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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

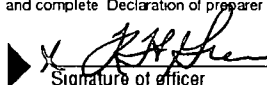
2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization		D Employer identification number
		UNITED WAY OF ESSEX AND WEST HUDSON		22-6069078
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 303-309 WASHINGTON STREET		E Telephone number 973-624-8300
City or town, state or country, and ZIP + 4		G Gross receipts \$ 8,484,306.		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
NEWARK, NJ 07102				H(b) Are all affiliates included? ☐ Yes ☐ No
F Name and address of principal officer KEITH H. GREEN				If "No," attach a list (see instructions)
SAME AS C ABOVE				H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.UWEWH.ORG				
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1965 M State of legal domicile NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	THE UNITED WAY SYSTEM THAT WE ARE A PART OF TODAY, EXEMPLIFIES THE UNITED WAY MOVEMENT THAT TOOK	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	673
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,313,546.	6,695,466.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	435,068.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	414,726.	-919,827.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739,833.	274,454.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,468,105.	6,485,161.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,117,444.	6,406,041.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,529,380.	1,614,628.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 665,030.	0.	0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)	884,576.	701,843.
	18 Total expenses - add lines 13 through 17 (must equal Part IX, column (A), line 25)	8,531,400.	8,722,512.
	19 Revenue less expenses - Subtract line 18 from line 12	-63,295.	-2,237,351.
	20 Total assets (Part X, line 1b)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 2c)	11,782,439.	8,550,116.
22 Net assets or fund balances - Subtract line 21 from line 20	2,460,362.	2,210,351.	
		9,322,077.	6,339,765.

Part II Signature Block

Sign Here	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.			
	Signature of officer 		Date 2/1/10	
Type or print name and title KEITH H. GREEN, PRESIDENT & CEO				
Preparer's Use Only	Preparer's signature	Date 1/28/10	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed) address and ZIP + 4 SAX MACY FROMM & CO., PC 855 VALLEY ROAD CLIFTON, NJ 07013-2483		EIN ▶ Phone no ▶ 973-472-6250	
	May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			

832001 12-18-08

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

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED APR 05 2010

81-510
5

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE GENERAL MISSION OF UNITED WAY IS TO IMPROVE LIVES BY MOBILIZING
THE CARING POWER OF COMMUNITIES. SPECIFICALLY, UNITED WAY OF ESSEX AND
WEST HUDSON (UWEWH) IS DRIVEN BY ITS MISSION TO SERVE AS AN EFFECTIVE
RESULTS-ORIENTED COMMUNITY BUILDER BY INVESTING TIME AND RESOURCES ON

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 7,311,952. including grants of \$) (Revenue \$ 1,772,053.)
COMMUNITY IMPACT:

UNITED WAY OF ESSEX AND WEST HUDSON IS FOCUSED ON CREATING MEANINGFUL
AND TANGIBLE IMPACT IN THE COMMUNITIES WE SERVE. WHAT MATTERS IS: THE
BOTTOM LINE RESULTS, THE LIVES WE CHANGE, AND THE COMMUNITIES WE SHAPE.

UNITED WAY BRINGS DIVERSE PEOPLE AND RESOURCES TOGETHER TO ADDRESS THE
MOST URGENT ISSUES THEIR COMMUNITIES FACE. OUR STRATEGIES FOR ACHIEVING
MEASURABLE IMPACT INCLUDE IDENTIFYING AND BUILDING ON COMMUNITY
STRENGTHS AND ASSETS, INCLUDING CONDUCTING NEEDS ASSESSMENTS; FUNDING
PROGRAMS AND INITIATIVES; ADVOCATING FOR PUBLIC POLICY CHANGES AND;

4b (Code) (Expenses \$ 117,478. including grants of \$) (Revenue \$)
RESOURCE INVESTMENT:

THIS PROGRAM IS CHARGED WITH RESPONSIBILITY FOR CARRYING OUT ALL OF THE
ALLOCATIONS PROCESS OF THE UNITED WAY OF ESSEX AND WEST HUDSON. THIS
PROGRAM IS ADMINISTERED BY THE RESOURCE INVESTMENT COMMITTEE AND SEEKS
TO CARRY OUT THE INTENT OF THE CONTRIBUTORS BASED UPON ADEQUATE
KNOWLEDGE OF OUR SERVICE AREA'S PRIORITY NEEDS AND THE CAPABILITY OF
PRIVATE SERVICES TO MEET THOSE NEEDS. THIS EXTENDS BEYOND ALLOCATIONS
AND INCLUDES WORKING WITH AGENCIES TO HELP BUILD THEIR CAPACITY TO
DELIVER EFFECTIVE SERVICES THROUGH OUR CENTER FOR EXCELLENCE TRAINING
PROGRAM AS WELL AS ASSISTING SERVICE PROVIDERS IN RESPONDING TO
COMMUNITY PROBLEMS.

4c (Code) (Expenses \$ 60,475. including grants of \$) (Revenue \$)
INFORMATION & REFERRAL AND CRISIS RESPONSE & 2-1-1:

THIS PROGRAM IS CHARGED WITH SERVING AS A CENTRAL SOURCE OF INFORMATION
ABOUT HEALTH, WELFARE, BASIC NEEDS AND VOLUNTEER OPPORTUNITIES IN THE
COMMUNITY. THROUGH INFORMATION AND REFERRAL, UNITED WAY PROVIDES A SITE
WHERE INTERESTED, TRAINED INDIVIDUALS CAN CONNECT INDIVIDUALS TO A
SERVICE OR OPPORTUNITY. THROUGH THE CRISIS RESPONSE UNIT, UNITED WAY
CONTINUES TO WORK NOT ONLY WITH INDIVIDUALS WHO WERE AFFECTED BY 9/11,
BUT ALSO WORKS WITH THE NON-PROFIT COMMUNITY AND GOVERNMENT AGENCIES TO
ENSURE PREPAREDNESS TO RESPOND IN THE EVENT OF A FUTURE CRISIS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 7,489,905. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	23	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	28	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter N/A		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	19	
1b Enter the number of voting members that are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NJ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **BARBARA HAMILTON - 973-624-8300**
303-309 WASHINGTON STREET, NEWARK, NJ 07102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Use Schedule J 2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DONNA CELESTINI EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
HELEN M. GALT, FSA, MAAA EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
JACKIE JENNIFER MEMBER	1.00	X						0.	0.	0.
JORGE A. CABALLERO TREASURER	1.00	X		X				0.	0.	0.
MATTHEW J. CHANIN EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
MR. HOMER MOSLEY, JR. MEMBER	1.00	X						0.	0.	0.
RICHARD A. BERAN, ESQ EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
SABINA PORCARO-PETILLO MEMBER	1.00	X						0.	0.	0.
THE HONORABLE WAYNE SMIT MEMBER	1.00	X						0.	0.	0.
THEODORE J. KNAUSS EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
THOMAS TOBIN EXECUTIVE COMMITTEE MEMB	1.00	X						0.	0.	0.
WILFRED CHABRIER BOARD CHAIR	1.00	X		X				0.	0.	0.
NELSON GARCEZ, JR. MEMBER	1.00	X						0.	0.	0.
MALCOLM K. HOWARD MEMBER	1.00	X						0.	0.	0.
BRUCE MORLINO MEMBER	1.00	X						0.	0.	0.
ROBYN PITTS MEMBER	1.00	X						0.	0.	0.
BRADLEY T. SMITH MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID J. WEINER MEMBER	1.00	X						0.	0.	0.
NACY SHANDELL-FALIK MEMBER	1.00	X						0.	0.	0.
KEITH H. GREEN PRESIDENT & CEO	50.00			X				200,458.	0.	0.
1b Total								200,458.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 3,310,535.				
	b	Membership dues	1b				
	c	Fundraising events	1c 125,961.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 16,063.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,242,907.				
	g	Noncash contributions included in lines 1a-1f \$	2,706,782.				
	h	Total. Add lines 1a-1f		6695466.			
	Program Service Revenue	2 a	MANAGEMENT FEES	Business Code 900099	435,068.	435,068.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		435,068.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		132,767.			132,767.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal 307633.				
	b	Less rental expenses					
	c	Rental income or (loss)	307633.				
	d	Net rental income or (loss)		307,633.			307,633.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 873031.				
	b	Less cost or other basis and sales expenses	1,925,625.				
	c	Gain or (loss)	-1,052,594.				
	d	Net gain or (loss)		-1,052,594.			-1,052,594.
	8 a	Gross income from fundraising events (not including \$ 125,961. of contributions reported on line 1c) See Part IV, line 18	a 40,341. b 73,520.				
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events		-33,179.			-33,179.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			6485161.	435,068.	0.	-645373.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,406,041.	6,406,041.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,303.	328,303.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	945,075.	254,067.	352,414.	338,594.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	223,878.	91,395.	67,567.	64,916.
10 Payroll taxes	117,372.	52,817.	32,923.	31,632.
11 Fees for services (non employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	239,426.	119,713.		119,713.
13 Office expenses	15,529.	6,988.	4,356.	4,185.
14 Information technology				
15 Royalties				
16 Occupancy	19,770.	8,897.	5,545.	5,328.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,222.	18,100.	11,282.	10,840.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,080.	69,786.	43,500.	41,794.
23 Insurance	12,089.	5,440.	3,391.	3,258.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES	81,076.	36,484.	22,742.	21,850.
b 2-1-1 PROGRAM	60,475.	60,475.	0.	0.
c TELEPHONE	24,472.	11,013.	6,864.	6,595.
d DUES	19,654.	8,844.	5,513.	5,297.
e EQUIPMENT REPAIRS & MAINTENANCE	10,378.	4,670.	2,911.	2,797.
f All other expenses	23,672.	6,872.	8,569.	8,231.
25 Total functional expenses Add lines 1 through 24f	8,722,512.	7,489,905.	567,577.	665,030.
26 Joint Costs Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,921.	1	430,838.
	2 Savings and temporary cash investments	1,802,466.	2	1,059,297.
	3 Pledges and grants receivable, net	765,231.	3	812,371.
	4 Accounts receivable, net	178,605.	4	194,037.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	129,187.	9	18,598.
	10a Land, buildings, and equipment - cost basis	10a 3,346,219.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 2,580,773.		
		888,172.	10c	765,446.
	11 Investments - publicly traded securities	6,887,493.	11	4,141,138.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,128,364.	15	1,128,391.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,782,439.	16	8,550,116.	
Liabilities	17 Accounts payable and accrued expenses	273,513.	17	470,177.
	18 Grants payable	504,829.	18	485,821.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,682,020.	25	1,254,353.
	26 Total liabilities. Add lines 17 through 25	2,460,362.	26	2,210,351.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		8,650,016.	27	5,667,242.
28 Temporarily restricted net assets		200,668.	28	200,668.
29 Permanently restricted net assets		471,393.	29	471,855.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		9,322,077.	33	6,339,765.
34 Total liabilities and net assets/fund balances		11,782,439.	34	8,550,116.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?
- b If "Yes," did the organization undergo the required audit or audits?

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,348,757.	9,449,594.	7,561,393.	7,313,546.	6,695,466.	40,368,756.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	9,348,757.	9,449,594.	7,561,393.	7,313,546.	6,695,466.	40,368,756.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						40,368,756.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,348,757.	9,449,594.	7,561,393.	7,313,546.	6,695,466.	40,368,756.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	652,336.	656,026.	695,159.	634,826.	440,400.	3,078,747.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						43,447,503.
12 Gross receipts from related activities, etc. (see instructions)					12	2,042,200.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.91 %
15 Public support percentage from 2007 Schedule A, Part IV A, line 26f	15	89.00 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number

22-6069078

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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	471,855.				
b Contributions					
c Investment earnings or losses	15,128.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	471,855.				

- 2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

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

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

- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		217,805.		217,805.
b Buildings		1,872,321.	1,372,641.	499,680.
c Leasehold improvements				
d Equipment				
e Other		1,256,093.	1,208,132.	47,961.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				765,446.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,485,161.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,722,512.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,237,351.
4	Net unrealized gains (losses) on investments	4	-285,992.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	115,284.
8	Other (Describe in Part XIV)	8	-574,253.
9	Total adjustments (net) Add lines 4-8	9	-744,961.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,982,312.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,427,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-285,992.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-285,992.
3	Subtract line 2e from line 1	3	4,713,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,772,053.
c	Add lines 4a and 4b	4c	1,772,053.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,485,161.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,950,459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,950,459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,772,053.
c	Add lines 4a and 4b	4c	1,772,053.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,722,512.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, LINE 4: SEE SCHEDULE O

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES: -574253.

PART XII, LINE 4B - DONOR DESIGNATED CAMPAIGN CONTRIBUTIONS

PART XIII, LINE 4B - DONOR DESIGNATED CAMPAIGN CONTRIBUTIONS

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	166,302.			166,302.
	2 Less Charitable contributions	125,961.			125,961.
	3 Gross revenue (line 1 minus line 2)	40,341.			40,341.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	73,520.			73,520.
	8 Direct expense summary Add lines 4 through 7 in column (d)				(73,520.)
	9 Net income summary Combine lines 3 and 8 in column (d)				-33,179.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

- 9 Enter the state(s) in which the organization operates gaming activities _____
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

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

► Attach to Form 990.

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number
22-6069078

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUNDS HELD FOR OTHERS - SEE SCHEDULE O			1,772,053.	0.			
AFRICAN AMERICAN OFFICE OF GAY CONCERNS			11,000.	0.			
AFTER SCHOOL ENRICHMENT PROGRAMS OF ESSEX (ASEP)			20,000.	0.			
AIDS RESOURCE FOUNDATION FOR CHILDREN			14,000.	0.			
AMERICAN RED CROSS - METROPOLITAN NEW JERSEY			24,000.	0.			
APOSTLES' HOUSE			45,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Name of the organization

Employer identification number

UNITED WAY OF ESSEX AND WEST HUDSON

22-6069078

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
ARTS UNBOUND			7,500.	0.			
ASPIRA INC. OF NJ			5,000.	0.			
ASSOCIATES IN MENTAL HEALTH & DEVELOPMENT DISABILITIES			17,539.	0.			
ASSOCIATION FOR RETARDED CITIZENS OF ESSEX			7,000.	0.			
BOYS AND GIRLS CLUB - NEWARK			50,000.	0.			
BROADWAY HOUSE FOR CONTINUING CARE			25,105.	0.			
CATHOLIC CHARITIES OF THE ARCHDIOCESES OF NEWARK			10,000.	0.			
CHOICES, INC.			15,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

Employer identification number

UNITED WAY OF ESSEX AND WEST HUDSON

22-6069078

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZEN SCHOOL, INC.			19,000.	0.			
COMMUNITY AGENCY CORPORATION			20,000.	0.			
COMMUNITY DAY NURSERY			21,000.	0.			
EL CLUB DEL BARRIO			47,500.	0.			
EPILEPSY FOUNDATION OF NJ			20,521.	0.			
ESSEX COUNTY COURT APPOINTED SPECIAL ADVOCATE			10,500.	0.			
FAMILY CONNECTIONS			69,967.	0.			
FOCUS - HISPANIC CENTER			15,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number
22-6069078

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF UMDNJ			30,000.	0.			
FRIENDS AND FAMILIES UNITED, INC.			28,000.	0.			
GATEWAY MATERNAL AND CHILD			15,750.	0.			
GIRL SCOUT COUNCIL OF GREATER ESSEX COUNTY			10,000.	0.			
GREATER NEWARK CONSERVANCY			14,000.	0.			
HEALTHY MOTHERS/HEALTHY BABIES			45,276.	0.			
INTEGRITY INC.			30,000.	0.			
INTERFAITH HOSPITALITY NETWORK FOR THE HOMELESS OF ESSEX CO.			5,000.	0.			
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

Name of the organization

Employer identification number
22-6069078

UNITED WAY OF ESSEX AND WEST HUDSON

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		INTERNATIONAL INSTITUTE OF NEW JERSEY			11,500.	0.			
		IRONBOUND COMMUNITY CORPORATION			16,000.	0.			
		IRVINGTON COUNSELING CENTER			17,500.	0.			
		ISAIAH HOUSE			20,000.	0.			
		JEWISH FAMILY SERVICE OF METROWEST			10,000.	0.			
		JEWISH VOCATIONAL SERVICE			34,513.	0.			
		KIDS IN BUSINESS DEVELOPMENT CENTER			26,250.	0.			
		LA CASA DE DON PEDRO			47,098.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
 2008
 Open to Public
 Inspection

Name of the organization

Employer identification number
 22-6069078

UNITED WAY OF ESSEX AND WEST HUDSON

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES FOUNDATION OF ESSEX			14,000.	0.			
LITERACY VOLUNTEERS OF AMERICA - WEST HUDSON			5,000.	0.			
MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY			14,050.	0.			
NEW JERSEY PERFORMING ARTS CENTER (NJFAC)			15,000.	0.			
NEWARK COMMUNITY HEALTH CENTER, INC.			22,168.	0.			
NEWARK DAY CENTER			25,000.	0.			
NEWARK EMERGENCY SERVICES FOR FAMILIES			30,000.	0.			
NEWARK RENAISSANCE HOUSE INC.			30,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF ESSEX AND WEST HUDSON

22-6069078

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH JERSEY COMMUNITY RESEARCH INITIATIVE			19,840.	0.			
NUTLEY FAMILY SERVICE BUREAU, INC.			6,000.	0.			
OFFENDER AID AND RESTORATION			23,800.	0.			
PARTNERS FOR WOMAN AND JUSTICE			10,000.	0.			
PATHWAYS TO INDEPENDENCE			11,000.	0.			
PEOPLE AND STORIES/GENTE Y CUENTOS			12,500.	0.			
SALVATION ARMY - IRONBOUND BOYS & GIRLS			45,000.	0.			
THE LEAGUERS, INC			20,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
22-6069078

UNITED WAY OF ESSEX AND WEST HUDSON

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEWARK MUSEUM			10,000.	0.			
UNITED VAILSBURG SERVICES ORGANIZATION			49,000.	0.			
UNITED MISSIONARY COMMUNITY CORP.			15,928.	0.			
URBAN LEAGUE OF ESSEX COUNTY			14,000.	0.			
WEST ORANGE COMMUNITY HOUSE			4,000.	0.			
YOUTH DEVELOPMENT CLINIC OF NEWARK			14,000.	0.			
COMMUNITY RELATIONS			711,621.	0.			
GIFTS IN KIND TO VARIOUS 501(C)(3) ORGANIZATIONS			0.	2,676,562.	ESTIMATED FAIR VALUE	CLOTHING, PERSONAL AND SUNDRY ITEMS	

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number

22-6069078

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 in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III

6 For persons listed in 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" to line 6a or 6b, describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number

22-6069078

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>WOMENS CLOTHI</u>)	X	0	1,319,004.	ESTIMATED FAIR VALUES
26 Other ► (<u>UNISEX COSMET</u>)	X	0	791,757.	ESTIMATED FAIR VALUES
27 Other ► (<u>TEMPURPEDIC M</u>)	X	0	209,860.	ESTIMATED FAIR VALUES
28 Other ► (<u>MENS CLOTHING</u>)	X	0	184,341.	ESTIMATED FAIR VALUES

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.**PART I, OTHER TYPES OF PROPERTY:****MISCELLANEOUS NONCASH ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 79505.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUES

CHILDRENS TOYS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 56703.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUES

OTHER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30220.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUES

HOUSEHOLD PRODUCTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18200.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUES

ELECTRONICS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 17192.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED FAIR VALUES

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION RECEIVES NONCASH
CONTRIBUTIONS FROM VARIOUS ORGANIZATIONS. ADDITIONAL INFORMATION IS
AVAILABLE UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number
22-6069078

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

ROOT 116 YEARS AGO WHEN RELIGIOUS LEADERS IN DENVER, COLORADO, FOUNDED THE CHARITY ORGANIZATIONS SOCIETY. THAT SOCIETY, FOUNDED IN 1887, PLANNED AND COORDINATED LOCAL COMMUNITY SERVICES AND CONDUCTED A SINGLE FUND-RAISING CAMPAIGN THAT RAISED \$21,000 FOR 22 AGENCIES. THE SOCIETY BECAME THE FIRST UNITED WAY. THAT UNITED WAY EVOLVED INTO TODAY'S UNITED WAY SYSTEM, WHICH IS A NATIONALLY RECOGNIZED ICON OF A DISTINCTLY AMERICAN PHILANTHROPIC IDEA. THE UNITED WAY SYSTEM TODAY COMPRISES APPROXIMATELY 1,400 UNITED WAY ORGANIZATIONS, WHICH ARE LOCATED IN AND SERVE COMMUNITIES ALL ACCROSS AMERICA. EACH COMMUNITY-BASED UNITED WAY STILL CARRIES THE TORCH OF COMMUNITY LEADERSHIP AND CHARITABLE SPIRIT THAT WAS LIT MORE THAN A CENTURY AGO.

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

INITIATIVES THAT CREATE STRONG COMMUNITIES AND ENSURE OUR DONORS' TRUST. UWEWH WORKS TO ADVANCE BEST PRACTICE SOLUTIONS AND POLICY CHANGE IN RESPONSE TO THE NEEDS OF OUR COMMUNITY.

WE WILL BUILD STRONGER AMERICA BY MOBILIZING OUR COMMUNITIES TO IMPROVE PEOPLE'S LIVES BY:

- ENERGIZING AND INSPIRING PEOPLE TO MAKE A DIFFERENCE
- CRAFTING HUMAN CARE AGENDAS WITHIN AND ACROSS OUR COMMUNITIES
- BUILDING COALITIONS AROUND THESE AGENDAS
- INCREASING INVESTMENTS IN THESE AGENDAS BY EXPANDING AND DIVERSIFYING

OUR OWN DEVELOPMENT EFFORTS AND SUPPORTING THOSE OF OTHERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number

22-6069078

- MEASURING, COMMUNICATING AND LEARNING FROM THE IMPACT OF OUR
EFFORTS

- REFLECTING THE DIVERSITY OF THE COMMUNITIES WE SERVE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

COLLABORATING WITH OTHERS IN SUPPORT OF THESE AND RELATED ISSUES EVERY
DAY.

UNITED WAY'S VISION IS TO SERVE AS THE PREMIER COMMUNITY BUILDER IN NEW
JERSEY. OUR MISSION IS "TO SERVE AS AN EFFECTIVE, RESULTS-ORIENTED
COMMUNITY BUILDER BY INVESTING TIME AND RESOURCES ON INITIATIVES THAT
CREATE STRONG COMMUNITIES AND ENSURE OUR DONORS' TRUST." OUR VISION FOR
COMMUNITY IMPACT IS TO IMPROVE LIVES BY MOBILIZING COMMUNITIES TO
CREATE SUSTAINED COMMUNITY CHANGES.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT
HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE.

FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY HAS THE RIGHT TO
ELECT AN EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF TRUSTEES REVIEWS FORM
990 DURING A SCHEDULED BOARD MEETING BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN AN ANNUAL
CERTIFICATION IDENTIFYING ANY CONFLICTS OF INTEREST.

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number

22-6069078

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION POLICY FOR STAFF IS DETERMINED BY THE PERSONNEL COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES. COMPENSATION FOR THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

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

PART XI, QUESTION 2

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS.

AS PER THE 990 INSTRUCTIONS, THE QUESTION IS ANSWERED NO.

FORM 990, SCHEDULE D, PART V

ENDOWMENT FUNDS

PERMANENT RESTRICTED NET ASSETS OF \$471,855 AND \$471,855 AS OF JUNE 30, 2009 AND 2008 RESPECTIVELY ARE TO REMAIN IN PERPETUITY, THE INCOME FROM WHICH IS UNRESTRICTED.

FORM 990, SCHEDULE I, PART II

INFORMATION CONCERNING GRANTS AND OTHER ASSISTANCE

FUNDS HELD FOR OTHERS

THE UNITED WAY OF ESSEX AND WEST HUDSON, DISTRIBUTES FUNDS TO OVER 100

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

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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501(C)(3) ORGANIZATIONS THROUGHOUT THE STATE OF NEW JERSEY AS A PART OF
ITS DONOR-DESIGNATED CONTRIBUTION PROGRAM. ADDITIONAL INFORMATION IS
AVAILABLE UPON REQUEST.

FORM 990, PART VII

PENSION BENEFITS

UNITED WAY OF ESSEX AND WEST HUDSON HAS A DEFINED BENEFIT PENSION PLAN
COVERING ALL FULL-TIME PERMANENT EMPLOYEES. THE BENEFITS ARE BASED ON
YEARS OF SERVICE AND THE AVERAGE OF THE THREE HIGHEST YEARS OF THE
EMPLOYEE'S COMPENSATION DURING THE LAST TEN YEARS OF EMPLOYMENT.

UWEWH'S FUNDING POLICY IS TO CONTRIBUTE ANNUAL AMOUNTS TO THE PLAN
SUFFICIENT TO MEET THE MINIMUM FUNDING REQUIREMENTS SET FORTH IN THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, PLUS SUCH ADDITIONAL
AMOUNTS AS UWEWH MAY DETERMINE TO BE APPROPRIATE FROM TIME TO TIME.

UWEWH USES A JUNE 30 MEASUREMENT DATE.

UNITED WAY OF ESSEX AND WEST HUDSON IS NOT ABLE TO DETERMINE PENSION
BENEFITS FOR EACH OF THE INDIVIDUALS LISTED ON PART VII, COLUMN F.
HOWEVER, ANNUAL AMOUNT IS REPORTED ON THE BALANCE SHEET.

Name of the organization

UNITED WAY OF ESSEX AND WEST HUDSON

Employer identification number
22-6069078

Part I Identification of Disregarded Entities

[illegible]

Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**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?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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 other organization(s)	(B) Transaction type (a, i)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF ESSEX AND WEST HUDSON	22-6069078
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	303-309 WASHINGTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEWARK, NJ 07102	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041 A | ☐ Form 8870 |

THE ORGANIZATION

- The books are in the care of ► **303-309 WASHINGTON STREET - NEWARK, NJ 07102**
Telephone No. ► **973-624-8300** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)