

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>350 MARSHALL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>PHILLIPSBURG, NJ 08865</b> <b>F</b> Name and address of principal officer: <b>CORNELIO MONTEJO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>22-1777156</b> <b>E</b> Telephone number <b>908-454-7000</b> <b>G</b> Gross receipts \$ <b>17,998,602.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.NORWESCAP.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1965</b>
		<b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>NORWESCAP IS A COMMUNITY ACTION AGENCY WHOSE OPERATING PURPOSE IS TO AGGREGATE FEDERAL AND STATE</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> <b>444</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>2285</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>1,461,359.</b> <b>1,055,107.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>21.</b> <b>159.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b> <b>0.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,176,338.</b> <b>17,998,602.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,913,438.</b> <b>12,643,963.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,175,978.</b> <b>3,548,732.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,089,416.</b> <b>17,782,434.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>86,922.</b> <b>216,168.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>4,974,326.</b> <b>End of Year</b> <b>5,280,882.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>1,291,543.</b> <b>1,273,209.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,682,783.</b> <b>4,007,673.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CORNELIO MONTEJO, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET HARTNETT</b>	Preparer's signature Date <b>05/14/18</b>
	Firm's name ▶ <b>SOBEL &amp; CO., LLC CPA'S</b> Firm's address ▶ <b>293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01429163</b> Firm's EIN ▶ <b>22-1430039</b> Phone no. <b>973-994-9494</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**NORWESCAP IS A COMMUNITY ACTION AGENCY ("CAA") WHOSE OPERATING PURPOSE IS TO AGGREGATE FEDERAL AND STATE GOVERNMENT FINANCIAL ASSISTANCE AND TO PROVIDE COMMUNITY SERVICES THAT INCLUDE THE FOLLOWING PROGRAMS: CHILD ENRICHMENT, NUTRITION AND HEALTH, EMPLOYMENT AND ECONOMIC**

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 10,271,514. including grants of \$ 353,851.) (Revenue \$ \_\_\_\_\_)  
**NORWESCAP PROVIDES CHILD CARE SERVICES THROUGH HEAD START AND CHILD CARE VOUCHER PROGRAMS RESULTING IN THE DELIVERY OF SERVICES TO 14,848 INDIVIDUALS**

4b (Code: \_\_\_\_\_) (Expenses \$ 6,792,776. including grants of \$ 1,235,888.) (Revenue \$ 1,055,107.)  
**NORWESCAP PROVIDES COMMUNITY ACTION SERVICES THROUGH HOUSING, WEATHERIZATION, FOOD BANK, AND ENERGY PROGRAMS RESULTING IN THE DELIVERY OF SERVICES TO 325 HOUSEHOLDS AND 33,118 INDIVIDUALS**

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

4e Total program service expenses **17,064,290.**

**NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.**

**Part IV Checklist of Required Schedules**

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

**NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.**

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**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</b>	<i>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</i>	<b>X</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 908-454-7000**  
**350 MARSHALL STREET, PHILLIPSBURG, NJ 08865**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS PEPE CHAIR	2.00	X		X			0.	0.	0.	
(2) JAMES BUEHLER VICE PRESIDENT/SECRETARY	2.00	X		X			0.	0.	0.	
(3) RICHARD CONLEY ASSISTANT SECRETARY	2.00	X		X			0.	0.	0.	
(4) AILEEN ARSENAULT TREASURER	2.00	X		X			0.	0.	0.	
(5) MARTIN MILLER DEPUTY TREASURER	2.00	X		X			0.	0.	0.	
(6) ELYCIA LERMAN TRUSTEE	2.00	X					0.	0.	0.	
(7) KAY REISS TRUSTEE	2.00	X					0.	0.	0.	
(8) KAREN GAFFNEY TRUSTEE	2.00	X					0.	0.	0.	
(9) ROBERT GRINER TRUSTEE	2.00	X					0.	0.	0.	
(10) MARYLOU SCHNURR TRUSTEE	2.00	X					0.	0.	0.	
(11) CHRISTINE NESBITT TRUSTEE	2.00	X					0.	0.	0.	
(12) CHARLES BODDY TRUSTEE	2.00	X					0.	0.	0.	
(13) SANDRA EDWARDS TRUSTEE	2.00	X					0.	0.	0.	
(14) TERRY NEWHARD CHIEF EXECUTIVE OFFICER	39.00 1.00			X			181,699.	0.	31,772.	
(15) CORNELIO C. MONTEJO, JR. CHIEF FINANCIAL OFFICER	39.00 1.00			X			84,019.	0.	12,851.	
(16) SHARON GIACCHINO CFRS DIRECTOR	40.00					X	118,094.	0.	24,791.	
(17) STEPHEN SCHANOWOLF IT DIRECTOR	40.00					X	109,342.	0.	36,086.	

NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK J. GROGAN ASSOCIATE DIRECTOR	40.00					X		108,106.	0.	17,269.
(19) NANCY A. QUINN WIC DIRECTOR	40.00					X		107,421.	0.	23,919.
(20) GEORJEAN W. TRINKLE DEPUTY DIRECTOR	40.00					X		106,998.	0.	24,132.
<b>1b Sub-total</b> .....								815,679.	0.	170,820.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								815,679.	0.	170,820.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

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

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



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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 140,379.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 15,438,329.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,364,628.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		16,943,336.			
	Program Service Revenue	<b>2 a</b> RENTS, FEES, FOOD DISTRIBUTION .....	<b>Business Code</b> 900099	1,055,107.	1,055,107.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,055,107.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		159.		159.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> .....						
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions. ....		17,998,602.	1,055,107.	0.	159.	

**NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.**

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,589,739.	1,589,739.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	327,272.	311,550.	15,722.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	9,249,646.	8,785,135.	464,511.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	286,817.	276,610.	10,207.	
<b>9</b> Other employee benefits .....	1,763,796.	1,701,023.	62,773.	
<b>10</b> Payroll taxes .....	1,016,432.	980,315.	36,117.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	22,550.	20,568.	1,982.	
<b>c</b> Accounting .....	178,643.	162,940.	15,703.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	765,465.	698,181.	67,284.	
<b>12</b> Advertising and promotion .....	20,859.	20,792.	67.	
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....	129,628.	120,987.	8,641.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,028,709.	1,019,443.	9,266.	
<b>17</b> Travel .....	192,730.	188,976.	3,754.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,282.	2,282.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	45,662.	45,662.		
<b>23</b> Insurance .....	178,380.	164,958.	13,422.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a OTHER COSTS</b>	558,182.	556,392.	1,790.	
<b>b CONSUMABLE SUPPLIES</b>	311,285.	305,462.	5,823.	
<b>c EQUIPMENT</b>	114,357.	113,275.	1,082.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	17,782,434.	17,064,290.	718,144.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,893,478.	<b>1</b>	1,792,936.
	<b>2</b> Savings and temporary cash investments .....	47,923.	<b>2</b>	58,839.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,939,407.	<b>4</b>	2,381,321.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	15,667.	<b>8</b>	17,890.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,630,380.		
	<b>b</b> Less: accumulated depreciation .....	2,123,368.		
	<b>11</b> Investments - publicly traded securities .....	410,846.	<b>10c</b>	507,012.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>11</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	667,005.	<b>14</b>	522,884.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,974,326.	<b>15</b>	5,280,882.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	653,408.	<b>16</b>	1,200,777.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....	570,124.	<b>18</b>	20,562.
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	67,030.	<b>22</b>	44,794.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	981.	<b>24</b>	7,076.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,291,543.	<b>25</b>	1,273,209.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,313,562.	<b>26</b>	3,603,850.
	<b>28</b> Temporarily restricted net assets .....	369,221.	<b>27</b>	403,823.
	<b>29</b> Permanently restricted net assets .....		<b>28</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		<b>29</b>	
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,682,783.	<b>33</b>	4,007,673.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,974,326.	<b>34</b>	5,280,882.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	17,998,602.
2	Total expenses (must equal Part IX, column (A), line 25)	17,782,434.
3	Revenue less expenses. Subtract line 2 from line 1	216,168.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3,682,783.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	108,722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	4,007,673.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20906979.	19979799.	17725901.	16714958.	16943336.	92270973.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20906979.	19979799.	17725901.	16714958.	16943336.	92270973.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						92270973.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	20906979.	19979799.	17725901.	16714958.	16943336.	92270973.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	45.		23.	23.	159.	250.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						92271223.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,512,260.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	96.56	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

NORTHWEST NEW JERSEY

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.

Employer identification number

22-1777156

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.	<b>Employer identification number</b> 22-1777156
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  26 FEDERAL PLAZA  NEW YORK, NJ 10278	\$ 5,395,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  PO BOX 800  TRENTON, NY 08625	\$ 2,294,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NEW JERSEY DEPARTMENT OF HEALTH  PO BOX 360  TRENTON, NJ 08625	\$ 1,111,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NEW JERSEY DEPARTMENT OF HUMAN SERVICES  222 SOUTH WARREN STREET, PO BOX 700  TRENTON, NJ 08625	\$ 2,902,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.	<b>Employer identification number</b> 22-1777156
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.	<b>Employer identification number</b> 22-1777156
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC. **Employer identification number** 22-1777156

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

	(a) Donor advised funds	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,816.		158,816.
b Buildings		942,325.	722,449.	219,876.
c Leasehold improvements				
d Equipment		394,082.	394,082.	0.
e Other		1,135,157.	1,006,837.	128,320.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				507,012.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RELATED PARTY RECEIVABLE	522,884.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	522,884.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS PAYABLE	7,076.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,076.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

NORWESCAP IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT.

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S

**Part XIII** Supplemental Information *(continued)*

POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS  
IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE  
FISCAL YEARS ENDED 2017 AND 2016. AT AUGUST 31, 2017 AND 2016, THERE ARE  
NO SIGNIFICANT INCOME TAX UNCERTAINTIES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.** Employer identification number  
**22-1777156**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2016)



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
**22-1777156**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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Schedule J (Form 990) 2016



NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.

22-1777156

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY NEWHARD CHIEF EXECUTIVE OFFICER	(i)	181,699.	0.	0.	14,062.	17,710.	213,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.	Employer identification number	22-1777156
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOVERNMENT FINANCIAL ASSISTANCE AND TO PROVIDE COMMUNITY SERVICES THAT  
INCLUDE THE FOLLOWING PROGRAMS: CHILD ENRICHMENT, NUTRITION AND HEALTH,  
EMPLOYMENT AND ECONOMIC DEVELOPMENT, HOUSING EMERGENCY, INFORMATION AND  
REFERRAL, AND VOLUNTEER SERVICES.

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

DEVELOPMENT, HOUSING EMERGENCY, INFORMATION AND REFERRAL, AND VOLUNTEER  
SERVICES.

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

NORWESCAP HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HS  
ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMAITON  
REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED,  
REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE  
SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY  
FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED  
WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE  
THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT OT THE OUTSIDE  
ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED UNTIL THE RETURN IS  
FINALIZED AND APPROVED FOR FILING.

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

NORWESCAP CURRENTLY HAS IN PLACE A COFLICT OF INTEREST POLICY WHICH IT  
REGUALRY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF  
MANAGEMENT AND THE GOVERNING BODY ANNUAL SIGN A CONFLICT OF INTEREST POLICY

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.	Employer identification number	22-1777156
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AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, MANAGEMENT AND THE GOVERNONG BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE PART OF ANY DECISION ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE

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

THE COMPENSATION OF THE ORGANIZATIN'S OFFICER AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY.

FORM 990, PART VI, SECTION C, LINE 18:

NORWESCAP MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 350 MARSHALL STREET, PHILLIPSBURG, NJ 08865.

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

NORWESCAP MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 350 MARSHALL STREET, PHILLIPSBURG, NJ 08865.

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

BAD DEBT EXPENSE	-21,864.
OPENING BALANCE ADJUSTMENT	130,586.
TOTAL TO FORM 990, PART XI, LINE 9	108,722.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.** Employer identification number **22-1777156**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORWESCAP HOLDING COMPANY, INC. - 22-2938952 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	REAL ESTATE HOLDING	NEW JERSEY	501(C)(2)	LINE 7	N/A		X
NORTHWEST NEW JERSEY ECHO HOUSING - 22-3385826, 350 MARSHALL STREET, PHILLIPSBURG, NJ 08865	HOUSING TO ELDERLY	NEW JERSEY	501(C)(3)	LINE 7	N/A		X
SUSSEX SENIORS URBAN RENEWAL AFFORDABLE HOUSING - 22-3268259, 350 MARSHALL STREET, PHILLIPSBURG, NJ 08865	HOUSING TO ELDERLY	NEW JERSEY	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2016



**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 one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

**FOR THE YEAR ENDING**

AUGUST 31, 2017

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**PREPARED FOR:**

NORTHWEST NEW JERSEY  
COMMUNITY ACTION PROGRAM, INC.  
350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

---

**PREPARED BY:**

SOBEL & CO., LLC CPA'S  
293 EISENHOWER PARKWAY  
LIVINGSTON, NJ 07039-1711

---

**AMOUNT OF TAX:**

NO PAYMENT IS REQUIRED.

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

THE NEW JERSEY FORM FORM CRI-300R SHOULD BE FILED VIA THE WEB AT:  
<HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/>

---

**RETURN MUST BE MAILED ON OR BEFORE:**

AUGUST 31, 2018

---

**SPECIAL INSTRUCTIONS:**

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

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

**All questions must be answered.**

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

1. This statement contains the facts and financial information for the fiscal year ending: 08/31/2017  
month day year

2. Federal ID Number (EIN) 22-1777156 2a. N.J. Charities Registration Number: CH- 0084300

3. Full legal name of the registering organization: NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM,  
In care of: (if necessary, otherwise leave this line blank) TERRY NEWHARD

4. Mailing Address: 350 MARSHALL STREET, PHILLIPSBURG, NJ 08865  Change of Address  
Street Address City State ZIP Code

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

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

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

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

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

7. Organization's contact information:  
908-454-7000 \_\_\_\_\_  
Telephone number (include area code) Fax number (include area code)

MONTEJJC@NORWESCAP.ORG WWW.NORWESCAP.ORG  
E-mail address Web site

8. Type of organization (check one):

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

9. Where and when was the organization legally established? Date: 01/01/1965 State: NJ

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

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

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

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

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

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
**TO ELIMINATE POVERTY AND ITS CAUSES.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
**ALREADY EXISTS-CHILDCARE SERVICES**  
**ALREADY EXISTS-COMMUNITY ACTION**  
\_\_\_\_\_

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

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

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

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

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

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

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 1</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

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

Full legal name and street address of the organization

Full legal name: NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC.

Fiscal year-end being reported: 08/31/2017 Federal ID Number (EIN) 22-1777156  
month day year

Mailing address:  
350 MARSHALL STREET, PHILLIPSBURG, NJ 08865  
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: \_\_\_\_\_  
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0084300 -00 Telephone number: 908-454-7000  
(include area code)

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

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

## A. Receipts

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

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

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) \_\_\_\_\_

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

- (1) Federated fund-raising organization \_\_\_\_\_
- (2) From an affiliated organization \_\_\_\_\_
- (3) From another fund-raising organization \_\_\_\_\_

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) \_\_\_\_\_

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) \_\_\_\_\_

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

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



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

Organization's Name: NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM,  
N.J. Charities Registration Number: CH- 0084300 -00 Federal ID Number (EIN) 22-1777156  
Fiscal Year-End being reported: 08/31/2017  
month day year

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

---

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

---

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

Signature \_\_\_\_\_ Name CORNELIO MONTEJO Title CHIEF FINANCIAL OFFICER Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

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

FORM CRI-300R

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

STATEMENT 1

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TERRY NEWHARD

CHIEF EXECUTIVE  
OFFICER

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

185,007.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CORNELIO C. MONTEJO, JR.

CHIEF FINANCIAL  
OFFICER

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

93,447.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEPHEN SCHANOWOLF

IT DIRECTOR

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

115,818.

NAME OF INDIVIDUALTITLETELEPHONE NO.

PATRICK J. GROGAN

ASSOCIATE DIRECTOR

ADDRESS350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865SALARY

110,927.

NAME OF INDIVIDUALTITLETELEPHONE NO.

NANCY A. QUINN

WIC DIRECTOR

ADDRESS350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865SALARY

111,625.

NAME OF INDIVIDUALTITLETELEPHONE NO.

GEORJEAN W. TRINKLE

DEPUTY DIRECTOR

ADDRESS350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865SALARY

109,699.

NAME OF INDIVIDUALTITLETELEPHONE NO.

THOMAS PEPE

CHAIR

ADDRESS350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JAMES BUEHLER

VICE  
PRESIDENT/SECRETARY

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD CONLEY

ASSISTANT SECRETARY

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

AILEEN ARSENAULT

TREASURER

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARTIN MILLER

DEPUTY TREASURER

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ELYCIA LERMAN

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KAY REISS

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KAREN GAFFNEY

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROBERT GRINER

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARYLOU SCHNURR

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHRISTINE NESBITT

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHARLES BODDY

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SANDRA EDWARDS

TRUSTEE

ADDRESS

350 MARSHALL STREET  
PHILLIPSBURG, NJ 08865

SALARY

0.

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

**Form CRI-400**

(Revised April 2008)

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

**All questions must be answered.**

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

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

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

Date fiscal year ends: 08/31/17 Date of this application: 02/09/18 N.J. Charities Registration Number: CH- 00843-00

Charity's Full Legal Name: NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM,

Other Names Used (d.b.a.) \_\_\_\_\_

**Mailing Address:**

350 MARSHALL STREET, PHILLIPSBURG, NJ 08865  
In care of: Address City State ZIP Code

**Street Address:**

\_\_\_\_\_  
Street Address City State ZIP Code

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

Contact Person: TERRY NEWHARD Phone Number: \_\_\_\_\_  
(include area code)

E-mail: MONTEJC@NORWESCAP.ORG Federal Tax ID (EIN): 22-1777156

Web site: WWW.NORWESCAP.ORG Fax Number: \_\_\_\_\_  
(include area code)

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

INFORMATION FROM THIRD PARTIES HAS YET TO BE RECEIVED. THIS  
INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE  
RETURN.

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

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

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

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

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

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

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

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

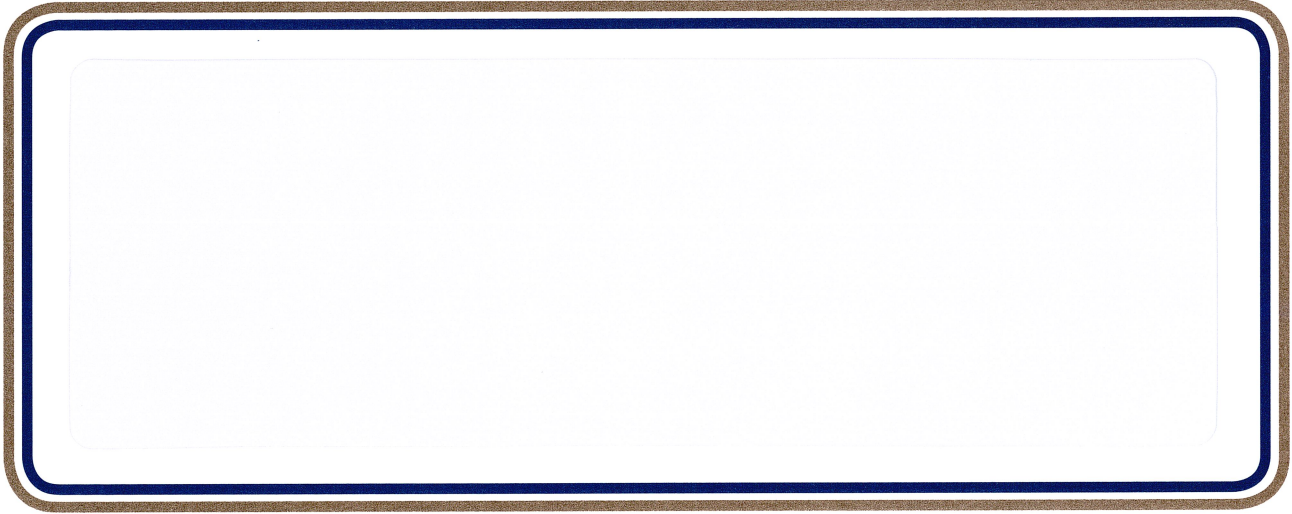
Signature \_\_\_\_\_ Title **CHIEF FINANCIAL** \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

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





**SOBEL & CO. LLC**

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS



293 Eisenhower Parkway  
Livingston, NJ 07039-1711  
Office: 973-994-9494  
Fax: 973-994-1571  
[www.SobelCoLLC.com](http://www.SobelCoLLC.com)

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees  
Northwest New Jersey Community Action Program, Inc. and Subsidiaries  
Phillipsburg, New Jersey

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of Northwest New Jersey Community Action Program, Inc. ("NORWESCAP") (a nonprofit organization) and Subsidiaries, which comprise the consolidated statement of financial position as of August 31, 2017, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Consolidated Financial Statements**

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

## ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of NORWESCAP and Subsidiaries as of August 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## ***Prior Period Financial Statements and Summarized, Comparative Information***

The fiscal 2016 consolidated financial statements of NORWESCAP and Subsidiaries were audited by other auditors, whose report, dated April 13, 2017, expressed an unmodified opinion on those statements. The summarized, comparative information presented herein as of and for the year ended August 31, 2016, is consistent in all material respects, with the audited fiscal 2016 consolidated financial statements from which it has been derived.

## **Other Matters**

### ***Report on Supplementary and Other Information***

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedules of expenditures of federal awards and state financial assistance, as required by Title 2. U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and New Jersey Office of Management and Budget Circular Letter 15-08, *Single Audit Policy for Recipients of Federal Grants, State Grants, and State Aid*, and the schedules of disbursements by grant and federal financial reports are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The schedules of expenditures of federal awards and state financial assistance are the responsibility of management and were derived from, and relate directly to, the underlying accounting and other records used to prepare the consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedules of expenditures of federal awards and state financial assistance are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The schedules of disbursements by grant and federal financial reports are the responsibility of management. These schedules include: the Head Start Federal Financial Report Form 425, the Head Start Attachment to Report for Grant# 02CH3039-04-02, the Head Start Statement of Revenues and Expenses, the Schedule of WIC Expenditures, the Schedule of SHIP Expenditures, and the Schedule of CEED A Expenditures. Such information, except for that portion marked "unaudited", was derived from, and relates directly, to the underlying accounting and other records used to prepare the consolidated financial statements.

***Report On Supplementary and Other Information (Continued)***

The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, that information is fairly stated in all material respects in relation to the consolidated financial statements as a whole. The information marked "unaudited" has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated January 24, 2018, on our consideration of NORWESCAP and Subsidiaries' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering NORWESCAP and Subsidiaries' internal control over financial reporting and compliance.

*Sobel & Co., LLC*

Certified Public Accountants

January 24, 2018  
Livingston, New Jersey

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**

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<b>ASSETS</b>	<b>August 31,</b>	
	<b>2017</b>	<b>2016</b>
<b>CURRENT ASSETS:</b>		
Cash and cash equivalents	\$ 1,851,776	\$ 2,104,394
Grants receivable, net of allowance of \$117,726 and \$420,452 for 2017 and 2016, respectively	2,381,321	1,939,407
Inventory	17,890	15,667
Other assets	-	21,864
Investments	10,624	10,602
Total Current Assets	4,261,611	4,091,934
 PROPERTY AND EQUIPMENT, Net	 1,815,326	 1,790,226
 RESTRICTED DEPOSITS	 486,500	 599,758
	<b>\$ 6,563,437</b>	<b>\$ 6,481,918</b>
 <b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES:</b>		
Accounts payable and accrued expenses	\$ 1,200,777	\$ 666,665
Advances from grantors	20,562	570,124
Mortgage payable, current portion	23,111	22,227
Total Current Liabilities	1,244,450	1,259,016
 <b>LONG-TERM LIABILITIES:</b>		
Security deposits payable	7,076	12,176
Mortgage payable, net current portion	21,683	44,803
Total Long-term Liabilities	28,759	56,979
Total Liabilities	1,273,209	1,315,995
 <b>COMMITMENTS AND CONTINGENCIES</b>		
 <b>NET ASSETS:</b>		
Unrestricted	3,144,355	2,997,284
Board-designated	242,350	299,718
Temporarily restricted	1,903,523	1,868,921
Total Net Assets	5,290,228	5,165,923
	<b>\$ 6,563,437</b>	<b>\$ 6,481,918</b>

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*The accompanying notes are an integral part of these financial statements.*

**NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**YEAR ENDED AUGUST 31, 2017**  
(With Summarized, Comparative Totals for the Year Ended August 31, 2016)

	<b>2017</b>			<b>2016</b> <b>Total</b>
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>	
<b>PUBLIC SUPPORT AND REVENUE:</b>				
Grants and contracts	\$ 15,578,708	\$ -	\$ 15,578,708	\$ 14,040,033
Contributions, fees, rents, and other	1,922,538	432,273	2,354,811	2,479,112
Special events	64,924	-	64,924	273,701
Contributed services	1,462,047	-	1,462,047	1,461,359
Interest	1,285	-	1,285	739
Net assets released from restrictions	397,671	(397,671)	-	-
Total public support and revenue	<u>19,427,173</u>	<u>34,602</u>	<u>19,461,775</u>	<u>18,254,944</u>
<b>EXPENSES:</b>				
Program services:				
Child enrichment	11,733,561	-	11,733,561	9,979,488
Community action	6,885,705	-	6,885,705	7,499,258
Total program services	<u>18,619,266</u>	<u>-</u>	<u>18,619,266</u>	<u>17,478,746</u>
Management and general	718,204	-	718,204	767,522
Total expenses	<u>19,337,470</u>	<u>-</u>	<u>19,337,470</u>	<u>18,246,268</u>
CHANGES IN NET ASSETS	89,703	34,602	124,305	8,676
NET ASSETS - Beginning of year	<u>3,297,002</u>	<u>1,868,921</u>	<u>5,165,923</u>	<u>5,157,247</u>
NET ASSETS - End of year	<u>\$ 3,386,705</u>	<u>\$ 1,903,523</u>	<u>\$ 5,290,228</u>	<u>\$ 5,165,923</u>

**NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES**  
**YEAR ENDED AUGUST 31, 2017**  
(With Summarized, Comparative totals for the Year Ended August 31, 2016)

	<u>Program Services</u>			<u>Supporting Services</u>	<u>2017 Total</u>	<u>2016 Total</u>
	<u>Child Enrichment</u>	<u>Community Action</u>	<u>Total Program Services</u>	<u>Management and General</u>		
Personnel	\$ 6,162,353	\$ 2,887,252	\$ 9,049,605	\$ 478,495	\$ 9,528,100	\$ 8,735,857
Fringe Benefits	2,178,573	826,455	3,005,028	110,895	3,115,923	3,186,128
Total personnel and fringe benefits	8,340,926	3,713,707	12,054,633	589,390	12,644,023	11,921,985
Contributed services	1,462,047	-	1,462,047	-	1,462,047	1,461,359
Consultant/contractual	102,757	778,932	881,689	84,969	966,658	599,996
Travel and transportation	114,803	74,173	188,976	3,754	192,730	197,955
Rents/space	591,866	427,577	1,019,443	9,266	1,028,709	893,558
Consumable supplies	184,221	121,241	305,462	5,823	311,285	271,231
Equipment	78,853	34,422	113,275	1,082	114,357	33,366
Communications	58,917	62,070	120,987	8,641	129,628	130,742
Insurance	88,895	76,063	164,958	13,422	178,380	202,189
Client assistance	353,851	1,235,888	1,589,739	-	1,589,739	1,451,341
Other costs	354,143	223,041	577,184	1,857	579,041	662,260
Interest	2,282	-	2,282	-	2,282	3,204
Bad debt expense	-	21,864	21,864	-	21,864	302,726
Total Expenses Before Depreciation	11,733,561	6,768,978	18,502,539	718,204	19,220,743	18,131,912
Depreciation	-	116,727	116,727	-	116,727	114,356
Total Expenses	\$ 11,733,561	\$ 6,885,705	\$ 18,619,266	\$ 718,204	\$ 19,337,470	\$ 18,246,268

The accompanying notes are an integral part of these financial statements.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF CASH FLOWS**

	<b>Year Ended August 31,</b>	
	<b>2017</b>	<b>2016</b>
<b>CASH FLOWS PROVIDED BY (USED FOR):</b>		
<u><b>OPERATING ACTIVITIES:</b></u>		
Changes in net assets	\$ 124,305	\$ 8,676
Adjustments to reconcile changes in net assets to net cash (used for) provided by operating activities:		
Depreciation	116,727	114,356
Allowance for doubtful accounts	(324,590)	(302,726)
Bad debt expense	21,864	302,726
Changes in operating assets and liabilities:		
Grants receivable	(139,188)	352,502
Inventory	(2,223)	8,101
Other assets	21,864	(13,913)
Accounts payable and accrued expenses	534,112	161,915
Deferred revenue	-	(122,780)
Advances from grantors	(549,562)	(100,401)
Security deposit payable	(5,100)	105
Net Cash (Used for) Provided by Operating Activities	<u>(201,791)</u>	<u>408,561</u>
<u><b>INVESTING ACTIVITIES:</b></u>		
Purchase of equipment	(141,827)	(5,545)
Interest reinvested	(22)	(21)
Net Cash Used for Investing Activities	<u>(141,849)</u>	<u>(5,566)</u>
<u><b>FINANCING ACTIVITIES:</b></u>		
Refund of reserves (restricted deposits)	113,258	(697)
Principal payments on mortgage/notes payable	(22,236)	(21,353)
Net Cash Provided by (Used for) Financing Activities	<u>91,022</u>	<u>(22,050)</u>
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>(252,618)</b>	<b>380,945</b>
<b>BEGINNING OF YEAR</b>	<b>2,104,394</b>	<b>1,723,449</b>
<b>END OF YEAR</b>	<b><u>\$ 1,851,776</u></b>	<b><u>\$ 2,104,394</u></b>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOWS INFORMATION:</b>		
Interest paid	<u>\$ 2,282</u>	<u>\$ 3,204</u>



**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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**NOTE 1 - NATURE OF ACTIVITIES:**

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The Northwest New Jersey Community Action Program, Inc. ("NORWESCAP" or "Organization") is a private, not-for-profit organization incorporated in 1965, under the laws of the State of New Jersey. NORWESCAP is a Community Action Agency ("CAA") whose operating purpose is to aggregate federal and state government financial assistance and to provide community services that include the following programs: Child Enrichment, Nutrition and Health, Employment and Economic Development, Housing Emergency, Information and Referral, and Volunteer Services. NORWESCAP is substantially dependent on federal financial assistance and financial assistance from the state of New Jersey. Funding is received for various periods of time which do not necessarily coincide with NORWESCAP's fiscal year.

The NORWESCAP Holding Company, Inc. ("Holding Company") is a not-for-profit organization incorporated in 1994, under the laws of the State of New Jersey as a 501(c)(2) organization. The Holding Company was organized to hold title for certain real estate.

The Sussex Seniors Urban Renewal Affordable Housing Non-Profit Corporation, Inc. ("Sussex Seniors") is a not-for-profit organization incorporated in 1995, under the laws of the state of New Jersey as a 501(c) (3) organization. Sussex Seniors was organized to acquire, develop and manage the redevelopment and relocation housing project in Sussex Borough, New Jersey. Sussex Seniors Manages 11 affordable housing units dedicated for low-income senior citizens and a commercial space of 5,356 sq. ft. located on Main Street, Sussex, New Jersey,

The Northwest New Jersey Echo Housing Corporation ("ECHO") is a not-for-profit organization incorporated in 1994, under the laws of the state of New Jersey as a 501(c)(3) organization. ECHO was organized to provide modular housing units to qualified elderly persons. The Project consists of seven units which are currently in storage of related sponsors resulting in Elderly Cottage Housing Opportunities. The Project operates under section 202 of the National Housing Act and is regulated by the U.S. Department of Housing and Urban Development ("HUD") with respect to rental charges and operating methods.

ECHO is required to comply with the capital funding regulations of HUD, which require the formation of a separate, single-asset corporation to hold title to HUD-funded property and equipment and record the revenue and expenses related to the maintenance of the property. ECHO is actively in discussions with HUD and nonprofit organizations for the transfer of the modular housing units.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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***Principles of Consolidation:***

The consolidated financial statements include the accounts for NORWESCAP, Holding Company, Sussex Seniors, and ECHO (collectively referred to as "NORWESCAP entities"). All of the entities are under common control. All significant intercompany balances and transactions have been eliminated in consolidation. Sussex Seniors has elected to report its activities on a calendar year basis ending December 31st of each year and, as such, differs from NORWESCAP's reporting period. Sussex Seniors' fiscal year begins January 1 and ends on December 31. The accounts of Sussex Seniors are included in the 2017 and 2016 consolidated financial statements for the twelve-month periods ended August 31, 2017 and 2016.

***Financial Statement Presentation:***

Net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of NORWESCAP and changes therein are classified and reported as follows:

Unrestricted Net Assets – Net assets not subject to donor-imposed stipulations. Unrestricted net assets consist of investments and otherwise unrestricted amounts that are available for use in carrying out the objectives of NORWESCAP and include those expendable resources which have been designated for special use by the Board of Trustees.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities and changes in net assets as net assets released from restrictions.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that must be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes. There are no permanently restricted net assets.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**

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***Cash and Cash Equivalents:***

Cash and cash equivalents includes bank demand deposits, savings and money market accounts. For the purposes of the consolidated statements of cash flows, NORWESCAP considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

***Grants Receivable and Allowance for Doubtful Accounts:***

Revenue from grants is reported based on allowable expenses. Grants receivable are the excess of allowance expenses incurred over the cash received by NORWESCAP from funding agencies.

Grants receivable are stated at the amounts management expects to collect from outstanding balances. The Organization charges uncollectible grants receivable to operations when determined to be uncollectible. Management has determined the allowance for doubtful accounts as \$117,726 and \$420,452 for the years ending August 31, 2017 and 2016, respectively.

***Inventory:***

Inventory, which is comprised primarily of purchased goods for the Co-Op Food Program, is valued at the lower of cost or market. Donated items, which meet the criteria for recognition, are recorded at estimated fair value at the date of donation.

***Fair Value:***

Fair value measurements are defined as the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There are three defined hierarchical levels based on the quality of inputs used that directly relate to the amount of subjectivity associated with the determination of fair value.

The fair value hierarchy defines the three levels as follows:

- Level 1:** Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2:** Valuations based on observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable, or can be derived principally from or corroborated by observable market data.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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*Fair Value: (continued)*

**Level 3:** Valuations based on unobservable inputs used when little or no market is available. The fair value hierarchy gives lowest priority to Level 3 inputs.

In determining fair value, the Organization utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as considers counterparty credit risk (or other parties, such as counterparty in a swap) in its assessment of fair value.

Gains and losses, both realized and unrealized, resulting from increases or decreases in the fair value of investments are reflected in the consolidated statements of activities and changes in net assets as increases or decreases in unrestricted net assets unless the use was restricted by explicit donor stipulations or by law.

*Certificates of Deposit:*

The Organization holds a certificate of deposit which is valued at cost plus accrued interest earned as of August 31, 2017 and 2016, which approximates market value.

*Land, Building and Equipment:*

The NORWESCAP entities record land, building and equipment at cost on the date of acquisition, or at the fair value of the asset, based on values of comparable assets, at the date of gift for donated assets. Depreciation is computed on a straight-line basis over the estimated useful life as follows:

Buildings and improvements	30 years
Furniture and equipment	5 years
Vehicles	5 to 7 years

In the absence of donor-imposed restrictions on the use of the asset, gifts of long-lived assets are reported as unrestricted support. When an asset is sold or retired, the cost and accumulated depreciation are removed from the respective accounts. Maintenance, repairs, and minor renewals are charged to operations as incurred. Significant renewals and betterments that increase the useful life of the assets and are greater than \$5,000, are capitalized.

Federal, state, county and other funding sources may maintain an equitable interest in the property purchased with grant monies, as well as the right to determine the use of proceeds from the sale of those assets.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**

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***Advances from Grantors:***

Advances from grantors are the excess of grant cash received in the current fiscal year over allowable grant expenses incurred during the current fiscal year. These advances from grantors must be expended for grant purposes.

At the termination of federal, state, county, municipal and private grants, the balance of funds unapplied are subject to disposition according to the funding source's requirements.

***Revenue Recognition:***

Contributions are recognized as revenue and receivables when they are received or unconditionally pledged. There were no unconditional pledges made during the years ending August 31, 2017 and 2016.

The NORWESCAP entities report gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities and changes in net assets as net assets released from restrictions. However, the NORWESCAP entities report gifts of cash and other assets subject to temporary restrictions by donor stipulations as unrestricted contributions in the consolidated statement of activities and changes in net assets if the restriction is met during the accounting period in which the gift was received.

The NORWESCAP entities account for contract and grant revenue, which are exchange transactions, in the consolidated statement of activities and changes in net assets to the extent that expenses have been incurred for the purpose specified by the grantor during the period. In applying this concept, the legal and contractual requirements of each individual program are used as guidance. All amounts not expended in accordance with the grants or contracts are recorded as a liability to the grantor as the NORWESCAP entities do not maintain any equity in the grant or contract. Additionally, funds received in advance of their proper usage are accounted for as advances from grantors in the consolidated statement of financial position.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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***Contributed Property and Equipment:***

Donations of land, buildings and equipment are recorded as contributions at their estimated fair value on the date of the gift. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor restrictions regarding how long those donated assets must be maintained, the NORWESCAP entities report expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The NORWESCAP entities reclassify temporarily restricted net assets to unrestricted net assets at that time. Proceeds from the sale of fixed assets, if unrestricted, are transferred to unrestricted net assets, or, if restricted, to deferred amounts restricted for fixed asset acquisitions.

***Contributed Services:***

Contributed services are recorded at fair value and recognized as revenues and expenses in the period received if they meet the requirements for recognition under accounting principles generally accepted in the United States of America.

During fiscal years ended August 31, 2017 and 2016, contributed services recorded in the consolidated financial statements were used primarily in the Head Start program. These Early Childhood Program Aid instruction and related services are valued consistent with such services provided for in the Phillipsburg Board of Education contracts. NORWESCAP also receives free rent for class room space from the town of Phillipsburg. For the years ended August 31, 2017 and 2016, contributed Early Childhood Program Aid services and rental space of approximately \$1,462,000 and \$1,461,000, respectively, are reported in contributed service revenue and expenses in the accompanying consolidated statements of activities and changes in net assets.

***Contributed Goods:***

Through its Food Bank program, NORWESCAP solicits and receives food commodities which are to be distributed to qualified agency charitable organizations in specified areas. The fair value of food commodities received is recognized as revenue in circumstances in which NORWESCAP has sufficient discretion over the use and disposition of the items to recognize a contribution.

Accordingly, the recognition of contributed goods as revenue is limited to circumstances in which NORWESCAP takes constructive possession of the contributed goods and NORWESCAP is the recipient of the gift, rather than an agent or intermediary.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**

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***Contributed Goods: (continued)***

In circumstances in which NORWESCAP is functioning as an agent or intermediary with respect to the contributed goods, NORWESCAP does not report an asset when the food commodities are received from a resource provider or donor, nor is an expense reported when the items are remitted to the ultimate beneficiary.

Although NORWESCAP aims to distribute contributed goods received as promptly as possible, it may continue to hold some contributed goods at year-end. Undistributed contributed goods over which NORWESCAP has no variance power are not recognized and reported as inventory at year-end.

During the years ended August 31, 2017 and 2016, NORWESCAP distributed approximately 2,008,000 and 2,205,000 pounds of food, respectively, to qualified charitable organizations. The value of these commodities has not been reported in the consolidated financial statements as NORWESCAP determined it has no variance power over the distribution of these goods.

NORWESCAP also receives food commodities for distribution to eligible recipients in The Emergency Food Assistance Program (“TEFAP”) for a fee and also participates in the New Jersey State Food Purchase Program (“SFPP”). Under SFPP, NORWESCAP receives, purchases, and distributes food to qualified recipients in exchange for a fee. NORWESCAP also receives and distributes food commodities under other similar government programs. During the years ended August 31, 2017 and 2016, NORWESCAP distributed approximately 1,493,000 and 985,000 pounds of food commodities under these programs, respectively. The value of those commodities has not been reported in the consolidated financial statements as NORWESCAP determined it has no variance power over the distribution of these goods.

***Income Tax Status:***

The NORWESCAP entities are exempt from income taxes under Sections 501(c)(3) and 501(c)(2) of the Internal Revenue Code and also exempt under Title 15 of the State of New Jersey Corporations and Associations Not-for-Profit Act.

The Organization follows standards that provide clarification on accounting for uncertainty in income taxes recognized in the Organization’s financial statements. The guidance prescribes a recognition threshold and measurement attribute for the recognition and measurement of a tax position taken, or expected to be taken, in a tax return, and also provides guidance on de-recognition, classification, interest and penalties, disclosure and transition. The Organization’s policy is to recognize interest and penalties on unrecognized tax benefits in income tax expense. No interest and penalties were recorded during the fiscal years ended 2017 and 2016. At August 31, 2017 and 2016, there are no significant income tax uncertainties.

**NORTHWEST NEW JERSEY COMMUNITY  
ACTION PROGRAM, INC. AND SUBSIDIARIES**  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
AUGUST 31, 2017 AND 2016

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)**

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***Interest Income:***

Interest income is accounted for as required by grant contract requirements. Interest income is returnable to the grantor for the following grant: Head Start (Department of Health and Human Services). For other grants, interest income is retained and used to further program activities as stipulated in the New Jersey Department of Community Affairs and other contracts.

***Functional Expenses:***

The cost of providing various programs and other activities has been summarized on a functional basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are charged to program services based on direct expenditures incurred. Support costs are allocated to program services based on total program costs. Program expenses are those related to community action programs and child enrichment. Management and general services relate to administrative expenses associated with those programs.

***Use of Estimates:***

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***Summarized, Comparative Information:***

The consolidated financial statements include certain prior-year, summarized, comparative information in total but not by net asset class or functional areas. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with NORWESCAP's consolidated financial statements for the year ended August 31, 2016, from which the summarized information was derived.

***Reclassifications:***

Certain reclassifications have been made to the 2016 consolidated financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.



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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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***Financial Statement Reporting for Nonprofits:***

The Financial Accounting Standards Board issued an accounting pronouncement *Presentation of Financial Statements of Not-for-Profit Entities* that will require net assets to be presented in two classes instead of three. The two classes will be net assets with donor restrictions and net assets without donor restrictions. Additional enhanced disclosures will be required to present the amounts and purposes of Board designations, composition of net assets with donor restrictions and how the restrictions affect the use of resources. It also requires the Organization to communicate qualitative and quantitative information on how it manages its liquid resources available to meet the cash flow needs for general expenditures within one year of the statement of financial position date. The pronouncement is effective for annual reporting periods beginning after December 15, 2017. It will be effective for the year ending August 31, 2019. The Organization is currently evaluating the effect that the new standard will have on its consolidated financial statements.

***Subsequent Events:***

The Organization has evaluated events subsequent to the consolidated statement of financial position date as of August 31, 2017 through January 24, 2018, the date that the consolidated financial statements were available to be issued.

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NOTE 3 - RESTRICTED DEPOSITS—RESERVES:

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Cash reserves required by HUD at August 31, 2017, are comprised of the following:

	Reserves		
	Moving	Replacement	Total
Balance, beginning of year	\$ 570,031	\$ 29,727	\$ 599,758
Interest	1,084	20	1,104
Approved withdrawals	(114,362)	-	(114,362)
Balance, end of year	<u>\$ 456,753</u>	<u>\$ 29,747</u>	<u>\$ 486,500</u>

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**NOTE 3 - RESTRICTED DEPOSITS—RESERVES: (Continued)**

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Cash reserves required by HUD at August 31, 2016, are comprised of the following:

	Reserves		
	Moving	Replacement	Total
Balance, beginning of year	\$ 569,364	\$ 29,697	\$ 599,061
Interest	667	30	697
Balance, end of year	\$ 570,031	\$ 29,727	\$ 599,758

Written prior approval from HUD is required to disburse funds from each reserve account. There were disbursements from the reserves during the years ended August 31, 2017 and 2016, of \$114,362 and \$0, respectively.

**NOTE 4 - GRANT RECEIVABLES:**

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Grants receivable are comprised of the following:

	August 31,	
	2017	2016
Community Services Block Grant	\$ 244,726	\$ 585,529
Head Start Abbott - ECPA	80,845	57,165
Head Start and Early Head Start	543,643	313,279
Family Self Sufficiency (FSS)	69,233	79,118
Homeless Prevention	93,366	121,514
LIHEAP, Weatherization, Heating Improvement Program and the Department of Energy	545,913	226,114
NJ Cancer Education and Early Detention (CEED)	116,157	100,422
Women, Infants and Children (WIC)	168,861	149,967
Other	518,577	306,299
Total Grants Receivable, net	\$ 2,381,321	\$ 1,939,407

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**NOTE 5 - INVESTMENTS:**

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The certificate of deposit bears an interest rate between .25% - 2.35%. Interest income on the certificate of deposit for the years ended August 31, 2017 and 2016, is \$1,126 and \$717, respectively.

The following table summarizes assets which have been accounted for at fair value on a recurring basis, along with the basis of determination of fair value:

<b><u>FAIR VALUE MEASUREMENT</u></b>				
<b><u>AUGUST 31, 2017</u></b>				
	<b><u>LEVEL 1</u></b>	<b><u>LEVEL 2</u></b>	<b><u>LEVEL 3</u></b>	<b><u>TOTAL</u></b>
Certificate of deposit	\$ -	\$ 10,624	\$ -	\$ 10,624

<b><u>FAIR VALUE MEASUREMENT</u></b>				
<b><u>AUGUST 31, 2016</u></b>				
	<b><u>LEVEL 1</u></b>	<b><u>LEVEL 2</u></b>	<b><u>LEVEL 3</u></b>	<b><u>TOTAL</u></b>
Certificate of deposit	\$ -	\$ 10,602	\$ -	\$ 10,602

**NOTE 6 - LAND, BUILDINGS AND EQUIPMENT:**

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Land, buildings, and equipment, net of accumulated depreciation, at August 31, 2017, are as follows:

	<b><u>NORWESCAP</u></b>	<b><u>Holding Company</u></b>	<b><u>Sussex Seniors</u></b>	<b><u>ECHO</u></b>	<b><u>Total</u></b>
Land	\$ 158,816	\$ 53,001	\$ 191,966	\$ -	\$ 403,783
Building and improvements	942,325	1,364,108	767,864	1,052,070	4,126,367
Furniture, fixtures and equipment	394,082	-	-	-	394,082
Vehicles	1,135,157	-	-	-	1,135,157
	<u>2,630,380</u>	<u>1,417,109</u>	<u>959,830</u>	<u>1,052,070</u>	<u>6,059,389</u>
Less: Accumulate Depreciation	2,123,369	569,513	499,111	1,052,070	4,244,063
	<u>\$ 507,011</u>	<u>\$ 847,596</u>	<u>\$ 460,719</u>	<u>\$ -</u>	<u>\$ 1,815,326</u>

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**NOTE 6 - LAND, BUILDINGS AND EQUIPMENT: (Continued)**

Land, buildings, and equipment, net of accumulated depreciation, at August 31, 2016, are as follows:

	<b>NORWESCAP</b>	<b>Holding Company</b>	<b>Sussex Seniors</b>	<b>ECHO</b>	<b>Total</b>
Land	\$ 158,816	\$ 53,001	\$ 191,966	\$ -	\$ 403,783
Building and improvements	942,325	1,364,108	767,864	1,052,070	4,126,367
Furniture, fixtures and equipment	394,082	-	-	-	394,082
Vehicles	1,133,012	-	-	-	1,133,012
	2,628,235	1,417,109	959,830	1,052,070	6,057,244
Less: Accumulated Depreciation	2,217,389	524,043	473,516	1,052,070	4,267,018
	\$ 410,846	\$ 893,066	\$ 486,314	\$ -	\$ 1,790,226

Fixed assets purchased with federal or state funds are vested with the NORWESCAP entities as long as the NORWESCAP entities are granted the right to carry out the various programs for which such assets were acquired. Although the government grantor may retain legal title during the term of the arrangement, it is likely that the NORWESCAP entities will use the assets for the remainder of the useful lives and will be permitted to keep the assets when the arrangement is terminated. A Notice of Federal Interest has been filed with the county record of deeds for certain land and buildings on which Head Start facilities are located. The Notice of Federal Interest requires the land and buildings to be used in a manner consistent with the Head Start Act governing the financial statements under which the property was acquired. The land cannot be sold or transferred to another party without the written permission of the responsible Department of Health and Human Services official.

Depreciation expense for the years ended August 31, 2017 and 2016, were \$116,727 and \$114,356, respectively.

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**NOTE 7 - ADVANCES FROM GRANTORS:**

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At August 31, 2017 and 2016, advances from grantors amounts to \$20,562 and \$570,124, respectively, and are related to Community Action Program services. Head Start and Early Head Start programs did not have advances from grants at August 31, 2017 and 2016.

**NOTE 8 - LINE OF CREDIT:**

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NORWESCAP has an agreement with a financial institution for a line of credit which provides for borrowings up to \$500,000 and is secured by the assets of the Holding Company. Borrowings bear interest of 5.25% per annum. The agreement was entered into on September 21, 2011 and expired on December 31, 2016. It was not renewed. There was no outstanding balance on the line of credit at August 31, 2017 and 2016.

**NOTE 9 - MORTGAGE PAYABLE:**

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Mortgage payable consists of the following:

	<b>August 31,</b>	
	<b>2017</b>	<b>2016</b>
NORWESCAP has a mortgage payable to a bank for the Roseberry building with an interest rate of 4.00% at a monthly installment of \$2,046. The property is secured by a Notice of Federal Interest and has a 20-year term with a maturity date of June 1, 2019.	\$ 44,794	\$ 67,030

Estimated principal maturities on long-term debt are as follows:

	<b>Year Ended August 31,</b>
2018	\$ 23,111
2019	21,683
	<u>\$ 44,794</u>

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**NOTE 10 - LEASES:**

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NORWESCAP occupies office and classroom space and leases various equipment under separate operating leases with various terms expiring between 2018 and 2021. Total rental space charged to operations for the years ended August 31, 2017 and 2016, was \$366,417 and \$249,646, respectively. Rental space is charged to Rents/space in the consolidated statements of functional expenses and is primarily for Head Start facilities. It is expected that in the normal course of operations, other leases that expire will be renewed or replaced. Rental of certain facilities is contingent upon the continuance of federal and state funding for which the programs are dependent. NORWESCAP has no sublease rentals.

Future minimum lease commitments for office and classroom space as of August 31, 2017, are as follows:

	<b>Year Ended August 31,</b>
2018	\$ 232,051
2019	81,944
2020	51,922
2021	10,750
	<u>\$ 376,667</u>

**NOTE 11 - CONTRIBUTIONS, FEES, RENTS AND OTHER:**

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Contributions, fees, rents, and other revenue is compromised of the following:

	<b>Year Ended August 31,</b>	
	<b>2017</b>	<b>2016</b>
Contributions	\$ 1,299,704	\$ 1,616,052
Fees	128,182	111,018
Food distribution	270,635	246,420
Rents	118,426	85,595
Other	537,864	420,027
	<u>\$ 2,354,811</u>	<u>\$ 2,479,112</u>

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**NOTE 12 - RETIREMENT BENEFITS:**

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NORWESCAP maintains a defined-contribution pension plan. The benefit plan is a tax deferred annuity plan, whereby employees elect to voluntarily contribute up to the maximum amount allowed in accordance with Section 403(b) of the Internal Revenue Code. Qualified employee contributions are matched up to 2% of each participant's eligible compensation by NORWESCAP. Pension expense for the years ended August 31, 2017 and 2016 was \$301,081 and \$231,671, respectively, and is recorded in fringe benefits on the consolidated statements of functional expenses.

**NOTE 13 - TEMPORARILY RESTRICTED NET ASSETS:**

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Temporarily restricted net assets consists of the following:

	<b>Year Ended August 31,</b>	
	<b>2017</b>	<b>2016</b>
Community Action Programs	\$ 403,823	\$ 369,221
Northwest New Jersey Echo Housing, Inc.	1,499,700	1,499,700
	<u>\$ 1,903,523</u>	<u>\$ 1,868,921</u>

The amount for \$1,499,700 is a HUD-funded Section 202 Capital Advance to pay for the construction of the HUD project. HUD holds a nonamortizing mortgage on the property under the terms of the Capital Advance agreement with HUD. No repayment is required so long as the owner complies with the HUD Regulatory Agreement to make available rental housing to very low-income elderly persons for a term of 40 years, beginning August 9, 1996 through August 9, 2036. Failure to comply with the terms of the Capital Advance and HUD's business agreements may result in foreclosure under the mortgage. Management believes that the possibility that repayment will occur is remote and that treatment of the Capital Advance as temporarily restricted net assets is appropriate.

Management is actively in discussions with HUD and other nonprofit organizations to transfer their respective modular housing units and ultimately dissolve the HUD Project. On November 18, 2016, the HUD Project received final written approval from HUD to transfer three modular housing units to the Volunteers of America located in Blackwood, New Jersey, with the intention of providing transitional housing for homeless veterans.

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**NOTE 13 - TEMPORARILY RESTRICTED NET ASSETS: (Continued)**

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In addition, the HUD Project is actively in discussion with HUD and a second nonprofit for the transfer of the remaining seven modular housing units. On October 3, 2017, the HUD Project requested to opt out of the ECHO demonstration project. The Project would be required to supply the existing tenants with 30 days written notification of the contract expiration and their intention not to renew the contract. The Project intends to transfer ownership of these units back to HUD.

The change in temporarily restricted net assets consists of the following:

	<b>Year Ended August 31,</b>	
	<b>2017</b>	<b>2016</b>
Beginning balance	\$ 1,868,921	\$ 1,987,472
Transfers	-	(21,862)
Additions	432,273	305,318
Releases due to satisfaction of donor restrictions	(397,671)	(402,007)
	<u>\$ 1,903,523</u>	<u>\$ 1,868,921</u>

**NOTE 14 - BOARD-DESIGNATED NET ASSETS:**

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As of August 31, 2017 and 2016, the Board has designated \$242,350 and \$299,718, respectively, of unrestricted net assets for operating reserves. The funds are only to be released as time lapses and/or for purposes specifically appropriated for by the Board of Trustees with agreement of the Executive Director and Chief Financial Officer.



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**NOTE 15 - CONCENTRATIONS OF CREDIT RISKS:**

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The Organization receives approximately 69% and 75% of its funding from various federal and state governmental agencies. The operations of the Organization are subject to the administrative directives, rules and regulations of federal and state regulatory agencies. Such administrative directives, rules and regulations are subject to changes that may occur because of inadequate funding with little notice to pay for the related costs, including the additional administrative burden, to comply with a change.

The Organization participates in federal and state assisted grant programs. These programs are subject to program compliance audits by the grantors and their representatives. The Organization is potentially liable for expenditures which may be disallowed pursuant to the terms of these grant programs. Management of the Organization is not aware of any material items of noncompliance which would result in the disallowance of grant program expenditures.

The Organization maintains cash balances at one financial institution. At times, cumulative balances may exceed insured limits.

**NOTE 16 - COMMITMENTS CONTINGENCIES:**

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***Legal Matters:***

The Organization is involved in various claims, potential unasserted claims, employment claims and legal actions arising in the ordinary course of business. In the opinion of management, the ultimate outcome of these matters will not have a material adverse effect on NORWESCAP's consolidated financial position and changes in net assets.