Nisivoccia LLP 200 Valley Rd Suite 300 Mount Arlington, NJ 07856

November 4, 2022

United Way of Hudson County 900 Bergen Avenue Jersey City, NJ 07306

United Way of Hudson County:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations. A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Anthony Rispoli

Form	g	9	0
I UIIII	-	-	-

## EXTENDED TO NOVEMBER 15, 2022

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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs
A For the 2021 calend	ar vear, or tax vear beginning

ΑF	or th	e 2021 calendar year, or tax year beginning and e	ending	-	
B C	heck if oplicab	e: C Name of organization		D Employer identifie	cation number
	Addre Chang	UNITED WAY OF HUDSON COUNTY			
	Name	Doing business as		22-14872	18
	Initial returr		Room/suite	E Telephone number	r
	Final	900 REPORT AVENUE		201-434-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,785,131.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: DAN ALTILIO		for subordinates	
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) o	or 📃 527	lf "No," attach a	list. See instructions
		te: LIVEUNITEDHUDSON.ORG		H(c) Group exemption	n number 🕨
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other ►	L Year (	of formation: 1936 N	State of legal domicile: NJ
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: UWOFF	HC MOB	ILIZES RESO	URCES IN
Activities & Governance		LOCAL GOVERNMENT & THE CORPORATE SECTOR 7	FO AFF	ECT CHANGE	IN THE
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
jo v	3			3	29
8 8	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			29
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			14
iviti	6	Total number of volunteers (estimate if necessary)			96
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,802,438.	2,543,763.
Revenue	9	Program service revenue (Part VIII, line 2g)		181,895.	210,462.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		249.	405.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,660.	-1,122.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,018,242.	2,753,508.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,061,956.	1,722,897.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		442,731.	423,955.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	33.		<b>E</b> ( <b>0 0 E</b> (
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,740.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,999,427.	2,714,903.
. 0	19	Revenue less expenses. Subtract line 18 from line 12		18,815.	
vet Assets or und Balances			Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		970,130.	1,434,361.
et A: nd E	21	Total liabilities (Part X, line 26)		563,419.	989,045.
Ē	22	Net assets or fund balances. Subtract line 21 from line 20		406,711.	445,316.
	rt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DAN ALTILIO, PRESIDENT Type or print name and title	Г	Date	
Paid	Print/Type preparer's name ANTHONY RISPOLI	Preparer's signature ANTHONY RISPOLI	Date Check PTIN 11/04/22 if self-employed P02467381	
Preparer	Firm's name NISIVOCCIA LLP	·	Firm's EIN ▶ 22-1914888	
Use Only	Firm's address 200 VALLEY RD.	SUITE 300		
	MT. ARLINGTON,	NJ 07856	Phone no. (973) 328-1825	
May the I	RS discuss this return with the preparer shown al	oove? See instructions	X Yes No.	0
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (202	1)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	UNITED WAY OF HUDSON COUNTY	22-1487218	Page <b>2</b>
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: THE UNITED WAY OF HUDSON COUNTY IS A NON-PROFIT COMMUNIT WITH THE SOLE MISSION TO DO WHATEVER WE CAN TO HELP THE SICK, THE ELDERLY, THE DISABLED AND THE HOMELESS PEOPLE COUNTY.	POOR, THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses, a	
4a	(Code:       ) (Expenses \$ 2,440,059. including grants of \$ 1,722,897.) (Revenuented the united way of hudson county locates suitable apartmented the community for program participants and provides rent case management and supportive service to help stabilize situation.	ENTS THROUGHO	DUT S,
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$	, 
4c	(Code:) (Expenses \$) (Revenu	e \$	)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$		
4e			
		Form <b>99</b>	<b>0</b> (2021)
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Form	990	(2021)

 Form 990 (2021)
 UNITED
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 OF
 HUDSON
 COUNTY

 Part IV
 Checklist of Required Schedules
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			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11				
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	<i>Part VI</i> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 23	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
ь 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		
	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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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	00-		x
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 170	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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Part V

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		14			
	filed for the calendar year ending with or within the year covered by this return		14		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction			•		x
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or othe			4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financia	accou	nt) ?	4a		
	If "Yes," enter the name of the foreign country	A				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did any contributions that were not tax deductible as charitable contributions?			6a		x
				Ua		
	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices (	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file I	Form 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation f	ile a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
)	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:			1		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		1		
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage i	n any				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage i activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

Form 990	(2021)
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## UNITED WAY OF HUDSON COUNTY

X

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

<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</li> <li>4 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>5 Did the organization have embers or stockholders, or other persons who had the power to elect or appoint one or more members of the diversion of the organization the embers or stockholders, or other persons who had the power to elect or appoint one or more members of the diversion of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>B do the organization nave members or stockholders, or governing body?</li> <li>B do the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>B is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization make more about policies nor required by the Internal Revenue Code.)</li> <li>100 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this form 900.</li> <li>11 Has the organization have a written onlicits of hierser governing body perfore filling the form?</li> <li>11 Has the organization have a written onlicit of interest policy? If "No," go to line T3</li> <li>12 Urb dre organization have a written onlicit of interest policy? If "No," go to line T3</li> <li>12 Did the organization have a written onlicit of the organization to review this form 900.</li> <li>12 Did the</li></ul>		<u></u>
If there are material differences in voting rights among members of the governing body delogated broad authority to an executive committee or similar committee, explain on Scietade 0.       11       29         2       Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees tave a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management compary or thore presson?       2         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiors, directors, trustees, or key employees to a management company or other person?       3         4       Did the organization have members is obtoolers?       6         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7         7       Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8         8       Did the organization contemporaneously document the meetings held or written actions underken during the year by the following:       8         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization nearest meeting held or written actions: a sockholde 0.       9         9       Is there any officer, diffector, trustee, or key employee listed in Part VII,		
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ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         0a       Did the organization have local chapters, branches, or affiliates?       10         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       101         1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?       111         1b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12         2a       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12         3       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12         3       Did the organization have a written whistleblower policy?       13         4       Did the organization fave a written whistleblower policy?       14         5       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable with respect to such arrangeme	9	
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

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

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

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

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

(A)	(B)				C)	npei	loui	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>					,	. from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAN ALTILIO	40.00	<u> </u>	-	0	1×	Ξæ	Œ			
PRESIDENT				x				134,000.	Ο.	10,248.
(2) LOU PANTOLIANO	40.00							-		
CHIEF OPERATING OFFICER				x				112,000.	0.	27,168.
(3) DR. HOWARD PARISH	2.00									
CHAIRPERSON		X		Х				0.	0.	0.
(4) JAMES EGAN	2.00									
EXECUTIVE VICE CHAIR		Х		Х				0.	0.	0.
(5) DR. CAROL GRASZ	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RUDDYS ANDRADE	2.00									-
TRUSTEE		Х						0.	0.	0.
(7) TIMOTHY BABJAK	2.00									
TRUSTEE		х						0.	0.	0.
(8) JEROME COLWELL	2.00								0	0
TRUSTEE		X						0.	0.	0.
(9) JOSEPH DESCISCIO	2.00	.,						0	0	0
TREASURER		X		X				0.	0.	0.
(10) HON. CATALDO FAZIO	2.00							0.	0.	0
TRUSTEE	2.00	X						0.	0.	0.
(11) JULIET FOSTER	2.00	x						0.	0.	0.
TRUSTEE	2.00	<u>^</u>						0.	0.	0.
(12) PERRY FLORIO, ESQ. TRUSTEE	2.00	x						0.	0.	0.
(13) SALVATORE M. GRASSO	2.00	^						0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(14) RONALD GRECO	2.00	11							••	
TRUSTEE		x						0.	0.	0.
(15) GLENN GRETEN	2.00									
TRUSTEE		x						0.	0.	0.
(16) RICHARD MYRLAK	2.00									
TRUSTEE		x						0.	Ο.	0.
(17) ANN MCGOVERN	2.00									
TRUSTEE		x						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

132007 12-09-21

13591104 784010 08927R001

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Form 990 (2021)

Form 990 (2021) UNITED WA	AY OF HU	JD	SOI	N	COT	UN	ГΥ		22-1487	218	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	<b>(B)</b> Average hours per week (list any	box offi	not c , unle	(C Pos check ess pe nd a d	ition more rson	than is bot	th an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timated nount of other censation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	fro orga and	om the anization d related nizations
(18) ANGELA MCKNIGHT TRUSTEE	2.00	x						0.	0.		0.
(19) JAMES MILLER JR TRUSTEE	2.00	x						0.	0.		0.
(20) BARBARA NETCHERT TRUSTEE	2.00	x						0.	0.		0.
(21) FRANK NILAN TRUSTEE	2.00	x						0.	0.		0.
(22) HON. JOAN QUIGLEY TRUSTEE	2.00	x						0.	0.		0.
(23) LADISLOA RODRIGUEZ TRUSTEE	2.00	x						0.	0.		0.
(24) DIANNE VASQUEZ TRUSTEE	2.00	x						0.	0.		0.
(25) HON. FRANK SCHILLARI TRUSTEE	2.00	x						0.	0.		0.
(26) KONSTANTIN YUSIPOV TRUSTEE	2.00	x						0.	0.		0.
1b Subtotal c Total from continuation sheets to Part VI								246,000.	0.	3'	7,416. 0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								246,000.	0.	3'	7,416.
compensation from the organization		1050	150								2 Yes No
<b>3</b> Did the organization list any <b>former</b> officer,											X
<ul><li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i></li><li>For any individual listed on line 1a, is the su</li></ul>	im of reportab	le co	omp	ensa	atior	n an	d ot	ther compensation from	the organization	3	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	accrue compe	nsat	ion 1	from	any	/ uni	relat	ted organization or indivi	dual for services	4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors										5	X
1 Complete this table for your five highest co the organization. Report compensation for										sation f	rom
(A) Name and business	address	N	ONI	E				(B) Description of s	ervices (	<b>(C</b> Comper	<b>)</b> Isation
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	zation 🕨				(	0			ore than		
SEE PART VII, SECTION 132008 12-09-21		ΓII	NUZ	AT]	101	N	SH	EETS		Form	<b>990</b> (2021)

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Form 990 UNITED W									22-148	7218
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	, .		Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	k all t	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploy6		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	'u stee			en sat				and related
	organizations	al tru	onal t		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WENDY PAUL	2.00	-	-	0	×	Ŧ	Ē			
TRUSTEE		x						0.	0.	0.
(28) PAMELA HOPE	2.00									
TRUSTEE		x						0.	0.	0.
(29) HON. E. JUNIOR MALDONADO	2.00									
TRUSTEE		x						0.	0.	0.
(30) GARY WAGNER	2.00									
TRUSTEE		X						0.	0.	0.
		1								
				<b> </b>						
Total to Part VII, Section A, line 1c										

132201 04-01-21

Form	<u>1 9</u> 9	0 (;				OF	HUDSON	COUNTY		22-1487	218 Page	ĉ
Pa				ever	nue							
			Check if Schedule O	cont	ains a respo	nse	or note to any li	ne in this Part VIII				7
					·		,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue exclude	
its ts	1	а	Federated campaigns		1a							-
àran oun			Membership dues									
Å, G			Fundraising events					1				
Gift lar			Related organizations		1d			]				
imi,		е	Government grants (cont	ributi	ions) <b>1e</b>	2,	175,774.					
er S		f	All other contributions, gifts,	grant	ts, and							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	d abov			367,989.	4				
ont nd (		-	Noncash contributions included in									
<u>a</u> C		h	Total. Add lines 1a-1f					2,543,763.				_
•	_	_	PROGRAM FEES				Business Code 900099	210,462.	210,462.			_
vice	2	a b					500055	210,402.	210,402.			_
Ser		с С										
evel evel		d										
Program Service Revenue		e										
Å			All other program service	reve	nue							
			Total. Add lines 2a-2f					210,462.				
	3		Investment income (inclue	ding	dividends, ir	ntere	est, and					
			other similar amounts) $\dots$					405.			405	•
	4		Income from investment		•	•						
	5		Royalties		(i) D = =1							
	_	_	Overe verte		(i) Real		(ii) Personal	-				
	6			6a 6b				-				
			Less: rental expenses Rental income or (loss)	6c				4				
			Net rental income or (loss)		I		└ <b>▶</b>					_
	7		Gross amount from sales of		(i) Securiti		(ii) Other					
		-	assets other than inventory	7a								
		b	Less: cost or other basis									
Jue			and sales expenses	7b								
evenue			Gain or (loss)	7c								
			Net gain or (loss)				►					_
Other R	8	а	Gross income from fundraisi									
0			including \$									
			contributions reported on				30,501.					
		<b>۲</b>	Part IV, line 18			oa o⊾	31,623.	-				
			Less: direct expenses Net income or (loss) from				<u> </u>	-1,122.			-1,122	_
	9		Gross income from gamir		-			_,			_,	Ī
		-	Part IV, line 19			9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from			<u> </u>	►					
	10		Gross sales of inventory,									
			and allowances									
			Less: cost of goods sold			10b						
		с	Net income or (loss) from	sale	s of inventor	у						_
sn							Business Code					
oeu	11											
ella ven		b							<u> </u>			
Miscellaneous Revenue		с d	All other revenue									
Σ			Total. Add lines 11a-11d									
	12		Total revenue. See instruction					2,753,508.	210,462.	0.	-717	
13200							F				Form <b>990</b> (202	

13591104 784010 08927R001

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UNITED WAY OF HUDSON COUNTY Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines (	ns a response or note to any line	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<ol> <li>Grants and other assistance to domestic o and domestic governments. See Part IV, lin</li> </ol>	·	. 8,701.		
2 Grants and other assistance to dome individuals. See Part IV, line 22	stic 1,714,196	1,714,196.		
3 Grants and other assistance to foreig organizations, foreign governments, a individuals. See Part IV, lines 15 and	and foreign 16			
<ul> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, direction officers, dire</li></ul>	ectors,	. 170,050.	51,015.	62,352
<ul> <li>trustees, and key employees</li> <li>Compensation not included above to disqu persons (as defined under section 4958(f) persons described in section 4958(c)(3)(B</li> </ul>	lalified (1)) and	. 170,050.	51,015.	02,332
<ul><li>7 Other salaries and wages</li><li>8 Pension plan accruals and contributions (i</li></ul>	89,568	. 53,741.	16,122.	19,705
<ul> <li>section 401(k) and 403(b) employer contri</li> <li>Other employee benefits</li> </ul>	20,936		3,768.	4,606 6,607
10       Payroll taxes         11       Fees for services (nonemployees):         a       Management		. 18,020.	5,407.	0,00/
<ul><li>b Legal</li><li>c Accounting</li><li>d Lobbying</li></ul>	37,900	. 22,740.	7,580.	7,580
e Professional fundraising services. See Par f Investment management fees	t IV, line 17			
<ul> <li>g Other. (If line 11g amount exceeds 10% c column (A), amount, list line 11g expenses</li> <li>Advertising and promotion</li></ul>	s on Sch 0.) 5 , 903	. 3,541.	1,181.	1,181
13     Office expenses       14     Information technology	56,574		11,315. 1,330.	11,315 1,330
IS Royalties	96,047		14,407.	19,209
<ul> <li>17 Travel</li> <li>18 Payments of travel or entertainment e for any federal, state, or local public of</li> </ul>	expenses	• 124.	29.	50
<ul><li>Conferences, conventions, and meeti</li><li>Interest</li></ul>	ngs 1,008	. 454.	232.	322
Payments to affiliates Depreciation, depletion, and amortiza	tion 13,786		5,514. 4,630.	4,137 6,173
<ul> <li>Insurance</li> <li>Other expenses. Itemize expenses not cove above. (List miscellaneous expenses on lir line 24e amount exceeds 10% of line 25, c amount, list line 24e expenses on Schedul</li> </ul>	ered le 24e. If olumn (A), e 0.)		÷,050.	0,1/3
a CASE MANAGEMENT AND b MEMBERSHIP DUES	11,938	. 4,179.	3,581.	4,178
c NJ PANDEMIC RELIEF d PROGRAM EXPENSES	FUND 10,500 8,074			
e All other expenses	<b>0</b>	. 2,440,059.	126,111.	148,733
26 Joint costs. Complete this line only if the c reported in column (B) joint costs from a c educational campaign and fundraising soli Check here if following SOP 98-2 (ASI)	combined citation.			
Check here if following SOP 98-2 (ASI 32010 12-09-21	5 300-120)	1		Form <b>990</b> (202

132010 12-09-21

13591104 784010 08927R001

12 2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

Form **990** (2021)

UNITED WAY OF HUDSON COUNTY

га		Balance Sheet					
		Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			150,315.	1	538,765.
	2	Savings and temporary cash investments			501,573.	2	513,467.
	3	Pledges and grants receivable, net			37,039.	3	105,437.
	4	Accounts receivable, net			6,750.	4	5,450.
	5	Loans and other receivables from any current of	or former of	ficer, director,			
		trustee, key employee, creator or founder, subs	stantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	s		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			1 01 0	8	1 000
	9	Prepaid expenses and deferred charges			1,816.	9	1,090.
	10a	Land, buildings, and equipment: cost or other		002 200			
	Ι.	basis. Complete Part VI of Schedule D		982,380. 717,728.	272,637.		264,652.
		Less: accumulated depreciation		212,037.	10c	204,052.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			0.	14 15	5,500.
	15 16	Other assets. See Part IV, line 11			970,130.	16	1,434,361.
	17	Accounts payable and accrued expenses			338,249.	17	378,174.
	18	Grants payable		18	0,0,1,10		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel			0.	23	505,358.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, page	ayables to r	related third			
		parties, and other liabilities not included on line	s 17-24). C	omplete Part X			
		of Schedule D			225,170.	25	105,513.
	26				563,419.	26	989,045.
s		Organizations that follow FASB ASC 958, ch	eck here 🕽				
JCe		and complete lines 27, 28, 32, and 33.					
alaı	27			·····  -	406,711.	27	445,316.
ğ	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC	958, check	here 🕨 🛄			
г Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
<b>\SS(</b>	30	Paid-in or capital surplus, or land, building, or e				30	
et A	31	Retained earnings, endowment, accumulated in			106 711	31	115 216
ž	32	Total net assets or fund balances			406,711. 970,130.	32	445,316.
	33	Total liabilities and net assets/fund balances	<u></u>		910,13U.	33	1,434,361.

Form 990 (2021)

## Form 990 (2021) Part X Balance Sheet

132011 12-09-21

Form	1 990 (2021) UNITED WAY OF HUDSON COUNTY	22-14	87218	Pag	ge <b>12</b>
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	2,753	3,5	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,714		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	406	5,7	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	445	5,3	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		<b>3</b> a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
				000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

Added to Form 550 of Form 550 E2.
Go to www.irs.gov/Form990 for instructions and the latest information.

	<b>ZUZ I</b>
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

2021

Name of the organization

				HUDSON COUNT					2-1487218
Pa	τI	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	See instruction	IS.	
The o	organ	ization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)			
1	-	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).		
4		A medical research organiz					-	)(iii). Enter	the hospital's name.
-		city, and state:		· · J -··· - · · · · · · · · · · · · · ·				<b>X/</b>	·····,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental ı	unit describ	bed in
•		section 170(b)(1)(A)(iv). (C			a or opera				
6		A federal, state, or local go		mental unit described in	section 17	70(h)(1)(A)	(v)		
	Х	An organization that norma						he general	nublic described in
		section 170(b)(1)(A)(vi). (C			i oni u gov	orranointa		no general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )				
9		An agricultural research or				ed in coniu	inction with a	land-grant	college
5		or university or a non-land-g	-			-		-	-
		university:	grant concyc or agric			name, or	y, and state o		
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sun	nort from (	contributio	ns members	hin fees a	nd aross receipts from
10		activities related to its exen							
		income and unrelated busi		-					-
		See section 509(a)(2). (Col				sses acqu		yanization	
11		An organization organized	-	ively to test for public sa	foty Soo	saction 5(	19(2)(4)		
12		An organization organized a	•		•			arry out the	purposes of one or
12		more publicly supported or	-	-	-			-	
		lines 12a through 12d that	•						
а		<b>Type I.</b> A supporting orga	• •			-		-	<i>aivina</i>
a	L	the supported organization		-	•	-			
		organization. You must o		• • • •	a majonty (				supporting
h		7 7	-		tion with it	a aunnart	od organizatio	n(a) by ba	wing
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	Sintroi or mana	ige the sup	poned
~		organization(s). You mus Type III functionally inte	-		in connoc	tion with	and functions	lly intograt	od with
С		its supported organizatio						ny megrati	eu with,
d		<b>Type III non-functionally</b>						rtod organi	zation(c)
u	L	that is not functionally int						-	
		requirement (see instruct			•		-	anaton	WCH055
е		Check this box if the orga	-	-				II. Type III	
Ŭ		functionally integrated, o					, iype i, iype	n, type m	
f	Ente	er the number of supported of		inally integrated support	ing organi	Lation			
		ide the following information	•						· L
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

## Schedule A (Form 990) 2021

## UNITED WAY OF HUDSON COUNTY

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,061,328.	1,782,610.	1,772,623.	2,035,924.	2,543,763.	10,196,248.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	2,061,328.	1,782,610.	1,772,623.	2,035,924.	2,543,763.	10,196,248.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						10.100.040
	Public support. Subtract line 5 from line 4.						10,196,248.
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) T - + - 1
	ndar year (or fiscal year beginning in)	(a)2017 2,061,328.	(b) 2018 1,782,610.	(c) 2019 1,772,623.	(d) 2020 2,035,924.	(e) 2021 2,543,763.	(f) Total 10,196,248.
	Amounts from line 4	2,001,520.	1,702,010.	1,772,023.	2,055,924.	2,545,705.	10,190,240.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	44,895.	45,896.	34,909.	33,909.	405.	160,014.
٥	Net income from unrelated business	11,0551	1370301	5175051		1031	100,0110
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,356,262.
	Gross receipts from related activities,	etc. (see instruction	uns)			12 1	,034,991.
	First 5 years. If the Form 990 is for th	•	,				<u> </u>
	organization, check this box and <b>stop</b>	-					
See	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	98.45 %
	Public support percentage from 2020					15	97.92 %
	33 1/3% support test - 2021. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	<b>t - 2020.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and <b>st</b> o	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021
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## UNITED WAY OF HUDSON COUNTY

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

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

Section A. Public Support	_					
Calendar year (or fiscal year beginning in)	► (a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
<b>3</b> 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						
·						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for		rst second third	fourth or fifth tax	vear as a section	1 501(c)(3) organiz:	ation
check this box and <b>stop here</b>	0					►
Section C. Computation of Pub						
15 Public support percentage for 2021		•	column (f))		15	%
<b>16</b> Public support percentage from 202					16	%
Section D. Computation of Inve						/0
17 Investment income percentage for 2		•		1	17	%
<b>18</b> Investment income percentage for					18	<u> </u>
19a 33 1/3% support tests - 2021. If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2020. If th						🟲 📖
line 18 is not more than 33 1/3%, ch						
<ul><li>20 Private foundation. If the organizati</li></ul>						
	on did not check a			THE DUA AND SEE IN		A (Form 990) 2021
132023 01-04-22			17		Schedule	A (FUIII 990) 202 I

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

### UNITED WAY OF HUDSON COUNTY Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

1

2

3

2a

2b

За

1.4

...

No

No Yes

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type	II Supporting	Organizations
-----------------	---------------	---------------

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

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

supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2021

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Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

1 2 2			(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

UNITED WAY OF HUDSON COUNTY

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021							Deut II. Vie. 17		7218 Pa
	Part IV, Section A, I	<b>Information.</b> Pro lines 1, 2, 3b, 3c, 4b, ion D, lines 2 and 3;	, 4c, 5a, 6	5, 9a, 9	b, 9c, 11a)	, 11b, and 1	1c; Part IV	Section B, lines	1 and 2; Part I	V, Section C,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V,	Section	E, lines	2, 5, and	6. Also com	plete this p	art for any addit	ional informatio	n.
	(,									
32028 01-04-2	22					2.2			Schedule /	A (Form 990)
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

22-1-	487	218
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UNITED WAY OF HUDSON COUNTY	
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Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### General Rule

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

## Special Rules

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

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

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

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

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

Name of organization

Page 2

Employer identification number

22-1487218

## UNITED WAY OF HUDSON COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT <u>1 NEWARK CENTER, FLOOR 13</u> <u>NEWARK, NJ 07102</u>	\$ <u>1,209,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF MA BAY & MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210	\$70,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S.SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416	\$ <u>125,170.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4         HUDSON COUNTY DIVISION OF HOUSING AND         COMMUNITY DEVELOPMENT         830 BERGEN AVENUE, 5B         JERSEY CITY, NJ 07306	Total contributions         \$         477,522.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1	1-21	\$	Person Payroll Occupient Part II for noncash contributions.)

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(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
123453 11-11-21		_ _ _ \$	Schedule B (Form 990) (2021
.20.00 11-11-21	25		

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

UNITED WAY OF HUDSON COUNTY

Name of organization

Part II

Employer identification number

22-1487218

Page 3

2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

	B (Form 990) (2021)			Page <b>4</b>
Name of o	organization			Employer identification number
UNITE	D WAY OF HUDSON COUNTY			22-1487218
Part III	from any one contributor. Complete columns (a	) through (e) and the following line e	ntry For organizations	-
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. on	.ce.) ► \$
(a) No. from			(d) Doo	aviation of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
			I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Farti				
		(e) Transfer of g	ift	
	Transforma's normal address a		Deletienskin of tw	
	Transferee's name, address, a		Relationship of the	ansferor to transferee
(a) No. from	(b) Purpose of gift	(a) Upp of gift		cription of how sift is hold
Part I		(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	i <del>4</del>	
		(e) mansier or g		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
	· · · · · · · · · · · · · · · · · · ·		•	
123454 11-1	1-21			Schedule B (Form 990) (2021)
591104	4 784010 08927R001	26 2021.05000 UNITE	D WAY OF HILLS	ON COUNTY 08927R01
• •				

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form	990)
-------	------

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer ider	ntif	fi
2.2	1	Λ

loyer	iden	tifica	tion	number
2	2-1	48'	721	8

	UNITED WAY OF HUDSON COUNTY		22-1487218
Par		ilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised fun	ids (	b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fun	de
Ŭ	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu		
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth		,
Par			
		110111390, Fait IV,	, 11167.
1		a substitute of a bisto	
			prically important land area fied historic structure
		servation of a certi	ned historic structure
~	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	i in the form of a co	Held at the End of the Tax Year
	day of the tax year.		
			2a
	<b>o ,</b>		2b
	()		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a his		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organ	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and er	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci	ng conservation ea	sements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	-	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ncial statements th	at describes the
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasu	ures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and bal	lance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or re		nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta		
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtheranc	e 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	s for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these item		
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.		Schedule D (Form 990) 2021
132051	1 10-28-21		
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	1 /	WAY OF HUD								B Page <b>2</b>
Pai	t III Organizations Maintaining C								<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at make si	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	t XIII.	
5	During the year, did the organization solicit of				-			_	٦.,	□
De	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990,	, Part IV,	line 9, or	
	•		diam ( fau							
1a	Is the organization an agent, trustee, custod								Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	l tes	└── No
D	If Yes, explain the arrangement in Part XIII	and complete the fo	liowing	table:					Amount	
•	Paginning balance						10		7 anount	
	Beginning balance									
	Additions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pa										
	· · · ·	(a) Current year		rior year	(c) Two yea			ars back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiza	ation	-	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the	0	owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere				1					
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Bool	k value
1a	Land			5	0,078.				50	),078.
	Buildings									
	Leasehold improvements				6,377.	6	02,39			3,981.
d	Equipment				4,441.		45,11			9,328.
	Other				1,484.		70,21	.9.		3,735.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	0c.)				264	4,652.

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			of yoor market yolyo
	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1) Financial derivatives			
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)(8)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>- 15)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LINE OF CREDIT			100,000.
(3) DEFERRED RENT			5,513.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			105,513.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check	nere if the text of the footnote has been pro	ovided in Part XIII X

UNITED WAY OF HUDSON COUNTY

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

_	edule D (Form 990) 2021 UNITED WAY OF HUDSON COUNT				148/218 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	ו.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	2,785,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d	31,623.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	31,623.
3	Subtract line 2e from line 1			3	2,753,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
				5	2,753,508.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_ 5	
_	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With		Retu	
_	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per		irn.
_	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per	Betu	
Pa	rt XII       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         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per		irn.
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	ents With	n Expenses per		irn.
Pa 1 2	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         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	n Expenses per		irn.
Pa 1 2 a	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         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	n Expenses per		irn.
Pa 1 2 a	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         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	2a 2b 2c	n Expenses per		ırn. 2,746,526.
Pa 1 2 a b c	rt XII       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         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	2a 2b 2c 2d	1 Expenses per		rn. 2,746,526. 31,623.
Pa 1 2 a b c d	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         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	1 Expenses per	1	ırn. 2,746,526.
Pa 1 2 b c d e	rt XII       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         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	2a 2b 2c 2d	1 Expenses per	1 2e	rn. 2,746,526. 31,623.
Pa 1 2 b c d e 3	rt XII       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         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	1 Expenses per	1 2e	rn. 2,746,526. 31,623.
Pa 1 2 a b c d e 3 4	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         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 4a	1 Expenses per	1 2e	rn. 2,746,526. 31,623. 2,714,903.
Pa 1 2 a b c d e 3 4 a	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         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1 Expenses per 31,623.	1 2e	rn. 2,746,526. 31,623. 2,714,903. 0.
Pa           1           2           a           b           c           d           a           b           c           d           a           b           c           3           4           b           c           5	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         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1 Expenses per 31,623.	1 2e 3	rn. 2,746,526. 31,623. 2,714,903.

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 NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM
FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A
PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE
STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT.
ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN
PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

## THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE

## STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT

## METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

30

132054 10-28-21

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RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION RELATED TO THOSE TAX POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2021 AND 2020. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR.

THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH THE FEDERAL AND TWO STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND THE APPLICABLE FORM WITH THE STATE OF NEW JERSEY. THESE RETURNS ARE SUBJECT TO EXAMINATIONS AT ANY TIME WITHIN STATUTORILY DEFINED PERIODS FROM THE LATEST FILING DATE FOR FEDERAL AND FOR NEW JERSEY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

Schedule D (Form 990) 2021

31,623.

31,623.

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SCHEDULE G	Suppleme	ntal Informat	ion Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	n 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury	-	-	ttach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/	Form990 for instr	uction	s and	the latest informat	ion.		Inspection ntification number
		WAY OF HU	IDSON COUN	ITY				22-1487	
			organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
1 Indicate whether th	complete this par		any of the followi	ng acti	vities.	Check all that apply			
a 🔛 Mail solicitat					•	overnment grants			
	email solicitations	6			-	nment grants			
c Phone solici			g 🛄 Special	fundra	lising	events			
2 a Did the organization		or oral agreement	with any individual	l (inclu	ding o	fficers, directors, tru	stees	s, or	
• • •			-			undraising services?		Yes	
<b>b</b> If "Yes," list the 10 compensated at le			(fundraisers) pursi	uant to	agree	ements under which	the fi	undraiser is to t	De
				(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) A	ctivity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (a	fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
				Yes	No				
3 List all states in wh or licensing.	ich the organizatio	n is registered or	licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instr	uctions for Form	990 or	990-	EZ.		Schedule	G (Form 990) 2021
		,			-				. ,

132081 10-21-21

UNITED WAY OF HUDSON COUNTY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furfulaising event contributions and gr	1				1013 greater than \$0,000.
			(a) Event #1	<b>(b)</b> Ever	nt #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF EVENT				col. (c))
Ð			(event type)	(event t	type)	(total number)	
Revenue	1	Gross receipts	29,728.				29,728.
	2	Less: Contributions					
	<u>_</u>	Cross income (line 1 minus line 2)	29,728.				29,728.
	3	Gross income (line 1 minus line 2)	25,720.				25,7200
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
t Ex	_						
rec.	7	Food and beverages					
ā							
	8	Entertainment					04.000
	9	Other direct expenses					24,980.
	10	Direct expense summary. Add lines 4 through				►	24,980.
	11		ine 3, column (d)	<u></u>		🕨	4,748.
Pa	nrt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV,	line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	•				
Ð			(a) Bingo	(b) Pull tab		(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progres	ssive bingo		col. (a) through col. (c))
leve							
ш	1	Gross revenue					
S	2	Cash prizes					
Ise							
per	3	Noncash prizes					
Ě	-	·····					
Direct Expenses	4	Rent/facility costs					
Ē	· ·						
	5	Other direct expenses					
	Ĕ		Yes %	Yes	%	Yes %	
	6	Volunteer labor			/0		
		Volunteer labor					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			►	
		Net gaming income summary. Subtract line 7	from line 1 column (d)			•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			·····	
•	-						
9		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming a		states?			Yes No
b	lf "	No," explain:					
		ere any of the organization's gaming licenses re			-	year?	📖 Yes 📖 No
b	) If "	Yes," explain:					
						0.1	adula () (Farma (200) (2004
13208	82 10	0-21-21				Sch	edule G (Form 990) 2021

33

13591104 784010 08927R001 2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

Sch	edule G (Form 990) 2021	UNITED WAY	OF	HUDSON	COUNTY	22-1	487	218	Page <b>3</b>
	Does the organization conduct						_		No
	Is the organization a grantor, b to administer charitable gaming	eneficiary or trustee of a t	rust, d	or a member o	of a partnership or	other entity formed		Yes	No No
13	Indicate the percentage of gam								
	The organization's facility						13a		%
	An outside facility						13b		%
14	Enter the name and address of	the person who prepares	s the c	organization's	gaming/special ev	vents books and records:			
	Name 🕨								
	Address ►								
15a	a Does the organization have a c	ontract with a third party	from	whom the org	anization receives	gaming revenue?		Yes	🗌 No
ł	If "Yes," enter the amount of ga				\$	and the amount			
	of gaming revenue retained by								
C	If "Yes," enter name and addre	ss of the third party:							
	Name 🕨								
	Address ►								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensatio								
	Description of services provide	d 🕨							
	Director/officer	Employee			dent contractor				
	Mandatory distributions: Is the organization required unit	der state law to make cha	ritable	e distributions	from the gaming i	proceeds to			
	retain the state gaming license							Yes	🗌 No
t	Enter the amount of distribution								
	organization's own exempt act	•			·	5			
Pa					-	b, columns (iii) and (v); and Pa	ırt III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also provid	de any	y additional in	formation. See ins	tructions.			
1320	83 10-21-21					Sched	ule G (l	Form	990) 2021
	1104 704010 0000	70001 000	1 0				<b>m</b> 17 (		27501

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Schedule G	G (Form 990

Part IV Supplemental Information (	·
2084 11-18-21	Schedule G (Form
2007 11-10-21	35
1104 784010 08927R001	2021.05000 UNITED WAY OF HUDSON COUNTY 08927R

SCHEDULE I (Form 990) Department of the Ti Internal Revenue Se		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.											
Name of the or	ganization							Inspection Employer identification number					
	UNITED WA	Y OF HUDS	ON COUNTY					22-1487218					
Part I Ge	neral Information on Grants a	nd Assistance											
criteria u	organization maintain records sed to award the grants or assi	stance?	-					ction X Yes No					
	in Part IV the organization's pro		X				(						
	ants and Other Assistance to ipient that received more than a	-				anization answered "N	res" on Form 990, Par	t IV, line 21, for any					
	e and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
2 Enter tota	al number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table			•	<b>&gt;</b>					
	al number of other organization												
LHA For Pap	erwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021					

#### Schedule I (Form 990) 2021

UNITED WA	Y OF	HUDSON	COUNTY
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22-1487218

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
RENTAL ASSISTANCE FOR INDIVIDUALS PAID DIRECTLY TO							
LANDLORDS	205	1,714,196.	0.				

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

PART I, LINE 2:

HUD REGULATIONS AND UNITED WAY HOUSING RULES STATE THAT ALL GRANT RENTAL

ASSISTANCE GOES DIRECTLY TO THE LANDLORD. NO RENTAL ASSISTANCE GOES TO THE

INDIVIDUAL CLIENT. A CLIENT SIGNS AN AGREEMENT FOR THE UNITED WAY TO PAY A

PORTION OF THE RENT AND THE CLIENT PAYS 30% OF THEIR TOTAL INCOME TOWARDS

THE RENT.

SC	HEDULE J	1	OMB No. 1545-0047					
	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71			
•	,	Compensated Employees		ΖU		1		
Dene	tment of the Treesury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to Public				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization			identificati		mber		
		UNITED WAY OF HUDSON COUNTY	22-1	L48721	8			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	onal use					
	Travel for com	panions Payments for business use of personal re	esidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s					
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization	's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to					
	establish compensat	ation of the CEO/Executive Director, but explain in Part III.						
	Compensatior	committee						
	Independent of	ompensation consultant						
	Form 990 of o	ther organizations	committee					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а		e payment or change-of-control payment?				X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
С		eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	<b>.</b>							
-		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
_	contingent on the r					x		
a L	The organization?			5a		X		
a		ation? r 5b, describe in Part III.		5b				
~								
0		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ION					
~	contingent on the r	0		6a		x		
a h		ation?		0a 6b		X		
u		ation? r 6b, describe in Part III.		6b				
7		or 60, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
'				7		x		
Q		ies 5 and 6? If "Yes," describe in Part III						
0				8		x		
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		····· <b>O</b>				
9		d the organization also follow the rebuttable presumption procedure described in		9				
ΙHΔ		953.4958-6(c)?	<u> </u>	ule J (Forr	n 990)	2021		

132111 11-02-21

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

22-1487218

UNITED WAY OF HUDSON COUNTY

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

LIVES OF THE HOMELESS & IMPOVERISHED MEN, WOMEN & CHILDREN IN OUR

COMMUNITY. WE PROVIDE FUNDING, SUPPORT & ADVOCACY FOR THE WELLNESS &

PROTECTION PROGRAMS FOR CHILDREN WHO HAVE BEEN ABUSED AND NEGLECTED. WE

HAVE FOCUSED OUR EFFORTS ON THE HOMELESSNESS CRISIS, CHILD WELLNESS &

PROTECTION, THE SPECIAL NEEDS COMMUNITY & THE CREATION OF A NON-PROFIT

RESOURCE.

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

UNITED WAY OF HUDSON COUNTY HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THAT WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THEGOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

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

UNITED WAY OF HUDSON COUNTY CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 41

13591104 784010 08927R001

Schedule O (Form 990) 2021	Page <b>2</b>							
Name of the organization UNITED WAY OF HUDSON COUNTY	Employer identification number 22-1487218							
AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT	OF INTEREST IS							
DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WIL	L BE NOTIFIED							
IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE	IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY							
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WIT	H THE CONFLICT							
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.								

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

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF HUDSON COUNTY MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 857 BERGEN AVENUE JERSEY CITY, NJ 07306. IN ADDITION FORM 1023 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 857 BERGEN AVENUE JERSEY CITY, NJ 07306.

FORM 990, PART XII, LINE 2C

UNITED WAY OF HUDSON COUNTY HAS ESTABLISHED A BOARD OF TRUSTEES TO OVERSEE THE AUDIT PROCESS AND TO ENGAGE INDEPENDENT AUDITORS ON AN ANNUAL BASIS.

FORM 990, PART XII, LINE 3B THE ORGANIZATION IS REQUIRED TO FOLLOW THE AUDIT REQUIREMENTS OF TITLE 2 U.S. CODE OF FEDERAL REGULATIONS PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS(UNIFORM GUIDANCE) WHICH SUPERCEDES OMB CIRCULAR A-133. 132212 11-11-21 Schedule O (Form 990) 2021 42

13591104 784010 08927R001

2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

me of the organization	מישיידאוז	WAV OF	HUDSON	COINTRY	Employer identification nur 22-1487218
	ONTLED	WAI UF	NUCCUON	COUNTI	 22-140/210

SCH	EDULE	R

#### (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF HUDSON COUNTY

Employer identification number 22 - 1487218

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr ent	(g) 512(b)(13) trolled htity?	
				501(c)(3))		Yes	No	
HUDSON COUNTY COUNCIL OF SOCIAL AGENCIES -	-							
22-1559530, 857 BERGEN AVENUE, JERSEY CITY,								
NJ 07306	CHARITY	NEW JERSEY	501(C)(3)	501(C)(3)	N/A		X	

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

Schedule R (Form 990) 2021

#### UNITED WAY OF HUDSON COUNTY Schedule R (Form 990) 2021

22-1487218 Page 2

Part III	Identification of Related Or organizations treated as a pa	ganizations Taxable artnership during the t	<b>as a Partn</b> ax year.	ership. Complete i	f the organi	zation answ	ered "Ye	es" on Forr	m 990, P	art IV, line	34, b	ecaus	e it had one c	or mor	e relate	ed			
	(a)	(b)	(c)	(d)		(e)		(f)	(	(g)	g) (h)		(i)		(j)	(	<b>(</b> )		
N (	ame, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related	nant income , unrelated, rom tax under s 512-514)	Share	Share of total income		come end-c		Share of end-of-year assets		ations?	20 of Schedu		General o managing partner?	r Perce owne	ntage
		-																	
		-																	
		-																	
Part IV	Identification of Related Orgonizations treated as a co	ganizations Taxable	as a Corpo	<b>pration or Trust.</b> C year.	omplete if t	he organizat	tion ans	wered "Ye	s" on Fo	rm 990, Pa	art IV,	line 34	1, because it l	had o	ne or n	nore re	lated		
	<b>(a)</b> Name, address, and E of related organizatio	IN n	Prim	<b>(b)</b> ary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(C corp, S corp, incor		f total Share of end-of-year		(h) Percentage ownership		e 512(b)(13) controlled entity?					
					country)			or tru	JST)				assets				No		

# Schedule R (Form 990) 2021 UNITED WAY OF HUDSON COUNTY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with or	one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b	Х			
	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		X X		
g Sale of assets to related organization(s)									
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organization	n(s)			1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
o	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
S	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete th	nis line, including covered	relationships and transaction thresholds.					
	2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)       (d)         Name of related organization       Transaction       Amount involved       Method of determining amount involved								

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

# Schedule R (Form 990) 2021 UNITED WAY OF HUDSON COUNTY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	) all s sec. )(3) .? No	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn <b>Yes</b>	nal or f uging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

# Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-2	21								Schedule 5	R (Form 990) 2021
		08927R001	2021	05000	48 UNTTED	WAY	OF	HUDSON		08927R01
	,04010	50 <i>52</i> /1001				1111 I	01	102000	200111	0027R01

#### FORM 990 PAGE 10

990	90
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	FO FAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING - 857 BERGEN AVE	09/30/68	SL	25.00		16	86,444.				86,444.	86,444.		0.	86,444.
2	IMPROVEMENTS	01/01/84	SL	20.00		16	281,255.				281,255.	281,255.		0.	281,255.
3	HEATING AND COOLING SYSTEM	12/19/00	SL	15.00		16	19,254.				19,254.	19,254.		0.	19,254.
4	AIR CONDITIONING	05/23/06	SL	15.00		16	4,878.				4,878.	4,878.		0.	4,878.
5	REMODELING	08/01/04	SL	15.00		16	7,600.				7,600.	7,600.		0.	7,600.
6	REMODELING	08/09/05	SL	15.00		16	7,000.				7,000.	7,000.		٥.	7,000.
7	REMODELING	09/28/05	SL	15.00		16	6,000.				6,000.	6,000.		0.	6,000.
8	REMODELING	10/05/05	SL	15.00		16	6,505.				6,505.	6,505.		0.	6,505.
9	REMODELING	06/30/08	SL	15.00		16	1,500.				1,500.	1,350.		100.	1,450.
10	REMODELING	09/10/08	SL	15.00		16	1,500.				1,500.	1,350.		100.	1,450.
11	HEATING AND COOLING SYSTEM	04/28/08	SL	15.00		16	19,800.				19,800.	17,820.		1,320.	19,140.
12	BUILDING - 857 BERGEN AVE	09/23/75	SL	25.00		16	61,600.				61,600.	61,600.		٥.	61,600.
13	BUILDING - 857 BERGEN AVE	09/23/75	SL	25.00		16	6,571.				6,571.	6,571.		0.	6,571.
14	IMPROVEMENTS	07/01/09	SL	15.00		16	11,633.				11,633.	8,924.		776.	9,700.
52	BOARD ROOM	09/01/14	SL	25.00		16	284,836.				284,836.	72,158.		11,393.	83,551.
	* 990 PAGE 10 TOTAL BUILDINGS						806,376.				806,376.	588,709.		13,689.	602,398.
	FURNITURE & FIXTURES														

128111 04-01-21

(D) - Asset disposed

#### FORM 990 PAGE 10

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onur 9.	90 PAGE 10							990		_					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	AC, REFRIGERATOR AND FILE CABINET	06/01/09	SL	10.00		16	1,181.				1,181.	1,181.		٥.	1,181.
17	INTERNET WIRING	12/02/09	SL	10.00		16	3,300.				3,300.	3,300.		٥.	3,300.
18	SECURITY SYSTEM	09/01/09	SL	10.00		16	8,284.				8,284.	8,284.		0.	8,284.
41	DONATED FURNITURE & FIXTURES	06/01/10	SL	10.00		16	7,650.				7,650.	7,650.		٥.	7,650.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						20,415.				20,415.	20,415.		٥.	20,415.
	MACHINERY & EQUIPMENT														
19	POSTAGE MACHINE	02/22/06	SL	3.00		16	1,913.				1,913.	1,700.		٥.	1,700.
20	WINDOW BLINDS	02/10/04	SL	5.00		16	931.				931.	854.		٥.	854.
22	FILE CABINETS	11/01/05	SL	5.00		16	933.				933.	933.		٥.	933.
23	COMPUTERS	02/20/07	SL	3.00		16	2,654.				2,654.	2,359.		٥.	2,359.
24	COMPUTER EQUIPMENT	05/31/07	SL	3.00		16	721.				721.	701.		0.	701.
25	COMPUTER EQUIPMENT	10/19/07	SL	3.00		16	1,627.				1,627.	1,627.		٥.	1,627.
26	LAPTOP	11/19/07	SL	3.00		16	658.				658.	658.		٥.	658.
27	PRINTER	05/01/07	SL	3.00		16	353.				353.	334.		٥.	334.
28	COMPUTER EQUIPMENT	05/27/08	SL	3.00		16	650.				650.	632.		٥.	632.
29	COMPUTER EQUIPMENT	10/28/08	SL	3.00		16	2,346.				2,346.	2,346.		0.	2,346.
31	SERVER (IBM DONATED)	01/01/09	SL	5.00		16	3,740.				3,740.	3,740.		٥.	3,740.
32	COMPUTERS	07/01/09	SL	5.00		16	4,535.				4,535.	4,535.		0.	4,535.

128111 04-01-21

(D) - Asset disposed

#### FORM 990 PAGE 10

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0101 01	FOR TO				_			990		i				i	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	5 IPHONES	07/15/10	SL	5.00		16	2,826.				2,826.	2,826.		٥.	2,826.
39	SECURITY CAMERA	09/15/10	SL	5.00		16	1,103.				1,103.	1,103.		0.	1,103.
40	10 LAPTOPS - AARP	02/01/10	SL	5.00		16	5,981.				5,981.	5,981.		0.	5,981.
48	10 LAPTOPS - VITA SITE	02/01/11	SL	5.00		16	5,061.				5,061.	5,061.		0.	5,061.
49	1 HP PAVILION DV67 LAPTOP	02/01/11	SL	5.00		16	760.				760.	760.		٥.	760.
50	1 HP LASER PRINTER	02/01/11	SL	5.00		16	535.				535.	535.		٥.	535.
51	COMPUTER SOFTWARE LICENSE - ANDAR	03/16/12	NC	3.00	НҮ		4,250.				4,250.			٥.	
53	LAPTOP	09/01/13	SL	5.00		16	900.				900.	900.		٥.	900.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						42,477.				42,477.	37,585.		٥.	37,585.
	TRANSPORTATION EQUIPMENT														
35	1993 BUICK STATION WAGON	06/01/97	SL	5.00		16	9,033.				9,033.	9,033.		٥.	9,033.
36	VAN	10/10/01	SL	5.00		16	20,402.				20,402.	20,402.		٥.	20,402.
37	HONDA - (CS MATCH)	11/09/09	SL	5.00		16	12,831.				12,831.	12,831.		٥.	12,831.
42	1999 MERCEDES SEDAN	01/15/10	SL	5.00		16	7,328.				7,328.	7,328.		٥.	7,328.
45	1997 FORD VAN	09/01/11	SL	2.00		16	2,200.				2,200.	2,200.		٥.	2,200.
46	1997 FORD E-150	09/01/11	SL	2.00		16	1,675.				1,675.	1,675.		0.	1,675.
47	2002 DODGE RAM 350	09/01/11	SL	2.00		16	3,765.				3,765.	3,765.		٥.	3,765.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						57,234.				57,234.	57,234.		0.	57,234.

128111 04-01-21

(D) - Asset disposed

#### FORM 990 PAGE 10

	FAGE 10	i						990	· · · · · ·					i	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
33	LAND - 857 BERGEN AVE	09/30/68	L				27,678.				27,678.			٥.	
34	LAND - 857 BERGEN AVE	09/23/75	L				22,400.				22,400.			0.	
	* 990 PAGE 10 TOTAL LAND						50,078.				50,078.	0.		0.	0.
	OTHER														
54	LENOVO SERVER	11/18/21	SL	5.00		16	5,800.				5,800.			97.	97.
	* 990 PAGE 10 TOTAL OTHER						5,800.				5,800.	٥.		97.	97.
	* GRAND TOTAL 990 PAGE 10 DEPR						982,380.				982,380.	703,943.		13,786.	717,729.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						976,580.			٥.	976,580.	703,943.			717,632.
	ACQUISITIONS						5,800.			0.	5,800.	0.			97.
	DISPOSITIONS/RETIRED						0.			٥.	0.	٥.			0.
	ENDING BALANCE						982,380.			٥.	982,380.	703,943.			717,729.
	ENDING ACCUM DEPR											717,729.			
	ENDING BOOK VALUE											264,651.			

128111 04-01-21

Form <b>4562</b>	
Department of the Treasur Internal Revenue Service	y (99)
Name(s) shown on return	

# Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

ΖU

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Name(s	shown on return	0		Busin	ess or activity to w	hich this form relate	es	Identifying number
T T N T T		COUNTRY		FOR		NOTE 10		22 1407210
	TED WAY OF HUDSON t I Election To Expense Certain Prop		70 Notorify		M 990 F		t)/boforos	22-1487218
		enty onder Section in	19 NOLE. IT YO	bu nave any li	sted property,	complete Par		
	laximum amount (see instructions)							1,050,000
	otal cost of section 179 property pla							2,620,000
	hreshold cost of section 179 proper							2,020,000
	eduction in limitation. Subtract line						····	
-	ollar limitation for tax year. Subtract line 4 from li (a) Description of		-0 If married fil		e instructions	(c) Elected		
6				(5) 0001 (5001)		(0) 2100100	0001	
7 1	inted property. Enter the amount free	m line 20			7			
	isted property. Enter the amount fro otal elected cost of section 179 prop			a) lines 6 and			8	
	entative deduction. Enter the <b>smalle</b>							
	arryover of disallowed deduction fro							
	usiness income limitation. Enter the							
	ection 179 expense deduction. Add		-					
	arryover of disallowed deduction to						12	
	: Don't use Part II or Part III below for							
Par					e listed prope	tv)		
	pecial depreciation allowance for qu		•	•		,,		
						U	14	
	ne tax year roperty subject to section 168(f)(1) ε							
	ther depreciation (including ACRS)						16	13,786
	t III MACRS Depreciation (Don				<u></u>		10	
				ection A				
<b>17</b> M	ACRS deductions for assets placed	in service in tax ve	ears beginnir	na before 202	1		17	
	you are electing to group any assets placed in so							
		ts Placed in Servic					ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
<u>b</u>	5-year property							
 C	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/			03 yrs.	MM	S/L	
	Section C - Assets	Placed in Service	Durina 202	1 Tax Year U	i sing the Alter			stem
20a	Class life		<u> </u>		1	1	S/L	
<u>200</u> b	12-year				12 yrs.		S/L	
C	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par		,			1 <sup>40</sup> yr 3.			
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, line				1) and line 21		21	
	nter here and on the appropriate line	-				tr	22	13,786
		-	-	-		u	22	15,700
	or assets shown above and placed i ortion of the basis attributable to see	-	-		23			
-	12-21-21   HA For Paperwork Red			1.0				Form <b>4562</b> (202
1.0251	LIZEZIEZIE LIDA EULEADERWORK BEO	AGENOTI AGENOTICA.	. acc seuara	пе шънникио				

2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01 13591104 784010 08927R001

Form	4562 (2021)	UNI	TED WAY	OF	HUDS	ON C	OUNT	Y				22-	1487	218	Page 2
Par					ner vehic	les, cerl	ain airci	raft, an	id propert	y used fo	or				
	entertainment, <b>Note:</b> For any 24b, columns (	vehicle for w	hich you are u	, ising the	e standar	d mileag	ge rate c	r dedu	icting leas	se expen	se, com	plete <b>on</b>	<b>ly</b> 24a,		
			on and Other							mits for p	bassend	per autor	nobiles.)		
<b>24a</b> [	Do you have evidence to s						es	_	<b>24b</b> If "Y			-		Yes	No
	(a)	(b)	(c)		(d)	T	(e)		(f)	<u> </u>	g)	1	h)		(i)
	Type of property (list vehicles first)	Date placed in service	/Business investment use percenta		Cost or ther basis		is for depre siness/inve use only	stment	Recovery period	Met	hod/ ention	Depre	ciation uction	sectio	cted n 179 ist
25 St	pecial depreciation allo			- I	/ placed	in servic		n the ta	l ay vear an	L					/51
	sed more than 50% in		•						,		25				
	roperty used more that										20				
20			i	%								1			
				%											
				%											
27 Pr	roperty used 50% or le	ess in a quali													
				%						S/L -					
				%						S/L -					
		: :		%						S/L -					
28 A	dd amounts in column	(h). lines 25	through 27. E	nter her	e and on	line 21.	page 1				28				
	dd amounts in column												29		
		(//			B - Infori										
Comp	lete this section for ve	hicles used	by a sole prop	orietor, p	artner, o	r other '	more th	an 5%	owner,"	or related	d persor	n. If you	provided	l vehicles	5
	ır employees, first ans														
,					,					5					
				(	a)	(	<b>)</b>		(c)	(0	d)	(	e)	(f	)
<b>30</b> Te	otal business/investment	miles driven d	uring the		nicle	-	icle		ehicle	Veh	icle		nicle	Veh	
ye	ar ( <b>don't</b> include commu	ting miles)	-												
	otal commuting miles of														
	otal other personal (no														
	riven	-													
	otal miles driven during														
Ad	dd lines 30 through 32														
<b>34</b> W	as the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
dı	uring off-duty hours?														
<b>35</b> W	/as the vehicle used p	rimarily by a	more												
th	an 5% owner or relate	ed person?													
<b>36</b> Is	another vehicle availa	ble for perso	onal												
us	se?														
		Section C	- Questions	for Emp	loyers W	ho Pro	vide Veł	nicles	for Use b	y Their E	Employe	ees			
Answe	er these questions to o	determine if	you meet an e	exception	n to com	oleting §	Section	B for ve	ehicles us	ed by er	nployee	es who <b>a</b> i	ren't		
	than 5% owners or rel														
<b>37</b> Do	o you maintain a writte	en policy stat	tement that pr	ohibits a	all persor	al use c	of vehicle	es, incl	luding cor	nmuting,	by you	r		Yes	No
	nployees?														
	o you maintain a writte														
	nployees? See the ins														
	o you treat all use of v														
	o you provide more th														
	e use of the vehicles,														
	o vou meet the require		erning qualifie												
		37 38 30 /	0, or 41 is "Ye	es," don'	t comple	te Secti	on B for	the co	overed vel	hicles.					
	ote: If your answer to	57, 50, 53, 4													
	ote: If your answer tot VIAmortization	07, 00, 00, 4		(1)	1			-	( 1)		( )			(0)	
	ote: If your answer to			(b) amortization		<b>(c)</b> Amortizat	le		(d) Code		(e) Amortiza		An	(f) nortization	
Part	ote: If your answer to t VI Amortization (a) Description of	f costs	Date	amortization begins		<b>(c)</b> Amortizat amount	le		(d) Code section			tion	An fo	<b>(f)</b> nortization r this year	
Part	ote: If your answer to t VI Amortization (a)	f costs	Date	amortization begins		Amortizat	le		(d) Code section		Amortiza	tion	An fo	nortization	
Part	ote: If your answer to t VI Amortization (a) Description of	f costs	Date	amortization begins		Amortizat	le		(d) Code section		Amortiza	tion	An fo	nortization	
<b>Part</b> 42 Ar	ote: If your answer to t VI Amortization (a) Description of mortization of costs th	f costs at begins du	Date	amortization begins 1 tax yea	ar:	Amortizat amount			section		Amortiza period or per	tion rcentage	An fo	nortization	
<b>Part</b> 42 Ar 43 Ar	ote: If your answer to t VI Amortization (a) Description of	f costs at begins du at began be	Iring your 202	amortization begins 1 tax yea : : : : 1 tax yea	ar:	Amortizat amount			section		Amortiza period or per	tion	An fo	nortization	

13591104 784010 08927R001

50 2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	F	OMB No. 1545-0047	
Form OO/9-IC	<b>F</b>			0004	
	For calendar year 202	21, or fiscal year beginning, 2021, and ending	, 20	2021	
Department of the Treasury Internal Revenue Service		<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879TE for the latest information.</li> </ul>			
Name of filer			EIN or SSN		
	O WAY OF H	UDSON COUNTY	22-14	87218	
Name and title of officer or p	erson subject to tax	DAN ALTILIO PRESIDENT			
Part I Type of	Return and Re	eturn Information			
Form 5330 filers may entror <b>10a</b> below, and the an	er dollars and cents nount on that line fo	re using this Form 8879-TE and enter the applicable amount, if any s. For all other forms, enter whole dollars only. If you check the box r the return being filed with this form was blank, then leave line <b>1b</b> , -0-). But, if you entered -0- on the return, then enter -0- on the applic	on line <b>1a, 2a, 3</b> , <b>2b, 3b, 4b, 5b</b> , 0	8a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b,	
1a Form 990 check	here ► X	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12	2)	<u>1ь 2,753,508.</u>	
2a Form 990-EZ ch	eck here 🕨 🔄	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)		2b	
3a Form 1120-POL	check here	b Total tax (Form 1120-POL, line 22)		3b	
4a Form 990-PF ch	eck here 🛄 🕨 📃	b Tax based on investment income (Form 990-PF, Part V, line		4b	
5a Form 8868 chec	k here 🕨 🗌	b Balance due (Form 8868, line 3c)		5b	
6a Form 990-T che		<b>b</b> Total tax (Form 990-T, Part III, line 4)		6b	
7a Form 4720 chec		<b>b</b> Total tax (Form 4720, Part III, line 1)		7b	
8a Form 5227 chec	k here 💿 🕨	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)		8b	
9a Form 5330 chec	k here 💿 🕨	<b>b</b> Tax due (Form 5330, Part II, line 19)		9b	
10a Form 8038-CP of	heck here	b Amount of credit payment requested (Form 8038-CP, Part	: III, line 22)	10b	
Part II Declara	tion and Signa	ture Authorization of Officer or Person Subject to	Тах		
Under penalties of perjur	y, I declare that X	I am an officer of the above entity or 🛄 I am a person subject	to tax with resp	ect to (name	
acknowledgement of rec of any refund. If applicab entry to the financial insti financial institution to del later than 2 business day payment of taxes to rece	eipt or reason for re le, I authorize the U tution account indii of the entry to this is prior to the paym ive confidential info mber (PIN) as my s	electronic return originator (ERO) to send the return to the IRS and jection of the transmission, (b) the reason for any delay in process .S. Treasury and its designated Financial Agent to initiate an electricated in the tax preparation software for payment of the federal tay account. To revoke a payment, I must contact the U.S. Treasury Fi ent (settlement) date. I also authorize the financial institutions invo rmation necessary to answer inquiries and resolve issues related t ignature for the electronic return and, if applicable, the consent to	ing the return or ronic funds witho xes owed on this inancial Agent at lved in the proce to the payment.	refund, and <b>(c)</b> the date drawal (direct debit) return, and the : 1-88-353-4537 no essing of the electronic have selected a	
X   authorize N		I.I.P	to optor my Pl	N 12345	
		ERO firm name	to enter my Pl	Enter five numbers, but	
with a state ag on the return's As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to indicated within th	021 electronically filed return. If I have indicated within this return the charities as part of the IRS Fed/State program, I also authorize the screen. tax with respect to the entity, I will enter my PIN as my signature of is return that a copy of the return is being filed with a state agency of my PIN on the return's disclosure consent screen.	e aforementioned	d ERO to enter my PIN 021 electronically filed	
Signature of officer or person sub			Date		
Part III Certific	ation and Auth	entication			
ERO's EFIN/PIN. Enter y number (EFIN) followed b	-				
•		PIN, which is my signature on the 2021 electronically filed return inc e requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information f			
ERO's signature <b>NI</b>	SIVOCCIA L	LP Date ▶ 1	1/04/22		
		ERO Must Retain This Form - See Instructions			
		Submit This Form to the IRS Unless Requested To	Do So		
LHA For Privacy act an		action Act Notice, see instructions.		Form <b>8879-TE</b> (2021)	
102521 01-11-22					

13591104 784010 08927R001 2021.05000 UNITED WAY OF HUDSON COUNTY 08927R01

(Rev. January 2022)

# 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 ret	urn.

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 of print	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)							
•	UNITED WAY OF HUDSON COUNT	22-1487218							
File by th due date filing you return. So	for Number, street, and room or suite no. If a P.O. box, 900 BERGEN AVENUE								
instructio									
Enter t	he Return Code for the return that this application is for (	file a separa	te application for each return)			01			
Application			Application			Return			
Is For		Code	Is For			Code			
Form 9	190 or Form 990-EZ	01	Form 1041-A	08					
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227	10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above)	06	Form 8870	12					
Form 9	90-T (corporation) THE ORGANIZATI	07							
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>t</li> <li>1</li>     &lt;</ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the or ▶ I calendar year 2021 or ▶ I tax year beginning f the tax year entered in line 1 is for less than 12 months, I Change in accounting period	t Group Exe and atta NOVEI ganization's , an check reas	emption Number (GEN) Ich a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending on: Initial return	f this is fo f all memb	r the whole <u>g</u> hers the exten npt organizat	roup, check this nsion is for.			
	f this application is for Forms 990-PF, 990-T, 4720, or 606	0.0	¢	0.					
-	any nonrefundable credits. See instructions.	0 ontor cr	w rofundable gradite and	3a	\$	0.			
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
-	Balance due. Subtract line 3b from line 3a. Include your p			3b	\$				
	using EFTPS (Electronic Federal Tax Payment System). So	•	· · · ·	3c	¢	0.			
	n: If you are going to make an electronic funds withdrawa				<b>₽</b> od Eorm 8970				
instruc			אין אינון נווא ז טווו ססטס, אבי רטווו מ						
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form 8	868 (Rev. 1-2022)			

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