement to prepare your tax return(s) is subject to the terms as outlined in our tax arrangement letter that is enclosed or which has previously been provided.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return(s) or any other matters.

Very truly yours,

Marqus White
Certified Public Accountant



Accounting
Tax | Advisory

www.saxllp.com

To: Sax LLP E-File Administrator From: _____
Sax LLP Date: _____
Fax: 877-281-8712 Number of pages, including cover sheet _____
Tel: 973-472-6250

Reply to:

- 855 Valley Road, 3rd Floor, Clifton, NJ 07013
Tel: 973-472-6250
Fax: 877-281-8712
- 551 Madison Avenue, New York, NY 10022
Tel: 212-661-8640
Fax: 877-281-8714

Important Message: The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at one of the above office numbers and return the original message to us at the above address via the United States Postal Service.

Message:

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

UNITED WAY OF PASSAIC COUNTY, INC.

22-6070498

Name and title of officer

YVONNE ZUIDEMA
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>536,613.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SAX LLP** to enter my PIN **11471**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20907211411
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **MARQUS WHITE** Date ▶ **08/07/18**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

United Way of Passaic County, Inc.
301 Main Street
Paterson, NJ 07505

Prepared By:

Sax LLP
855 Valley Road
Clifton, NJ 07013

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2018.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF PASSAIC COUNTY, INC.		D Employer identification number 22-6070498
	Doing business as		E Telephone number 973-279-8900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	301 MAIN STREET		G Gross receipts \$ 798,771.
	City or town, state or province, country, and ZIP or foreign postal code PATERSON, NJ 07505		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: YVONNE ZUIDEMA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)
J Website: ▶ UNITEDWAYPASSAIC.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1955	M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE UNITED WAY OF PASSAIC COUNTY IS TO IMPROVE THE LIVES OF PEOPLE IN PASSAIC COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	457
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 820,318.	Current Year 692,898.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,275.	29,374.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,084.	-185,659.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	839,509.	536,613.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,760.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		321,961.	444,162.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,321.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		489,721.	287,587.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	902,442.	734,649.	
19 Revenue less expenses. Subtract line 18 from line 12	-62,933.	-198,036.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,338,512.	End of Year 2,044,058.
	21 Total liabilities (Part X, line 26)	473,708.	220,511.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,864,804.	1,823,547.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	YVONNE ZUIDEMA, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARQUS WHITE	Date 08/07/18	Check if self-employed <input type="checkbox"/>	PTIN P00053187
	Firm's name ▶ SAX LLP Firm's address ▶ 855 VALLEY ROAD CLIFTON, NJ 07013	Preparer's signature MARQUS WHITE Sax LLP Clifton, NJ 07013-2483	Firm's EIN ▶ 81-2950760	Phone no. 973-472-6250

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF PASSAIC COUNTY IMPROVES THE LIVES OF PEOPLE IN PASSAIC COUNTY BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. WE ACCOMPLISH THIS BY MOBILIZING CARING INDIVIDUALS AND CORPORATIONS TO GIVE, ADVOCATE, AND VOLUNTEER FOR OUR CAUSE IN PASSAIC COUNTY. WE IMPROVE

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

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

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

4a (Code:) (Expenses \$ 553,874. including grants of \$ 2,900.) (Revenue \$) FINANCIAL EMPOWERMENT EDUCATION HEALTH: UNITED WAY OF PASSAIC COUNTY SERVES AS THE COMMUNITY'S CONVENER AND FACILITATOR TO ADDRESS MAJOR COMMUNITY CONCERNS, SPECIFICALLY IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH & NUTRITION. COMMUNITY IMPACT IN EDUCATION FOCUSES ON HELPING CHILDREN SUCCEED IN SCHOOL AND GRADUATE. IN FINANCIAL STABILITY, UNITED WAY HELPS LOW-INCOME FAMILIES TO EARN MORE, SAVE MORE, AND DO MORE WITH SERVICES LIKE FINANCIAL EDUCATION AND INCOME TAX ASSISTANCE. COMMUNITY IMPACT IN HEALTH & NUTRITION INCLUDES A COMMUNITY ASSESSMENT OF HUNGER IN PASSAIC COUNTY. COMMUNITY IMPACT PROGRAM GRANTS FUND AFTER-SCHOOL PROGRAMS, EMERGENCY FOOD PROGRAMS, AND DISASTER ASSISTANCE.

4b (Code:) (Expenses \$ 45,326. including grants of \$) (Revenue \$) GIFTS IN KIND: UNITED WAY RECEIVES IN-KIND DONATIONS OF PRODUCTS FROM PARTNER CORPORATIONS. UNITED WAY RECORDS AND MANAGES THIS INVENTORY; AND IDENTIFIES NON-PROFIT ORGANIZATIONS IN THE COMMUNITY THAT CAN USE THESE DONATIONS IN THE FURTHERANCE OF THEIR MISSIONS. UNITED WAY COORDINATES DISTRIBUTION OF GIFTS IN KIND PRODUCTS TO SCREENED AND SELECTED NON-PROFIT ORGANIZATIONS.

4c (Code:) (Expenses \$ 9,531. including grants of \$) (Revenue \$) VOLUNTEER MANAGEMENT AND INFORMATION & REFERRAL: UNITED WAY MOBILIZES THE CARING POWER OF THE COMMUNITY BY INSPIRING AND CONNECTING CARING INDIVIDUALS TO VOLUNTEER WITHIN OUR COMMUNITY IMPACT WORK. VOLUNTEERS ASSIST WITH COLLECTING AND DISTRIBUTING DONATED ITEMS TO INDIVIDUALS IN NEED, INCLUDING HOLIDAY TOYS AND GIFTS; FOOD; BACKPACKS AND SCHOOL SUPPLIES; AND CLOTHING. IN ADDITION, UNITED WAY PROVIDES GRANT FUNDING TO DELIVER 211 TELEPHONE INFORMATION AND REFERRAL SERVICE IN PASSAIC COUNTY.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 608,731.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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 "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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 "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		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?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **YVONNE ZUIDEMA - 973-279-8900**
301 MAIN STREET, PATERSON, NJ 07505

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							100,949.	0.	34,596.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							100,949.	0.	34,596.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 376,858.					
	b	Membership dues	1b					
	c	Fundraising events	1c 7,844.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 308,196.					
	g	Noncash contributions included in lines 1a-1f: \$	166.					
	h	Total. Add lines 1a-1f	▶ 692,898.					
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 40,011.				40,011.	
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6 a	Gross rents	(i) Real 10,490.	(ii) Personal				
		Less: rental expenses	0.					
		Rental income or (loss)	10,490.					
		d	Net rental income or (loss)	▶ 10,490.				10,490.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 32,568.	(ii) Other				
		Less: cost or other basis and sales expenses	43,205.					
		Gain or (loss)	-10,637.					
		d	Net gain or (loss)	▶ -10,637.				-10,637.
	8 a	Gross income from fundraising events (not including \$ 7,844. of contributions reported on line 1c). See Part IV, line 18	a 0.					
		Less: direct expenses	b 6,358.					
		c	Net income or (loss) from fundraising events	▶ -6,358.				-6,358.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
c		Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances	a 22,804.						
	Less: cost of goods sold	b 212,595.						
	c	Net income or (loss) from sales of inventory	▶ -189,791.	-189,791.				
Miscellaneous Revenue			Business Code					
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d	▶					
12	Total revenue. See instructions.	▶	536,613.	-189,791.	0.	33,506.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,900.	2,900.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,544.	70,664.	28,774.	36,106.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	262,627.	242,076.	4,889.	15,662.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,567.	21,050.	2,568.	3,949.
10 Payroll taxes	18,424.	14,069.	1,716.	2,639.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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.)				
12 Advertising and promotion	744.	558.	73.	113.
13 Office expenses	56,284.	43,863.	4,876.	7,545.
14 Information technology				
15 Royalties				
16 Occupancy	30,925.	26,480.	1,749.	2,696.
17 Travel	10,038.	9,742.	117.	179.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,790.	2,361.	169.	260.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,559.	4,215.	530.	814.
23 Insurance	5,804.	4,210.	628.	966.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	107,049.	106,240.	319.	490.
b CONSULTING AND PROFESSS	34,233.	31,838.	944.	1,451.
c MISCELLANEOUS	24,012.	20,655.	1,323.	2,034.
d DUES	10,149.	7,810.	922.	1,417.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	734,649.	608,731.	49,597.	76,321.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	222,941.	1	89,502.
	2 Savings and temporary cash investments	82,684.	2	20,917.
	3 Pledges and grants receivable, net	676,554.	3	424,427.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,472.	9	2,200.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 59,453.		
	b Less: accumulated depreciation	10b 43,620.	20,463.	10c 15,833.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	992,305.	12	1,136,280.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	321,093.	15	354,899.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,338,512.	16	2,044,058.	
Liabilities	17 Accounts payable and accrued expenses	60,633.	17	2,500.
	18 Grants payable		18	
	19 Deferred revenue	302,607.	19	170,882.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,468.	25	47,129.
	26 Total liabilities. Add lines 17 through 25	473,708.	26	220,511.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,239,754.	27	1,183,320.
	28 Temporarily restricted net assets	317,515.	28	298,886.
	29 Permanently restricted net assets	307,535.	29	341,341.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,864,804.	33	1,823,547.	
34 Total liabilities and net assets/fund balances	2,338,512.	34	2,044,058.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	536,613.
2	Total expenses (must equal Part IX, column (A), line 25)	2	734,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	-198,036.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,864,804.
5	Net unrealized gains (losses) on investments	5	156,779.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,823,547.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1124343.	819,612.	873,833.	820,318.	692,898.	4331004.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1124343.	819,612.	873,833.	820,318.	692,898.	4331004.
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)						44,868.
6 Public support. Subtract line 5 from line 4.						4286136.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1124343.	819,612.	873,833.	820,318.	692,898.	4331004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32,104.	58,285.	67,476.	48,941.	50,501.	257,307.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4588311.
12 Gross receipts from related activities, etc. (see instructions)					12	3,125.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.41 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	94.15 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF PASSAIC COUNTY, INC.

Employer identification number

22-6070498

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number 22-6070498
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COSTCO 80 S. RIVER ST. HACKENSACK, NJ 07601	\$ 14,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ENTERPRISE HOLDINGS 1550 ROUTE 23 NORTH WAYNE, NJ 07470	\$ 56,906.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UPS 1655 VALLEY ROAD WAYNE, NJ 07470	\$ 133,438.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PASSAIC COUNTY COMMUNITY COLLEGE ONE COLLEGE BOULEVARD PATERSON, NJ 07505-1179	\$ 130,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES PO BOX 729 TRENTON, NJ 08625	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON, NJ 08543	\$ 45,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number 22-6070498
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHNSON & JOHNSON 199 GRADVIEW ROAD SKILLMAN, NJ 08558	\$ 19,571.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PUBLIC EMPLOYEE CHARITABLE CAMPAIGN PO BOX 566 ALLENTOWN, NJ 08501	\$ 19,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	COUNTY OF PASSAIC 401 GRAND STREET PATERSON, NJ 07505	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WELLS FARGO 51 JOHN F. KENNEDY PARKWAY SHORT HILLS, NJ 07078	\$ 26,076.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PASSAIC COUNTY COUNCIL FOR YOUNG CHILDREN 301 MAIN STREET PATERSON, NJ 07505	\$ 33,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MACY'S 32 OLD SLIP, 24TH FLOOR NEW YORK, NY 10005	\$ 100,599.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number 22-6070498
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number 22-6070498
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Part III

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNITED WAY OF PASSAIC COUNTY, INC. Employer identification number 22-6070498

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) about reporting collections of art and historical treasures, including amounts for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
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 Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,804.	6,867.	4,937.
d Equipment		20,644.	20,212.	432.
e Other		27,005.	16,541.	10,464.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,833.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	1,136,280.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,136,280.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	341,341.
(2) SECURITY DEPOSITS	13,558.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	354,899.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	47,129.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	47,129.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	768,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	156,779.
b	Donated services and use of facilities	2b	79,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,358.
e	Add lines 2a through 2d	2e	242,237.
3	Subtract line 2e from line 1	3	526,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	10,490.
c	Add lines 4a and 4b	4c	10,490.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	536,613.

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

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

1	Total expenses and losses per audited financial statements	1	809,617.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	79,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,358.
e	Add lines 2a through 2d	2e	85,458.
3	Subtract line 2e from line 1	3	724,159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	10,490.
c	Add lines 4a and 4b	4c	10,490.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	734,649.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT CORPORATION, EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509 (A).

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 6,358.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME 10,490.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 6,358.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME 10,490.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF PASSAIC COUNTY, INC.

Employer identification number

22-6070498

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

BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.

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

LIVES BY FOCUSING ON THE BUILDING BLOCKS OF A GOOD LIFE: GETTING A GOOD
EDUCATION, ADOPTING A HEALTHY LIFESTYLE AND HAVING ACCESS TO
HEALTHCARE, AND EARNING ENOUGH INCOME TO SUPPORT ONESELF AND FAMILY.

BY HELPING PEOPLE TO BE HEALTHY, EDUCATED AND FINANCIALLY SELF
SUFFICIENT, WE KNOW WE ARE ADDRESSING THE ROOT CAUSES OF MANY OF THE
MOST CRITICAL SOCIAL PROBLEMS IN OUR COMMUNITY, AND THIS ULTIMATELY
IMPROVES THE LIVES OF EVERYONE IN PASSAIC COUNTY.

FORM 990, PART VI, SECTION A, LINE 6:

THE UWPC HAS MEMBERS WHICH ARE NOMINATED AND APPROVED BY THE BOARD TO
PARTICIPATE IN THE GOVERNANCE OF THE ORGANIZATION.

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

THE MEMBERS ARE NOMINATED AND APPROVED BY THE BOARD.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY TO
REVIEW AND MAKE CHANGES BEFORE IT IS FILED.

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

UWPC PROVIDES FOR THE DISCLOSURE IN THEIR CODE OF ETHICS:

- INVOLVEMENT WITH ANY CURRENT OR POTENTIAL UNITED WAY VENDOR, GRANTEE OR

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number 22-6070498
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COMPETING ORGANIZATION MUST BE DISCLOSED TO UNITED WAYS BOARD OF DIRECTORS.
- A SELF DISCLOSURE FORM MUST BE COMPLETED, ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:
UNITED WAY OF PASSAIC COUNTY REVIEWS COMPARABILITY DATA AND SUGGESTED
GUIDELINES FROM UNITED WAY OF AMERICA.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH GUIDESTAR.

FORM 990, PART XI, QUESTION 2C
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

THE ORGANIZATION DID NOT CHANGE THE REVIEW OR OVERSIGHT PROCESS FROM
THE PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF PASSAIC COUNTY, INC.	Employer identification number (EIN) or 22-6070498
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 301 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PATERSON, NJ 07505	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

YVONNE ZUIDEMA

• The books are in the care of ▶ **301 MAIN STREET - PATERSON, NJ 07505**
Telephone No. ▶ **973-279-8900** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** or
▶ tax year beginning _____, and ending _____.

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

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

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

United Way of Passaic County, Inc.
301 Main Street
Paterson, NJ 07505

Prepared By:

Sax LLP
855 Valley Road
Clifton, NJ 07013

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

The New Jersey Form Form CRI-300R should be filed via the web at:
<https://njconsumeraffairs.state.nj.us/sign-in/>

Return Must Be Mailed On Or Before:

December 31, 2018

Special Instructions:

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

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

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2017
month day year

2. Federal ID Number (EIN) 22-6070498 2a. N.J. Charities Registration Number: CH- 0111400

3. Full legal name of the registering organization: UNITED WAY OF PASSAIC COUNTY, INC.
In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 301 MAIN STREET, PATERSON, NJ 07505 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
YVONNE ZUIDEMA 301 MAIN STREET, PATERSON, NJ
Contact person Street address City State ZIP Code

Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
973-279-8900 973-279-0059
Telephone number (include area code) Fax number (include area code)

YVONNEZ@UNITEDWAYPASSAIC.ORG UNITEDWAYPASSAIC.ORG
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

COPY
Sax LLP
Certified Public Accountants
855 Valley Road
Clifton, NJ 07013-2488
FILING COPY INCLUDED THE
REQUIRED FEDERAL RETURN

9. Where and when was the organization legally established? Date: 07/14/1955 State: NJ
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
UNITED WAY OF PASSAIC COUNTY IMPROVES THE LIVES OF PEOPLE IN PASSAIC COUNTY BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.
SEE ATTACHED FORM 990, PAGE 2 PART III.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
-SEE ATTACHED FORM 990, PAGE 2, PART III.

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

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

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 1				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>UNITED WAY OF PASSAIC COUNTY, INC.</u>				
Fiscal year-end being reported: <u>12/31/2017</u>		Federal ID Number (EIN) <u>22-6070498</u>		
month day year				
Mailing address:				
<u>301 MAIN STREET, PATERSON, NJ 07505</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
Street Address	City	State	ZIP Code	
New Jersey Charities Registration number: CH <u>0111400</u>		Telephone number: <u>973-279-8900</u>		
		<i>(include area code)</i>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	0.
(2)	Telephone solicitation	0.
(3)	Commercial co-venture	0.
(4)	Gross receipts from fund-raising events	7,844.
(5)	Canisters, counter cards, door to door etc	0.
(6)	Corporations and other businesses	0.
(7)	Foundations and trusts	188,196.
(8)	Donated land, buildings, property, equipment and materials	0.
(9)	Legacies and bequests	0.
(10)	Membership dues solely resulting from solicitations	0.
(11)	Other support (specify)	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 196,040.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	376,858.
(2)	From an affiliated organization	0.
(3)	From another fund-raising organization	0.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) 376,858.

Line A1e. Total Gross Contributions (add lines A1b and A1d) 572,898.

Line A2.	Government grants including purchase of service contracts (specify agency)		
	a. _____		120,000.
	b. _____		0.
	c. _____		0.
	d. _____		0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)		120,000.
Line A3.	Other Support		
	a. Bona fide membership		0.
	b. Program service revenue		0.
	c. Professional services rendered by volunteers		0.
	d. Miscellaneous income (specify) SEE STATEMENT 3		-156,285.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)		-156,285.
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)		536,613.

B. Expenses

Line B1.	Program expenses		608,731.
Line B2.	Management and general expenses		49,597.
Line B3.	Fund-raising expenses		76,321.
Line B4.	Payments to state/national affiliates (if applicable)		0.
Line B5.	Total Expenses (add the totals of line B1 thru B4)		734,649.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)		-198,036.
---	--	-----------

D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year		1,864,804.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2		156,779.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)		1,823,547.

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

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

Organization's Name: <u>UNITED WAY OF PASSAIC COUNTY, INC.</u>		
N.J. Charities Registration Number: CH- <u>0111400</u>	-00	Federal ID Number (EIN) <u>22-6070498</u>
Fiscal Year-End being reported: <u>12/31/2017</u> <small style="margin-left: 100px;">month day year</small>		

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other? Yes No
 - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
- If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature **COPY** Name YVONNE ZUIDEMA Title CEO Date _____

Signature **Sax LLP**
Certified Public Accountants
855 Valley Road
Clifton, NJ 07013-2488 Name _____ Title _____ Date _____

FILING COPY INCLUDED THE REQUIRED FEDERAL RETURN
The form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

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

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

YVONNE ZUIDEMA

CEO

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

100,949.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

REV. GEORGE RILEY

CHAIR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

FAYTH LITKE HOLT, PHR

VICE CHAIR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DR. STEVEN M. ROSE

TREASURER

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

THE HONORABLE KEN MORRIS, JR.

DIRECTOR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MIKE RUIZ

DIRECTOR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVEN GERBER

DIRECTOR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROBERT PETRILLO

DIRECTOR

973-279-8900

ADDRESS

301 MAIN STREET
PATERSON, NJ 07505

SALARY

0.

United Way of Passaic County
[a Non-Profit Organization]

Financial Statements

Years Ended December 31, 2017 and 2016

United Way of Passaic County
Financial Statements
Years Ended December 31, 2017 and 2016

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Independent Auditor's Report

Board of Directors
United Way of Passaic County
[a Non-Profit Organization]

Report on the Financial Statements

We have audited the accompanying financial statements of the United Way of Passaic County [a Non-Profit Organization], which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the United Way of Passaic County as of December 31, 2017 and 2016, and the results of its operations and its cash flow for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated July 17, 2018 on our consideration of United Way of Passaic County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering United Way of Passaic County's internal control over financial reporting and compliance.

Sax LLP

Clifton, New Jersey
July 17, 2018

United Way of Passaic County
[a Non-Profit Organization]

Statements of Financial Position

	December 31,	
	2017	2016
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 110,419	\$ 305,625
Investments	1,136,280	992,305
Pledges receivable, net of allowance for uncollectible pledges of \$16,782 and \$51,363 for 2017 and 2016, respectively	302,785	370,302
Grants receivable	121,642	306,252
Prepaid expenses and other current assets	2,200	22,472
Total current assets	1,673,326	1,996,956
PROPERTY AND EQUIPMENT, NET	15,833	20,463
OTHER ASSETS		
Security deposits	13,558	13,558
Beneficial interest in funds held by others	341,341	307,535
Total other assets	354,899	321,093
TOTAL ASSETS	\$ 2,044,058	\$ 2,338,512
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 2,500	\$ 60,633
Deferred revenue	170,882	302,607
Grants and designations payable	47,129	110,468
Total current liabilities	220,511	473,708
NET ASSETS		
Unrestricted	1,183,320	1,239,754
Temporarily restricted	298,886	317,515
Permanently restricted	341,341	307,535
Total net assets	1,823,547	1,864,804
TOTAL LIABILITIES AND NET ASSETS	\$ 2,044,058	\$ 2,338,512

See Independent Auditor's Report and Notes to Financial Statements.

United Way of Passaic County
[a Non-Profit Organization]

Statements of Activities and Changes in Net Assets

	Year Ended December 31, 2017				Year Ended December 31, 2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND SUPPORT								
Campaign contributions	\$ 77,972	\$ 298,886	\$ -	\$ 376,858	\$ 103,970	\$ 317,515	\$ -	\$ 421,485
Private, state, and local government grants	188,030	-	-	188,030	213,693	-	-	213,693
Thrift shop sales, including subsidized rents	142,804	-	-	142,804	84,073	-	-	84,073
Less thrift shop operating costs	(212,595)	-	-	(212,595)	(88,573)	-	-	(88,573)
Gifts in kind	79,266	-	-	79,266	118,157	-	-	118,157
Investment income	152,347	-	33,806	186,153	53,474	-	6,085	59,559
Special events	7,844	-	-	7,844	22,610	-	-	22,610
Total revenues and support	<u>435,668</u>	<u>298,886</u>	<u>33,806</u>	<u>768,360</u>	<u>507,404</u>	<u>317,515</u>	<u>6,085</u>	<u>831,004</u>
NET ASSETS RELEASED FROM RESTRICTIONS								
Satisfaction of purpose restrictions	<u>317,515</u>	<u>(317,515)</u>	<u>-</u>	<u>-</u>	<u>368,070</u>	<u>(368,070)</u>	<u>-</u>	<u>-</u>
PROGRAM SERVICE EXPENSES								
Program services								
Gifts in kind	49,797	-	-	49,797	126,065	-	-	126,065
Volunteer management and information and referral	10,471	-	-	10,471	17,086	-	-	17,086
Financial empowerment, education, and health	607,007	-	-	607,007	568,292	-	-	568,292
Total program services	<u>667,275</u>	<u>-</u>	<u>-</u>	<u>667,275</u>	<u>711,443</u>	<u>-</u>	<u>-</u>	<u>711,443</u>
SUPPORT SERVICE EXPENSES								
Management and general	56,062	-	-	56,062	62,566	-	-	62,566
Fundraising	86,280	-	-	86,280	82,644	-	-	82,644
Total support services	<u>142,342</u>	<u>-</u>	<u>-</u>	<u>142,342</u>	<u>145,210</u>	<u>-</u>	<u>-</u>	<u>145,210</u>
Total functional expenses	<u>809,617</u>	<u>-</u>	<u>-</u>	<u>809,617</u>	<u>856,653</u>	<u>-</u>	<u>-</u>	<u>856,653</u>
Increase (decrease) in net assets	(56,434)	(18,629)	33,806	(41,257)	18,821	(50,555)	6,085	(25,649)
NET ASSETS, beginning of year	<u>1,239,754</u>	<u>317,515</u>	<u>307,535</u>	<u>1,864,804</u>	<u>1,220,933</u>	<u>368,070</u>	<u>301,450</u>	<u>1,890,453</u>
NET ASSETS, end of year	<u>\$ 1,183,320</u>	<u>\$ 298,886</u>	<u>\$ 341,341</u>	<u>\$ 1,823,547</u>	<u>\$ 1,239,754</u>	<u>\$ 317,515</u>	<u>\$ 307,535</u>	<u>\$ 1,864,804</u>

United Way of Passaic County
[a Non-Profit Organization]

Statement of Functional Expenses

Year Ended December 31, 2017

	Program Service Expenses			Support Service Expenses			Total Functional Expenses	
	Gifts in Kind	Volunteer Management and Information and Referral	Financial Empowerment, Education, and Health	Total Program Service Expenses	Management and General	Fundraising		Total Support Services
Salaries and wages	\$ 17,801	\$ 3,746	\$ 291,193	\$ 312,740	\$ 20,031	\$ 30,804	\$ 50,835	\$ 363,575
Employee benefits and payroll taxes	3,807	801	30,511	35,119	4,284	6,588	10,872	45,991
Consulting and professional services	1,326	279	48,740	50,345	1,493	2,295	3,788	54,133
Rent	6,057	1,274	54,982	62,313	6,816	10,506	17,322	79,635
Special events expenses	500	105	4,324	4,929	563	866	1,429	6,358
Transportation	104	22	9,616	9,742	117	179	296	10,038
Office expenses	4,360	917	38,586	43,863	4,876	7,545	12,421	56,284
Insurance	512	108	3,590	4,210	628	966	1,594	5,804
Training and conferences	150	32	2,179	2,361	169	260	429	2,790
Advertising	65	14	479	558	73	113	186	744
Dues	819	172	6,819	7,810	922	1,417	2,339	10,149
Miscellaneous	1,175	247	19,233	20,655	1,323	2,034	3,357	24,012
Scholarship	254	53	1,868	2,175	286	439	725	2,900
Program expenses	12,397	2,609	91,234	106,240	13,951	21,454	35,405	141,645
Total functional expenses before depreciation and amortization	49,327	10,379	603,354	663,060	55,532	85,466	140,998	804,058
Depreciation and amortization	470	92	3,653	4,215	530	814	1,344	5,559
Total functional expenses	\$ 49,797	\$ 10,471	\$ 607,007	\$ 667,275	\$ 56,062	\$ 86,280	\$ 142,342	\$ 809,617

**United Way of Passaic County
[a Non-Profit Organization]**

Statement of Functional Expenses

Year Ended December 31, 2016

	Program Service Expenses			Support Service Expenses			Total Functional Expenses	
	Gifts in Kind	Volunteer Management and Information and Referral	Financial Empowerment, Education, and Health	Total Program Service Expenses	Management and General	Fundraising		Total Support Services
Salaries and wages	\$ 20,742	\$ 4,070	\$ 161,131	\$ 185,943	\$ 23,341	\$ 35,894	\$ 59,235	\$ 245,178
Employee benefits and payroll taxes	6,496	1,275	50,462	58,233	7,310	11,241	18,551	76,784
Consulting and professional services	8,189	1,607	63,611	73,407	9,214	14,170	23,384	96,791
Rent	3,760	738	29,205	33,703	4,230	6,506	10,736	44,439
Special events expenses	1,111	218	8,631	9,960	1,250	1,923	3,173	13,133
Telephone	593	116	4,604	5,313	667	1,025	1,692	7,005
Transportation	202	40	1,568	1,810	227	349	576	2,386
Repairs and maintenance	2,247	441	17,453	20,141	2,528	3,888	6,416	26,557
Office expenses	945	185	7,338	8,468	1,063	1,635	2,698	11,166
Insurance	441	86	3,423	3,950	496	763	1,259	5,209
Training and conferences	245	48	1,902	2,195	275	424	699	2,894
Advertising	285	56	2,214	2,555	321	493	814	3,369
Dues	-	-	-	-	10,464	-	10,464	10,464
Subscription and publications	227	45	1,763	2,035	255	393	648	2,683
Miscellaneous	214	42	1,663	1,919	241	370	611	2,530
Campaign	-	-	-	-	-	2,518	2,518	2,518
Scholarship	-	-	3,000	3,000	-	-	-	3,000
Distribution of donated items	79,760	-	-	79,760	-	-	-	79,760
Program expenses	-	-	205,602	205,602	-	-	-	205,602
Agency grants	-	8,000	-	8,000	-	-	-	8,000
Total functional expenses before depreciation and amortization	125,457	16,967	563,570	705,994	61,882	81,592	143,474	849,468
Depreciation and amortization	608	119	4,722	5,449	684	1,052	1,736	7,185
Total functional expenses	\$ 126,065	\$ 17,086	\$ 568,292	\$ 711,443	\$ 62,566	\$ 82,644	\$ 145,210	\$ 856,653

United Way of Passaic County
[a Non-Profit Organization]

Statements of Cash Flows

	Years Ended December 31,	
	2017	2016
CASH FLOWS PROVIDED BY (USED FOR) OPERATING ACTIVITIES		
(Decrease) in net assets	\$ (41,257)	\$ (25,649)
Adjustments to reconcile decrease in net assets to net cash provided by (used for) operating activities		
Net unrealized and realized loss on investments	(146,142)	(14,583)
Depreciation and amortization	5,559	7,185
(Increase) decrease in assets		
Pledges receivable	67,517	(1,304)
Grants receivable	184,610	(239,738)
Prepaid expenses and other current assets	20,272	(11,108)
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	(58,133)	(7,706)
Deferred revenue	(131,725)	259,307
Grants and designations payable	(63,339)	(73,461)
	(162,638)	(107,057)
 CASH FLOWS PROVIDED BY (USED FOR) INVESTING ACTIVITIES		
Purchase of property and equipment	(929)	(15,603)
Proceeds from sale of securities	194,246	117,208
Purchase of investments	(225,885)	(162,615)
	(32,568)	(61,010)
 Net (decrease) in cash and cash equivalents	(195,206)	(168,067)
 CASH AND CASH EQUIVALENTS, <i>beginning of year</i>	305,625	473,692
 CASH AND CASH EQUIVALENTS, <i>end of year</i>	\$ 110,419	\$ 305,625

See Independent Auditor's Report and Notes to Financial Statements.

United Way of Passaic County [a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 1 - Summary of Significant Accounting Policies

a. *Nature of Organization*

The United Way of Passaic County ("UWPC" or the "Organization") is a not-for-profit organization incorporated under the laws of the State of New Jersey. The purpose of UWPC is to improve the lives of people in Passaic County by mobilizing the caring power of the community. This is accomplished by mobilizing caring individuals and corporations to give, advocate, and volunteer for the cause while providing relevant programming to individuals in need within the Organization's areas of focus.

b. *Basis of Accounting*

The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted Net Assets - Net assets that are not limited or restricted by donors. They generally arise as a result of exchange transactions, unrestricted contributions, or restricted contributions whose restrictions have expired.

Temporarily Restricted Net Assets - Net assets whose use is limited by donors for the purpose and/or time in which they may be expended. Eventually, temporarily restricted net assets are reclassified to unrestricted as their time and purpose requirements are met.

Permanently Restricted Net Assets - Net assets subject to donor-imposed restrictions that they may be maintained permanently by the Organization or used for a specific purpose.

c. *Tax Status*

The Organization is a non-profit corporation, exempt from federal and state income taxes under Section 501 (c)(3) of the Internal Revenue Code and has been classified as an Organization that is not a private foundation under Section 509 (a).

Management evaluated the Organization's tax positions in accordance with the Financial Accounting Standards Board ("FASB") guidance on accounting for uncertainty in income taxes and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance.

d. *Property and Equipment*

Property and equipment are stated at cost, except for donated items which are recorded at fair value on the date of donation. Property and equipment with a cost over \$500 are capitalized. Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives, on a straight-line basis.

Furniture and fixtures	5 - 7 years
Computer equipment	5 - 7 years
Telephone equipment	5 - 7 years
Leasehold improvements	remaining life of lease

United Way of Passaic County [a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 1 - Summary of Significant Accounting Policies - Continued

e. Contributed Services, Materials, and Occupancy

The Organization records the value of donated goods or specialized services based upon the fair market value at the date of donation. The donations were included in both revenue and expenses.

f. Support and Revenue

Contributions received are generally available for unrestricted use unless specifically restricted by the donor. All donor restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Investment earnings available for distribution are recorded in unrestricted net assets. Investment earnings with donor restrictions are recorded in temporarily or permanently restricted net assets based on the nature of the restrictions.

g. Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and support services benefited.

h. Unrestricted Support

The Organization's policy is to show restricted contributions whose restrictions are met in the same reporting period as unrestricted support.

i. Contributions

Donors can choose to designate that their contributions be distributed to a specific organization or another United Way. The collections of these contributions and distribution to specified agencies or United Ways are transactions in which the UWPC is acting as an agent. These transactions are included in campaign contributions in the statements of activities as revenue and expense.

j. Cash and Cash Equivalents

The Organization considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

k. Pledges and Grants Receivables

The UWPC closely monitors pledges and grants receivables. The receivables are evaluated and an allowance for doubtful accounts is established based on a history of past write-offs, collections, and other factors that might result in uncollectible balances.

United Way of Passaic County
[a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 1 - Summary of Significant Accounting Policies - Continued

l. Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income (loss) includes the Organization's gains and losses of investments bought and sold as well as held during the year.

m. Agency Grants

Agency grants are recorded as expenses when they are approved by the Board of Directors and communicated to the respective agencies and are generally payable within one year.

n. Funds Held for Others

UWPC administers campaigns for other local organizations and holds cash and cash equivalents as custodian. The total amount held as custodian included in cash and cash equivalents with a corresponding amount in grants and designations payable at December 31, 2017 and 2016, were \$10,854 and \$70,823, respectively. In exchange for administering these campaigns, UWPC earns a campaign fee of 10% of the total cash receipts collected for each campaign. Fees earned as revenue are included in campaign contribution revenue on the statements of activities.

o. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

United Way of Passaic County [a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 1 - Summary of Significant Accounting Policies - Continued

p. Pending Pronouncements

In February 2016, the Financial Accounting Standards Board ("FASB") issued ASU 2016-02, *Leases* (Topic 842). The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for fiscal years beginning after December 15, 2019, including interim periods within those fiscal years. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. The Organization is currently evaluating the impact of the pending adoption of the new standard on the financial statements.

In May 2015, the Financial Accounting Standards Board ("FASB") issued ASU 2015-09, *Revenue from Contracts with Customers*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. The updated standard will be effective for annual reporting periods beginning after December 15, 2018. The Organization has not yet selected a transition method and is currently evaluating the effect the updated standard will have on the financial statements.

In August 2016, the Financial Accounting Standards Board ("FASB") issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Under this guidance, how a not-for-profit entity classifies its net assets will be simplified. The new standard improves how an organization presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The guidance is effective for fiscal years beginning after December 15, 2017.

q. Subsequent Events

The Organization evaluated subsequent events for potential recognition and disclosure through July 17, 2018, the date the financial statements were available to be issued.

Note 2 - Concentration of Credit Risk

The Organization maintains its cash balances at several financial institutions in New Jersey. Cash in banks are insured per institution by the Federal Deposit Insurance Corporation ("FDIC"). At times, the Organization's balances may exceed federally insured limits.

The Organization invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities could occur, which would affect account balances and the amounts reported in the statements of financial position.

United Way of Passaic County
[a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 3 - Investments

Investments are stated at fair value and summarized as follows at December 31, 2017 and December 31, 2016:

	December 31, 2017		
	Cost	Fair Value	Unrealized Gain (Loss)
Fixed income	\$ 487,760	\$ 482,900	\$ (4,860)
Equities	408,387	552,111	143,724
Other assets	95,351	101,269	5,918
Totals	\$ 991,498	\$ 1,136,280	\$ 144,782
	December 31, 2016		
	Cost	Fair Value	Unrealized Gain (Loss)
Fixed income	\$ 487,150	\$ 465,562	\$ (21,588)
Equities	314,624	362,844	48,220
Other assets	168,722	163,899	(4,823)
Totals	\$ 970,496	\$ 992,305	\$ 21,809

United Way of Passaic County values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1 - Inputs that reflect unadjusted quoted market prices in active exchange markets for identical assets or liabilities that the Organization has the ability to access at the measurement date.

Level 2 - Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly, including inputs in markets that are not considered to be active.

Level 3 - Inputs that are unobservable for the asset or liability and that include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimate.

United Way of Passaic County [a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 3 - Investments - Continued

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lower level of input that is significant to the fair value measurement. United Way of Passaic County's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment. Below are the valuation techniques used by United Way of Passaic County to measure different financial instruments at fair value and the level within the fair value hierarchy in which the financial instrument is categorized.

The additional disclosures required about fair value measurements include, among other things, (a) the amounts and reasons for certain significant transfers among the three hierarchy levels of inputs, (b) the gross, rather than net, basis for certain Level 3 roll-forward information, (c) use of a "class" basis rather than a "major category" basis for assets and liabilities, and (d) valuation techniques and inputs used to estimate Level 2 and Level 3 fair value measurements. The following information incorporates these disclosure requirements.

The following is a description of the valuation methodologies used for instruments measured at fair value:

Beneficial Interest in Perpetual Trusts

Valuation inputs utilized to determine the fair value of the beneficial interest in perpetual trusts include the market value of the underlying assets within the trust as provided by the trustee and the Organization's proportionate share of the trust assets. Trust assets are held by a third party trustee. The Organization does not control the underlying assets of the trust nor does it have the ability to make investment decisions. Accordingly, beneficial interest in perpetual trusts is classified as Level 3.

	December 31, 2017			Total
	Quoted Prices in Active Markets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Investments				
Fixed Income Securities:				
Taxable US Short/Inter Term	\$ 273,881	\$ -	\$ -	\$ 273,881
Taxable high yield	163,526	-	-	163,526
International fixed income	45,493	-	-	45,493
Equity Securities:				
Large cap growth and value	304,686	-	-	304,686
Small/Mid cap growth and value	68,111	-	-	68,111
International equities	179,314	-	-	179,314
Other assets	101,269	-	-	101,269
 Total investments	 <u>\$ 1,136,280</u>	 <u>\$ -</u>	 <u>\$ -</u>	 <u>\$ 1,136,280</u>
 Perpetual trust held by third party	 <u>\$ -</u>	 <u>\$ -</u>	 <u>\$ 341,341</u>	 <u>\$ 341,341</u>

United Way of Passaic County
[a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 3 - Investments - Continued

	December 31, 2016			Total
	Quoted Prices in Active Markets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Investments				
Fixed Income Securities:				
Taxable US Short/Inter Term	\$ 254,443	\$ -	\$ -	\$ 254,443
Taxable high yield	191,015	-	-	191,015
International fixed income	20,104	-	-	20,104
Equity Securities:				
Large cap growth and value	248,163	-	-	248,163
Small/Mid cap growth and value	60,180	-	-	60,180
International equities	54,500	-	-	54,500
Mixed assets	72,966	-	-	72,966
Other assets	90,934	-	-	90,934
Total investments	<u>\$ 992,305</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 992,305</u>
Perpetual trust held by third party	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 307,535</u>	<u>\$ 307,535</u>

The changes in Level 3 assets measured at fair value on a recurring basis at December 31, 2017 and December 31, 2016 apply to beneficial interest in perpetual trusts and are summarized as follows:

Balance, <i>December 31, 2016</i>	\$ 307,535
Change in value	<u>33,806</u>
Balance, <i>December 31, 2017</i>	<u>\$ 341,341</u>
Balance, <i>December 31, 2015</i>	\$ 301,450
Change in value	<u>6,085</u>
Balance, <i>December 31, 2016</i>	<u>\$ 307,535</u>

United Way of Passaic County
[a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 4 - Property and Equipment

Property and equipment consists of the following at December 31, 2017 and December 31, 2016:

	December 31,	
	2017	2016
Furniture and fixtures	\$ 27,005	\$ 26,655
Computer equipment	13,257	12,677
Telephone equipment	7,387	7,387
Leasehold improvements	11,804	11,804
Total	59,453	58,523
Less accumulated depreciation	43,620	38,060
Property and equipment, net	\$ 15,833	\$ 20,463

Note 5 - Beneficial Interest in Funds Held by Others

The Organization has a 25% interest in a charitable remainder trust which was established for multiple beneficiaries. The fair value of the trust was \$1,365,364 and \$1,230,140 at December 31, 2017 and December 31, 2016 of which the Organization's interest was \$341,341 and \$307,535, respectively. All investment decisions for the trust are controlled by the trustee. See Note 3 for a discussion of fair value measurements.

The principal portion of this beneficial interest has been permanently restricted by the donor and has been recorded as a permanently restricted net asset.

The investment income distributed from the trust is unrestricted and is included in the statements of activities as unrestricted investment income. Unrealized gains and losses on the trust remain with the principal as permanently restricted. Distributions of income are received periodically by the UWPC. Total distributions for the year ended December 31, 2017 and December 31, 2016 were \$8,661 and \$14,210, respectively.

United Way of Passaic County
[a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 6 - Temporarily Restricted Net Assets

Net assets are temporarily restricted for the following purposes at December 31, 2017 and December 31, 2016:

	December 31,	
	2017	2016
Pledge campaign	\$ 298,886	\$ 317,515
Total temporarily restricted funds	\$ 298,886	\$ 317,515

Note 7 - Permanently Restricted Net Assets

Net assets were permanently restricted for the following purposes at December 31, 2017 and December 31, 2016:

	December 31,	
	2017	2016
Beneficial interest in remainder trust, See Note 5	\$ 341,341	\$ 307,535

Note 8 - Operating Lease Commitment

The Organization leases office space under an operating agreement that expires in July 2018. Under the current agreement there is an option to renew for an additional six years.

In April 2016, the Organization entered into a lease agreement for retail space to open their thrift store. Under the terms of the 3 year lease agreement, the Organization will pay \$10,000 per month commencing May 1, 2016 and terminating April 30, 2019. The rent for the thrift store was reimbursed in 2017 and 2016 by a grant received from Passaic County Community College, as part of a workforce development initiative. The thrift store is serving as a workforce training location to provide new job skills to unemployed individuals who are referred from the college training program in customer service.

The Organization sub-leases some of its office space under month to month operating leases. Total rental revenue received during 2017 and 2016 was \$10,490 and \$10,050, respectively.

Total rent expense net of rental revenue and utilities included in thrift shop expenses on the statements of activities and as rent in the statement of functional expenses for the years ended December 31, 2017 and December 31, 2016 was \$163,941 and \$124,439, respectively.

United Way of Passaic County [a Non-Profit Organization]

Notes to Financial Statements

Years Ended December 31, 2017 and 2016

Note 8 - Operating Lease Commitment - Continued

Future minimum lease payments are as follows:

For the year ending December 31,	
2018	\$ 157,622
2019	40,000
Total future minimum lease payments	<u>\$ 197,622</u>

Note 9 - Employee Benefit Plans

The Organization has a non-contributory defined contribution plan (the "plan") for the benefit of its eligible employees. Employees become 100% vested after three years of eligibility in the plan. The Organization contributes up to 8% of a participant's compensation to the Plan. This contribution is discretionary. Employer contributions to the plan for the years ended December 31, 2017 and December 31, 2016 totaled \$21,216 and \$21,036, respectively.

Note 10 - Affiliations

The Organization is a participant in the United Way of Tri-State, Inc. ("Tri-State"), which was formed to consolidate and coordinate fund-raising for the charitable activities of autonomous local United Ways in New Jersey, New York, and Connecticut.

In June 2005, United Way of Tri-State, Inc.'s Board entered into an agreement with United Way of America ("UWA") to manage the day-to-day operations of United Way of Tri-State, Inc. to achieve greater coordination, reduce costs, and focus on lasting community impact. As a result, UWA maintains a small regional office and works with local United Ways, donor companies, individual contributors, and other key stakeholders.

United Way of Tri-State, Inc. has wound down operations and there is uncertainty as to the future funding that the Organization will receive from these donor companies.



**Independent Auditor's Report on Internal Control
over Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed
in Accordance with Government Auditing Standards**

Board of Directors
United Way of Passaic County
[a Non-Profit Corporation]

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of United Way of Passaic County [a Non-Profit Corporation], which comprise the statement of financial position as of December 31, 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated July 17, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered United Way of Passaic County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of United Way of Passaic County's internal control. Accordingly, we do not express an opinion on the effectiveness of United Way of Passaic County's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the United Way of Passaic County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Sax LLP

Clifton, New Jersey
July 17, 2018

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/17 Date of this application: 04/24/18 N.J. Charities Registration Number: CH- 0111400

Charity's Full Legal Name: UNITED WAY OF PASSAIC COUNTY, INC.

Other Names Used (d.b.a.) _____

Mailing Address:

301 MAIN STREET, PATERSON, NJ 07505

In care of:

Address

City

State

ZIP Code

Street Address:

Street Address

City

State

ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: _____

Phone Number: _____

(include area code)

E-mail: YVONNEZ@UNITEDWAYPASSAIC.ORG

Federal Tax ID (EIN): 22-6070498

Web site: UNITEDWAYPASSAIC.ORG

Fax Number: 973-279-0059

(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

AWAITING ADDITIONAL INFORMATION IN ORDER TO PREPARE A COMPLETE AND
ACCURATE TAX RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No

If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No

4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No

If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title CEO _____ Date _____

Signature _____ Title _____ Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.