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Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 16, 2020 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2019 calendar year, or tax year beginning and	ending		
B C a	heck if oplicab	e: C Name of organization		D Employer identific	ation number
	Addre	UNITED WAY OF PASSAIC COUNTY, INC.			
	Name chang			22-607049	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	301 MAIN STREET		973-279-8	
	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	757,057.
	_return	PATERSON, NO 07505		H(a) Is this a group re	
	_tion pendi	F name and address of principal officer. I volume 2010EMA		for subordinates	
<u> </u>	·	empt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 527	H(b) Are all subordinates ind	list. (see instructions)
		te: $\blacktriangleright$ UNITEDWAYPASSAIC.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year		State of legal domicile: NJ
	rt I	Summary	1 <b>2</b> 1 64.		otato or logal domining
	1	Briefly describe the organization's mission or most significant activities: THE	MISSIO	N OF THE UNI	TED WAY OF
Governance		PASSAIC COUNTY IS TO IMPROVE THE LIVES OF			
rnai	2	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			6
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			9
Activities &	6	Total number of volunteers (estimate if necessary)		285	
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	·····	821,436.	661,043.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0. 81,184.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,172. -130,553.	12,901.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		763,055.	755,128.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		58,048.	35,324.
	13 14			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		419,997.	469,146.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25)	36.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		332,425.	394,898.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		810,470.	899,368.
	19	Revenue less expenses. Subtract line 18 from line 12		-47,415.	-144,240.
or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,941,720.	1,768,029.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u></u>	369,721.	166,962.
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		1,571,999.	1,601,067.
	rt II	Signature Block	L		
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whether the second	nich preparer	has any knowledge.	
_					
Sigr	ו	Signature of officer 389 Interpace		/ay Date	

Here	<u>YVONNE ZUIDEMA, CEO</u>	Parsippany, NJ 0705	4				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature Da	te Check PTIN				
Paid	MARQUS WHITE	MARQUS WHITE 09	9/17/20 self-employed P00053187				
Preparer	Firm's name 🕒 SAX LLP		Firm's EIN ▶ 81-2950760				
Use Only	Firm's address 💊 389 INTERPACE PA	RKWAY					
	PARSIPPANY, NJ 0	7054	Phone no. 973-472-6250				
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No				
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						
S	EE SCHEDULE O FOR ORGANIZA	ation mission statemen' C Disclosure Copy	<b>F</b> CONTINUATION				

	UNITED WAY OF PASSAIC COUNTY, INC. 22-6070498 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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 \$645,157. including grants of \$35,324. ) (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.
416	(Code:) (Expenses \$44,086. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$44,086. 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 \$10,163. 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.
44	Other program services (Describe on Schedule O.)
÷υ	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 699,406.
	Form <b>990</b> (2019)
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Form 990 (2019) UNITED WAY OF PASSAIC COUNTY, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	L.		
U		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			- 23
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
932003	01-20-20	Form	990	(2019)

Part IV	Checklist	of Required Sc	hedule	es /cc	ntinued)
Form 990 (	2019)	$\mathbf{UNITED}$	WAY	OF	PASS

UNITED WAY OF PASSAIC COUNTY, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	5 1 7			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<b>v</b>
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	28c		x
29	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200	x	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>—</b>	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 19</b>	-		
a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Х Form 990 (2019)

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Form 990 (2019)	UNITED WA				
Part V Statements R	egarding Othe	er IRS F	ilings and Ta	ax Complian	<b>ce</b> (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	9	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			37
				5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			<u>6a</u>		
U				6b		
7	Organizations that may receive deductible contributions under section 170(c).					
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		x
b				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	40-	1			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	I	-		
		11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b		_		
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	ince	~~?	10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	Incor		16		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form	990	(2019	١

UNITED WAY OF PASSAIC COUNTY, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

						X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		_	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision				
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		··· –	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	_	5		X
6	Did the organization have members or stockholders?		_	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?		_	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or				
	persons other than the governing body?		. L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code.)				
			Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		-	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,				
	· · · · · · · · · · · · · · · · · · ·		··· ⊢	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	- F	11a	X	
b	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		··	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		··  -	15a	X	
b	Other officers or key employees of the organization		L	15b	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 arrangem	ent with a				37
	taxable entity during the year?		. L	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's				
<u>C</u>	exempt status with respect to such arrangements?		'	16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	a 990-1 (Section 501(c	)(3)s (	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	<b>_</b>				
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	ntlict of interest policy,	and f	inanc	al	
•	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 bool	ks and records				
	<u>YVONNE ZUIDEMA - 973-279-8900</u> 301 MAIN STREET, PATERSON, NJ 07505					
				Form	990	(0040)
932006	01-20-20				550	(2019)

Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	lighe	est (	Con	nper	Isat	ed Employees		
<b>1a</b> Complete this table for all persons required to								, ,	•	
• List all of the organization's <b>current</b> officers			es (w	heth	ner i	ndiv	idua	lls or organizations), reg	ardless of amount of c	ompensation.
Enter -0- in columns (D), (E), and (F) if no compens	•							<b>C</b> . 11 <b>C</b> . 11	- 11	
<ul> <li>List all of the organization's current key en</li> </ul>										
<ul> <li>List the organization's five current highest c able compensation (Box 5 of Form W-2 and/or Bo</li> </ul>	ox 7 of Form 10	99-1	viso	C) of	mo	re th	an (	\$100,000 from the organ	nization and any related	d organizations.
• List all of the organization's <b>former</b> officers reportable compensation from the organization and	nd any related	orga	iniza	tion	s.					
• List all of the organization's former directo									or or trustee of the org	anization,
more than \$10,000 of reportable compensation fr See instructions for the order in which to list the p	-		nan	iu ar	iy re	elate	u or	ganizations.		
Check this box if neither the organization n		orga	nıza			nper	isate			(=)
(A)	(B)			(C Posi	<b>;)</b> itior	<b>,</b>		(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
	hours per week						n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	l trust	In stitutional trustee		Key employee	ompe				and related
	below	vidua	itutio	Officer	emp	hest o	Former			organizations
	line)	lnd	lnst	Offi	Key	e <sup>m</sup>	For			
(1) REV. GEORGE RILEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) FAYTH LITKE HOLT, PHR	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) DR. STEVEN M. ROSE	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) THE HONORABLE KEN MORRIS, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVEN GERBER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) YVONNE ZUIDEMA	40.00									
CEO				Х				112,239.	0.	15,300.
		-								

 Form 990 (2019)
 UNITED WAY OF PASSAIC COUNTY, INC.
 22-6

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

**Employees, and Independent Contractors** 

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

22-6070498

Page 7

Form 990 (2019)

Form 990 (2019) UNITED WA	AY OF PA	SS	AI	С	CO	UN	ТΥ	Z, INC.	22-60	704	.98	Pag	<sub>je</sub> 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i	than c s both r/trust	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		Estir amo	<b>F)</b> mated unt of her	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISo		orgar	n the nizatio related	n d
										+			
										+			
								112.020			1 Г	2.0	
1b       Subtotal         c       Total from continuation sheets to Part VI         d       Total (add lines 1b and 1c)	I, Section A	·····		· · · · · · · ·				112,239. 0. 112,239.		0. 0. 0.		<u>,30</u> ,30	0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		Y	′es I	1 No
<ul> <li>3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i></li> <li>4 For any individual listed on line 1a, is the su</li> </ul>	uch individual										3		x
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>con</i></li> </ul>	0,000? <i>If</i> "Yes, accrue comper	" co Isati	<i>mple</i> on fr	ete S rom :	Sche any	edule unre	e <i>J f</i> elate	or such individual ed organization or indivic	lual for services		4		X X
Section B. Independent Contractors	ipiete Schedule	<u>ə J T</u>	or su	icn <u>r</u>	oers	on .					5		
1 Complete this table for your five highest co the organization. Report compensation for	•	•						the organization's tax ye	•	ensati		ו	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompens	ation	
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nitec	to t	thos (		ted	above) who received mo	pre than	F	-orm <b>9</b> 9	<b>90</b> (20	)19)

						Y OF	PASSAIC	COUNTY,	INC.	22-6070	498 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any lin	( - )		(2)	
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	
											sections 512 - 514
t t	1	а	Federated campaigns			la	287,335.				
ran			Membership dues			lb					
۵ ق ۵		с	Fundraising events		-	lc	2,000.				
ar A			Related organizations			Id					
n, Dik			Government grants (contr			le					
ŝ			All other contributions, gifts,					1			
her			similar amounts not included			If	371,708.				
ĒĒ		q	Noncash contributions included in			lg \$	44,937.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		-			661,043			
<u> </u>							Business Code				
đ	2	а									
<u>vic</u>	-	b									
Ser		č									
ĒŠ		d					-				
Program Service Revenue		e									
Pro			All other program service	rever	าแค						
			Total. Add lines 2a-2f								
	3	3	Investment income (includ								
	-		other similar amounts)				78,980			78,980.	
	4		Income from investment of								
	5		Royalties								
	Ŭ				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	<u>``</u>	830.					
	Ŭ		Less: rental expenses	6b		929.					
			Rental income or (loss)	6c		901.					
			Net rental income or (loss	\			>	12,901			12,901.
			Gross amount from sales of	, <u> </u>		urities	(ii) Other	,			,
	-		assets other than inventory	7a		204.					
		b	Less: cost or other basis								
e			and sales expenses	7b		0.					
venue		с	Gain or (loss)	7c	2,	204.					
			Net gain or (loss)				• • •	2,204	•		2,204.
Other Re			Gross income from fundraisi								
g			including \$ 2								
-			contributions reported on								
			Part IV, line 18			8a	0.				
		b	Less: direct expenses				0.				
			Net income or (loss) from				►	C	•		
	9	а	Gross income from gamin	ng act	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gami	ing activ	vities	►				
	10	а	Gross sales of inventory,	less r	returns						
			and allowances			10a	1				
		b	Less: cost of goods sold			10k					
		с	Net income or (loss) from	sales	s of inve	ntory	►				
s							Business Code				
Miscellaneous Revenue	11	а					L	ļ			ļ
ane		b									
cell Vev		С									
Mis			All other revenue								
			Total. Add lines 11a-11d						<u>^</u>		04 005
	12		Total revenue. See instruction	ons			🕨	755,128	0.	0.	94,085.

932009 01-20-20

Form **990** (2019)

Form 990 (2019)	UNITED	WAY	OF	PASSAIC	COUNTY,	INC.
Part IX Statement of	Functional	Expen	ses			

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	35,324.	35,324.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	107 520	100 756	10 202	16 500						
•	trustees, and key employees	127,539.	100,756.	10,203.	16,580.						
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	276,794.	228,415.	6,941.	41,438.						
8	Pension plan accruals and contributions (include	2/0///210		0,5111	11,1001						
Ŭ	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	34,016.	28,109.	793.	5,114.						
10	Payroll taxes	30,797.	25,102.	1,260.	4,435.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
с	Accounting										
	Lobbying										
	Professional fundraising services. See Part IV, line 17	10.000		10.000							
	Investment management fees	10,929.		10,929.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	50,473.	14,575.	22,299.	13,599.						
13 14	Office expenses Information technology	50,475.	14,575.	22,255.	15,555						
15	Royalties										
16	Occupancy	80,532.	70,818.	3,308.	6,406.						
17	Travel	6,578.	3,976.	350.	2,252.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	10,947.	7,944.	1,714.	1,289.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	4,770.	2 45 6	4,770.							
23		5,565.	3,056.	2,509.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A)										
а	amount, list line 24e expenses on Schedule 0.)	1,500.	0.	1,500.	0.						
a h	CONSULTING AND PROFESSS	119,087.	97,064.	19,871.	2,152.						
c	BAD DEBTS	60,734.	49,803.	2,429.	8,502.						
d	PROGRAM EXPENSES	33,835.	33,835.								
	All other expenses	9,948.	629.	5,950.	3,369.						
25	Total functional expenses. Add lines 1 through 24e	899,368.	699,406.	94,826.	105,136.						
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)				- 000 (						

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Form 990 (2019)

### UNITED WAY OF PASSAIC COUNTY, INC.

22-6070498 Page 11

Part	~	Balance Sheet					
		Check if Schedule O contains a response or note to	o any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			76,877.	1	55,588
	2	Savings and temporary cash investments			16,342.	2	11,671
	3	Pledges and grants receivable, net			547,734.	3	391,651
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	ial con	tributor, or 35%			
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sectior	n 4958(c)(3)(B)		6	
ις.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Duran side and share a standard of succession of the success			14,287.	9	7,050
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	0a	<u>61,828.</u> 51,155.			
	b		0b	51,155.	15,444.	10c	10,673
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line 11		966,827.	12	949,704	
1	13	Investments - program-related. See Part IV, line 11			13		
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		304,209.	15	341,692	
1	16	Total assets. Add lines 1 through 15 (must equal li			1,941,720.	16	1,768,029
1	17	Accounts payable and accrued expenses		64,707.	17	80,238	
1	18	Grants payable				18	
1	19	Deferred revenue	294,385.	19	73,506		
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete Par				21	
v 2	22	Loans and other payables to any current or former	officer,	director,			
Liabilities		trustee, key employee, creator or founder, substant	ial con	tributor, or 35%			
abi		controlled entity or family member of any of these p	ersons			22	
⊐   2	23	Secured mortgages and notes payable to unrelated	l third p	oarties		23	
2	24	Unsecured notes and loans payable to unrelated th	ird parl	ies		24	
2	25	Other liabilities (including federal income tax, payab	les to r	elated third			
		parties, and other liabilities not included on lines 17	-24). C	omplete Part X			
		of Schedule D			10,629.	25	13,218
2	26				369,721.	26	166,962
		Organizations that follow FASB ASC 958, check	here	X			
ces		and complete lines 27, 28, 32, and 33.					
2   a	27			······ _	963,039.	27	1,071,223
8 2	28	Net assets with donor restrictions		L	608,960.	28	529,844
		Organizations that do not follow FASB ASC 958,	check	here 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds $\dots$				29	
issel 3	30	Paid-in or capital surplus, or land, building, or equip	ment f	und		30	
¥   З	31	Retained earnings, endowment, accumulated incor			4 684 444	31	1 1 1 1 1 1 -
<b>a</b>   3	32	Total net assets or fund balances			1,571,999.	32	1,601,067
3	33	Total liabilities and net assets/fund balances			1,941,720.	33	1,768,029. Form <b>990</b> (2019

Public Disclosure Copy

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

Form	n 990 (2019) UNITED WAY OF PASSAIC COUNTY, INC.	22-60	70498	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		i,12	
2	Total expenses (must equal Part IX, column (A), line 25)	2	899		
3	Revenue less expenses. Subtract line 2 from line 1	3	-144		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,571		
5	Net unrealized gains (losses) on investments	5	173	3,30	<u>)8.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,601	.,06	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		<b>3a</b>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (	aan "	

Form **990** (2019)

SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the or	ganization
----------------	------------

Nam	ame of the organization Employer identification number UNITED WAY OF PASSAIC COUNTY, INC. 22-6070498												
D-			ED WAY OF	PASSAIC COUNT	Y, I	1C.		2	2-6070498				
Ра	rt I	Reason for Public C	charity Status	All organizations must co	mplete th	is part.) Se	e instructions	6.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990 or 99	90-EZ).)							
3		A hospital or a cooperative											
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:											
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersł	nip fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in				
		lines 12a through 12d that of	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а		<b>Type I.</b> A supporting orga	nization operated, s	upervised, or controlled	oy its supp	ported orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting				
		organization. <b>You must c</b>	omplete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring				
		control or management of	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		] Type III functionally integ	grated. A supporting	g organization operated	n connect	tion with, a	and functional	ly integrate	d with,				
		its supported organizatior	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.						
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)				
		that is not functionally inte	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .						
е		Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			// \ I - II								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)				
Tota	ıl												
LHA	For P	aperwork Reduction Act N	otice, see the Instru	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019				

# Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC. 22-6070 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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	873,833.	820,318.	692,898.	821,436.	674,261.	3882746.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	873,833.	820,318.	692,898.	821,436.	674,261.	3882746.					
	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)						90 052.					
6	Public support. Subtract line 5 from line 4.						<u>90,052.</u> 3792694.					
	tion B. Total Support						5752054.					
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total					
		(a) 2015 873,833.	820,318.	(c) 2017 692,898.	(d)2018 821,436.	(e) 2019 674,261.	3882746.					
	Amounts from line 4 Gross income from interest,	075,055.	020,510.	052,050.	021,450.	0/4,2010	5002740.					
0	,											
	dividends, payments received on											
	securities loans, rents, royalties,	67,476.	48,941.	50,501.	86,367.	91,881.	345,166.					
~	and income from similar sources	07,470.	40,941.	50,501.	00,307.	91,001.	545,100.					
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				4 7 1 7		4 7 1 7					
	assets (Explain in Part VI.)				4,717.		<u>4,717.</u> 4232629.					
	Total support. Add lines 7 through 10											
	Gross receipts from related activities,	-				12	14,808.					
13	First five years. If the Form 990 is for	0	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	. —					
800	organization, check this box and stor	<u>o here</u>	oontogo									
	tion C. Computation of Publi						00 61					
	Public support percentage for 2019 (I		•			14	89.61 %					
	Public support percentage from 2018					15	92.11 %					
16a	33 1/3% support test - 2019. If the c	-			14 is 33 1/3% or m	ore, check this boy						
	stop here. The organization qualifies		-									
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box					
	and stop here. The organization qual		•••••									
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,					
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and <b>stop h</b>	ere. Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟					
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or					
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the						
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions						

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC. 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.)

Sec	tion A. Public Support		-	-					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	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								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support		•						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
9	Amounts from line 6								
	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								
с	Add lines 10a and 10b								
	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, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	) organiza	tion,	
	check this box and stop here	<u></u>		<u></u>	-	<u></u>	<u></u>	<b>)</b>	
Sec	ction C. Computation of Public	c Support Pe	rcentage						
15	Public support percentage for 2019 (li	ne 8, column (f), d	divided by line 13,	column (f))		15			%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16			%
	ction D. Computation of Inves								
17	Investment income percentage for 20	<b>19</b> (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17			%
18	Investment income percentage from 2	2018 Schedule A,	, Part III, line 17			18			%
	33 1/3% support tests - 2019. If the					3 1/3%, a	nd line 17	' is not	
	more than 33 1/3%, check this box an							►	
b	33 1/3% support tests - 2018. If the						3 1/3%, ar	nd	_
	line 18 is not more than 33 1/3%, chec							_	
20	Private foundation. If the organizatio							<b>F</b>	
	3 09-25-19		,	. ,			Form 990	or 990-EZ) 20	19

### Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC.

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

#### Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC. 22-6070498 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in l	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	<b>1</b> a		
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC. 22-6070498 Page 6

### Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF PASSAIC COUNTY, INC.

Fai	I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
5	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	UNITED WAY	COF PAS	SAIC COUN	TY, INC.	22-6070498 Page
Part VI	line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV	a, 6, 9a, 9b, 9c, , Section E, line	11a, 11b, and 110 es 1c, 2a, 2b, 3a, a	c; Part IV, Section B, Iir and 3b; Part V, line 1; P	hes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)				· · ·	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

# 2019

Internal nevenue del vice							
Name of the organization		Employer identification number					
U	NITED WAY OF PASSAIC COUNTY, INC.	22-6070498					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) any one contribut	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.						
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ elty 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) (2019)

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

Name of organization

Employer identification number

22-6070498

#### UNITED WAY OF PASSAIC COUNTY, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person Payroll 74,705. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Х Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Person Х Payroll Noncash 18,382. \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 81,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

UNITED WAY OF PASSAIC COUNTY, INC.

22-6070498

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

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>					
Name of or	ganization			Employer identification number					
UNITEI	WAY OF PASSAIC COUNTY	, INC.		22-6070498					
Part III		ions to organizations described		c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,00	00 or less for the	vear. (Enter this info. once.) <b>*</b>					
(a) No.		•							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
			-						
			-						
		(e) Transfer o	of gift						
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
			-						
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Rela	ttionship of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
			-						
_									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
			-						
F		(e) Transfer c	of gift						
F	Transferee's name, address, a	nd ZIP + 4	Rela	ttionship of transferor to transferee					
		[							
923454 11-06-	-19			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)					

SCHEDU	LE D
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(Form	990)
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### Supplemental Financial Statements

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



Schedule D (Form 990) 2019

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number UNITED WAY OF PASSAIC COUNTY, INC. 22-6070498 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

	(i) Revenue included on Form 990, Part VIII, line 1		\$_			
	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$_			
b	Assets included in Form 990, Part X		\$			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Sche		WAY OF PAS						607049		Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Other S	Similar As	sets <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following that	: make sigi	nificant use of	fits	,	
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and expla	ain how t	hey further th	ne organizatio	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arrang	gements. Comp	olete if th	e organizatio	n answered '	'Yes" on F	orm 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amour	nt	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanati	on has been	provided on l	Part XIII				
Pa	rt V Endowment Funds. Complete in	f the organization a	inswered	d "Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back 🛛 🕻	<b>d)</b> Three years l	back <b>(e)</b> Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	)) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment									
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses		zation th	at are held ar	nd administer	ed for the	organization			
	by:	-					-		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 99	90, Part I	V, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or	other	(b) Cost	t or other	(c) Acc	cumulated	(d) Boo	ok valu	ie
		basis (inves	tment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
	Leasehold improvements				1,804.		8,513.		3,2	91.
	Equipment			2	3,019.		23,019.			0.
	Other			2	7,005.		19,623.		7,3	82.
	I. Add lines 1a through 1e. (Column (d) must ea		<u>t X. colu</u>	mn (B). line 1	0c.)	<u></u>		1	0,6	73.
							Sche	dule D (Forr	n 990	) 2019

Schedule	D (Form 990) 2019			PASSAIC	COUI	NTY,	INC.		22-6070498	Page <b>3</b>
Part VI	I Investments -	Other Securitie	s.							
	Complete if the or	ganization answered	"Yes" on	Form 990, Part IV	/, line 11	b. See	Form 990, Pa	art X, line 12.		
(a) Descr	iption of security or cate	GOTY (including name of se	curity)	(b) Book value	•	(c) №	lethod of valu	uation: Cost o	or end-of-year market v	alue
(1) Financ	cial derivatives									
(2) Closel	y held equity interests	s								
(3) Other										
(A) <b>M</b>	ARKETABLE S	ECURITIES		949,7	04.	ENI	OF-YE	AR MARK	KET VALUE	
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col.	(b) must equal Form 99	0, Part X, col. (B) line 1	2.) 🕨	949,7	04.					
	II Investments -									
	Complete if the or	ganization answered	"Yes" on	Form 990, Part IV	/, line 11	c. See l	- orm 990, Pa	rt X, line 13.		
	(a) Description o			(b) Book value					or end-of-year market v	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Col.	(b) must equal Form 99	0, Part X, col. (B) line 1	3.) ►							
Part IX			<u></u>							
	Complete if the or	ganization answered	"Yes" on	Form 990, Part IV	/, line 11	d. See	Form 990, Pa	art X, line 15.		
			(a) Des	scription					(b) Book va	alue
(1) B	ENEFICIAL I	NTEREST IN	FUND	S HELD BY	Y OTH	IERS			333	,675.
(2) S	ECURITY DEP	OSITS							8	,017.
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	lumn (b) must equal F	orm 990 Part X col	(R) line 15	)					▶ 341	,692.
Part X	Other Liabilitie	es.		<i>J</i>						
	Complete if the or	ganization answered	"Yes" on	Form 990. Part IV	/. line 11	e or 11	. See Form 9	90. Part X. lir	ne 25.	
1.		Description of liability			, <u>,</u>				(b) Book va	alue
	ederal income taxes	. ,								
	ESIGNATIONS	PAYABLE							13	,218.
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)									12	,218.
	<i>lumn (b) must equal F</i> ty for uncertain tax po		. ,	,						, 4 1 0 •
Z. LIADIII	ry for uncertain tax pc	onions. In Part All, p	novide the	Levr of the tooth	iole lo th	ie organ	nzation s tina	noiai stateme	ents that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

	dule D (Form 990) 2019 UNITED WAY OF PASSAIC COUN				5070498 Page 4					
Pa	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	a.								
1	Total revenue, gains, and other support per audited financial statements			1	904,606.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments	. <b>2</b> a	173,308.							
b	Donated services and use of facilities	. 2b								
с	Recoveries of prior year grants	. 2c								
d										
е	Add lines 2a through 2d			2e	173,308.					
3	Subtract line 2e from line 1			3	731,298.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	<u>    10,929.</u> 12,901.							
b	Other (Describe in Part XIII.)	4b	12,901.							
с	Add lines <b>4a</b> and <b>4b</b>	4c	23,830.							
			<b>755 100</b>							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	755,128.					
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l							
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		l.					
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F							
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Return	l.					
Pa 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements		Expenses per F	Return	l.					
Pa 1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2a	Expenses per F	Return	l.					
Pa 1 2 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a	Expenses per F	Return	l.					
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	Expenses per F	Return	l.					
Pa 1 2 a	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Return	0.					
Pa 1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per F	Return	n. 875,538.					
Pa 1 2 a b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	0.					
Pa 1 2 b c d e 3	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e 3	0.					
Pa 1 2 a b c d e 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e 3	0.					
Pa 1 2 a b c d e 3 4 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per F	1 2e 3	0.					
Pa           1           2           b           c           d           e           3           4           b           c           5	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per F	Return	n. <u>875,538.</u> 0. <u>875,538.</u>					

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.

Schedule D (Form 990) 2019 UNITED WAY OF PASSAIC COUNTY, INC.	22-6070498 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NET RENTAL INCOME	12,901.
NET RENTAL INCOME	12,901.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL INCOME	12,901.
	<u> </u>
	Schedule D (Form 990) 2019

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2019
Department of the Treasury	Comp		Attach to For	-			Open to Public
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization UNITED WA	Y OF PASS	AIC COUNTY,	INC.				Employer identification number $22-6070498$
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro							
	•			1 0	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than s <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OASIS, INC., A HEAVEN FOR WOMEN AND CHILDREN - 59 MILL STREET -							
PATERSON, NJ 07501	22-3491573	501(C)(3)	3,761.	0.			AGENCY ASSISTANCE
PATERSON HABITAT FOR HUMANITY P.O. BOX 2585	22-2598353	E01/(C)/(2)	0.750	0.			AGENCY ASSISTANCE
PATERSON, NJ 07509	22-2596555	501(C)(3)	8,750.	· · ·			AGENCI ASSISIANCE
ST. PAUL'S COMMUNITY DEVELOPMENT CENTER - 456 VAN HOUTEN STREET - PATERSON, NJ 07501	22-3075855	501(C)(3)	5,000.	0.			AGENCY ASSISTANCE
ST. PETER'S HAVEN 380 CLIFTON AVENUE CLIFTON, NJ 07011	22-2769711	501(C)(3)	9,063.	0.			AGENCY ASSISTANCE
		501(0)(0)	5,000.				
CUMAC ECHO 223 ELLISON ST PATERSON, NJ 07505	22-2657737	501(C)(3)	8,750.	0.			AGENCY ASSISTANCE
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							<b>P</b>

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

### Schedule I (Form 990) (2019) UNITED WAY OF PASSAIC COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	I

22-6070498

Page 2

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

#### Name of the organization

UNITED WAY OF PASSAIC COUNTY, INC.

Employer identification number
22-6070498

Par	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of deterr noncash contributior	•	S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		44,937.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other 🕨 ()						
26	Other 🕨 ()						
27	Other 🕨 ()						
28	Other 🕨 ( )			<u> </u>			
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29			
					_	Yes	No
30a	During the year, did the organization receive by		• • • • •				
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					Da	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				ions?3	1	X X
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash			
_	contributions?					2a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	UNITED	WAY OI	F PASSAIC	COUNTY,	INC.	22-6070498	Page <b>2</b>
Part II	Supplemental	Informatio	Dn. Provide	the information r	equired by Part I	, lines 30b, 3	32b, and 33, and whether the organizat d, or a combination of both. Also comp	ion
	is reporting in Part this part for any ac	t I, column (b), dditional inforr	the number	of contributions,	the number of it	ems receive	d, or a combination of both. Also comp	lete
			nation.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

22-6070498

UNITED WAY OF PASSAIC COUNTY, INC.

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) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)								Page	2
Name of the organization UNITED WAY OF PASSAIC COUNTY, INC.			Employer identification number 22-6070498						
COMPETING ORG	ANIZATIO	N MUST	BE DISC	LOSED TO	UNITED	WAYS B	OARD 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.

(Rev. January 2020)

### 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.

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions.         Ta			Taxpaye	axpayer identification number (TIN)	
print	UNITED WAY OF PASSAIC COUNTY, INC.				22-6070498	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.					
return. See instructions.	City, town or post office, state, and ZIP code. For a for PATERSON, NJ 07505	oreign addr	ress, see instructions.			
Enter the Return Code for the return that this application is for (fil			arate application for each return)		0 1	
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		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) YVONNE ZUIDEMA			Form 8870			12
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li></ul>						
<b>3a</b> 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 th	is 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.
	ance due. Subtract line 3b from line 3a. Include your pa	•	· · ·			•
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct deb	it) with this Form 8868, see Form 84	53-EO an	d Form 887	9-EO for payment

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

Form 8868 (Rev. 1-2020)

OMB No. 1545-0047