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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable	C Name of organization UNITED WAY OF CENTRAL JERSEY INC		D Employer identification number 22-1520408
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (732) 247-3727
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) PO BOX 210 32 FORD AVE		G Gross receipts \$ 6,678,699
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 MILLTOWN, NJ 08850		
<input type="checkbox"/> Amended return	F Name and address of principal officer GLORIA AFTANSKI PO BOX 210 32 FORD AVE MILLTOWN, NJ 08850		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status  501(c) ( 3 ) ► (insert no )  4947(a)(1) or  527

J Website: ► WWW UWCJ ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1930 M State of legal domicile NJ

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE LEADERSHIP TO IMPROVE THE WELL-BEING OF PEOPLE LIVING OR WORKING IN OUR COMMUNITY WHO ARE NEEDY, AT RISK AND VULNERABLE	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 26
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 26
5 Total number of employees (Part V, line 2a) . . . . .	5 24
6 Total number of volunteers (estimate if necessary) . . . . .	6 735
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 5,119,708	Current Year 3,503,631
9 Program service revenue (Part VIII, line 2g) . . . . .		39,618
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	85,670	11,967
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,079	126,563
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	5,274,457	3,681,779

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 ) . . . . .	2,100,971	1,464,112
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	949,858	919,088
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 370,597		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	1,958,076	1,613,341
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,008,905	3,996,541
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	265,552	-314,762

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 6,227,780	End of Year 5,728,235
21 Total liabilities (Part X, line 26) . . . . .		1,929,901 1,642,578
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	4,297,879	4,085,657

## 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		
***** Signature of officer GLORIA AFTANSKI PRESIDENT, CPO Type or print name and title	2010-11-15 Date	

Paid Preparer's Use Only	Preparer's signature ► MARTIN MAUCH	Date 2010-11-15	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► TAIT WELLER & BAKER LLP 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103		EIN ►	
			Phone no ► (215) 979-8800	

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

UNITED WAY OF CENTRAL JERSEY PROVIDES LEADERSHIP TO CREATE OPPORTUNITIES FOR A BETTER LIFE FOR PEOPLE LIVING OR WORKING IN OUR COMMUNITY WHO ARE NEEDY, AT RISK, AND VULNERABLE. UNITED WAY OF CENTRAL JERSEY ACHIEVES THIS BY MOBILIZING PEOPLE, ORGANIZATIONS, AND FINANCIAL RESOURCES TO CREATE AND SUSTAIN PROGRAMS THAT ACHIEVE PARTNERSHIPS, SERVICES AND ADVOCACY.

**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**4a** (Code ) (Expenses \$ 620,312 including grants of \$ ) (Revenue \$ )

EDUCATION United Way of Central Jersey invests in or operates programs which help children and youth achieve their potential, focusing on the specific goals of (a) increasing the capacity of children to enter school healthy and ready to learn and (b) improving opportunities for youth to stay and succeed in school, to become work-ready and develop into mature adults with a future

**4b** (Code ) (Expenses \$ 629,383 including grants of \$ ) (Revenue \$ )

INCOME United Way of Central Jersey invests in or operates programs which promote financial stability and independence, focusing on the specific goals of (a) increasing the capacity of lower-income working families to move towards financial independence, (b) increasing the capacity of lower-income families to build savings as well as gain & sustain assets and (c) increasing the availability of permanent affordable housing

**4c** (Code ) (Expenses \$ 892,737 including grants of \$ ) (Revenue \$ )

HEALTH United Way of Central Jersey invests in or operates programs which improve the health of residents of our service area (Middlesex County and Franklin Township, Somerset County), focusing on the specific goals of (a) improving maternal health and infant well being, (b) increasing access to affordable, timely, preventive and ameliorative healthcare for uninsured and underinsured children and their families and (c) increasing the number of children and their families who are healthy and avoid risky behaviors

**4d** Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 1,129,693 including grants of \$ ) (Revenue \$ 39,618 )

**4e** **Total program service expenses** \$ 3,272,125

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A  No

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	Yes	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
37	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
<b>Note.</b> All Form 990 filers are required to complete Schedule O				

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 1	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 24	
<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 this return (see instructions)	<b>2b</b> Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b> No	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b> No	
<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)?	<b>4a</b> No	
<b>4b</b>	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	<b>4b</b> No	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b> No	
<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?	<b>6a</b> No	
<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>6b</b> No	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7d</b> No	
<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?	<b>7a</b> Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b> No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> No	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b> No	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b> No	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b> No	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b> No	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b> No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> No	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b> No	
<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>11b</b> No	
<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>12a</b> No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> No	

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	26	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	26	
<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? . . . . .	<b>2</b>		No
<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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<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? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<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 . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line a or b, 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? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<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 Form 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. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 UNITED WAY OF CENTRAL JERSEY  
 PO BOX 210 32 FORD AVE  
 MILLTOWN, NJ 08850  
 (732) 247-3727

## **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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's **current** key employees 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, or 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 current or former officer, director, trustee or key employee.

<b>1b Total</b>	241,738	0	14,523
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<b>4</b> 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	<b>4</b>		No
<b>5</b> 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	<b>5</b>		No

## 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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<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>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,503,631			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		105,185			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			3,503,631		
<b>Program Service Revenue</b>	COMMUNITY PROGRAM INCO		Business Code			
			624,200	39,618	39,618	
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			39,618		
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
			61,788		61,788	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross Rents	(I) Real	(II) Personal				
<b>b</b> Less rental expenses	59,113					
<b>c</b> Rental income or (loss)	29,526					
<b>d</b> Net rental income or (loss) . . . . .	29,587		29,587		29,587	
<b>7a</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	2,878,292					
<b>c</b> Gain or (loss)	2,928,113					
<b>d</b> Net gain or (loss) . . . . .	-49,821		-49,821		-49,821	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>	53,109					
<b>b</b> Less direct expenses . . . . .	<b>b</b> 39,281					
<b>c</b> Net income or (loss) from fundraising events . . . . .		13,828			13,828	
<b>9a</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>10a</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		Business Code				
<b>11a</b> ADMINISTRATIVE FEE		900,099	82,237	82,237		
<b>b</b> MISCELLANEOUS		900,099	911	911		
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		83,148				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .			3,681,779	122,766	0	55,382

**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	1,464,112	1,464,112		
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 . . . . .	256,261	99,125	74,071	83,065
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	496,565	192,453	143,119	160,993
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	27,901	11,123	8,528	8,250
9 Other employee benefits . . . . .	67,836	17,162	19,581	31,093
10 Payroll taxes . . . . .	70,525	25,777	22,537	22,211
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	23,800	9,520	11,186	3,094
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	25,986	15,908	4,758	5,320
12 Advertising and promotion . . . . .	1,281	171	60	1,050
13 Office expenses . . . . .	51,633	15,438	10,590	25,605
14 Information technology . . . . .	12,502	8,013	3,005	1,484
15 Royalties . . . . .				
16 Occupancy . . . . .	29,751	8,713	14,702	6,336
17 Travel . . . . .	13,831	5,778	2,784	5,269
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .	22,172	13,303	3,104	5,765
22 Depreciation, depletion, and amortization . . . . .	27,234	16,759	5,028	5,447
23 Insurance . . . . .	14,721	454	13,937	330
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 COMMUNITY PROGRAM EXPEN	1,356,942	1,356,942		
b REPAIRS AND MAINTENANCE	21,323	5,348	12,086	3,889
c MISCELLANEOUS	12,165	6,026	4,743	1,396
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,996,541	3,272,125	353,819	370,597
26 Joint costs. Check here <input checked="" type="checkbox"/> 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1,011,630	<b>1</b> 30,982
	2 Savings and temporary cash investments . . . . .	1,510,297	<b>2</b> 2,215,371
	3 Pledges and grants receivable, net . . . . .	582,403	<b>3</b> 509,794
	4 Accounts receivable, net . . . . .	2,094	<b>4</b> 79,473
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	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 . . . . .		<b>6</b>
	7 Notes and loans receivable, net . . . . .		<b>7</b>
	8 Inventories for sale or use . . . . .		<b>8</b>
	9 Prepaid expenses and deferred charges . . . . .	91,700	<b>9</b> 64,490
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	1,584,407	
	b Less accumulated depreciation . . . . .	<b>10b</b> 732,531	893,774 <b>10c</b> 851,876
	11 Investments—publicly traded securities . . . . .	1,912,730	<b>11</b> 1,719,438
	12 Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	13 Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	14 Intangible assets . . . . .		<b>14</b>
	15 Other assets See Part IV, line 11 . . . . .	223,152	<b>15</b> 256,811
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,227,780	<b>16</b> 5,728,235
Liabilities	17 Accounts payable and accrued expenses . . . . .	334,206	<b>17</b> 282,636
	18 Grants payable . . . . .		<b>18</b>
	19 Deferred revenue . . . . .		<b>19</b>
	20 Tax-exempt bond liabilities . . . . .		<b>20</b>
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	25 Other liabilities Complete Part X of Schedule D . . . . .	1,595,695	<b>25</b> 1,359,942
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,929,901	<b>26</b> 1,642,578
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	3,797,368	<b>27</b> 3,540,534
	28 Temporarily restricted net assets . . . . .	283,698	<b>28</b> 292,989
	29 Permanently restricted net assets . . . . .	216,813	<b>29</b> 252,134
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	33 Total net assets or fund balances . . . . .	4,297,879	<b>33</b> 4,085,657
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	6,227,780	<b>34</b> 5,728,235

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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 . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number

22-1520408

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  **a**  Type I      **b**  Type II      **c**  Type III - Functionally integrated      **d**  Type III - Other

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</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		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the 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		►
17a <b>10%-facts-and-circumstances test—2009.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>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		►

**Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,401,547	4,134,438	3,967,926	5,119,708	3,503,631	20,127,250
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	11,334	77,565	-7,485	89,143	53,109	223,666
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						
<b>6 Total.</b> Add lines 1 through 5	<b>3,412,881</b>	<b>4,212,003</b>	<b>3,960,441</b>	<b>5,208,851</b>	<b>3,556,740</b>	<b>20,350,916</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6 )						<b>20,350,916</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	<b>3,412,881</b>	<b>4,212,003</b>	<b>3,960,441</b>	<b>5,208,851</b>	<b>3,556,740</b>	<b>20,350,916</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,425	128,448	179,743	148,599	120,901	707,116
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	<b>129,425</b>	<b>128,448</b>	<b>179,743</b>	<b>148,599</b>	<b>120,901</b>	<b>707,116</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	57,532	90,699	25,349	54,479	83,148	311,207
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	<b>3,599,838</b>	<b>4,431,150</b>	<b>4,165,533</b>	<b>5,411,929</b>	<b>3,760,789</b>	<b>21,369,239</b>

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

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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	95 230 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	95 840 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	3 310 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	2 970 %
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

UNITED WAY OF CENTRAL JERSEY INC

**Employer identification number**

22-1520408

**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 for any other purpose conferring 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 importantly land area

Protection of natural habitat  Preservation of a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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 Escrow and Custodial Arrangements.** Complete if the 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 the 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 . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

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 . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations . . . . .	Yes
(ii) related organizations . . . . .	No

(i) unrelated organizations .
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**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	<b>►</b>	

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

**Total** (Column (b)) should equal Form 990, Part X, col (B), line 13.

**Part IX Other Assets** See Form 990, Part X, line 15

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**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )</b>	<b>1,359,942</b>
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**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	3,681,779
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,996,541
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-314,762
4	Net unrealized gains (losses) on investments	4	102,540
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	102,540
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-212,222

**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	3,853,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	102,540
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	102,540
3	Subtract line 2e from line 1	3	3,750,586
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	-68,807
c	Add lines 4a and 4b	4c	-68,807
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	3,681,779

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

1	Total expenses and losses per audited financial statements	1	4,065,348
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	39,281
e	Add lines 2a through 2d	2e	39,281
3	Subtract line 2e from line 1	3	4,026,067
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	-29,526
c	Add lines 4a and 4b	4c	-29,526
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	3,996,541

**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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		DIRECT EXPENSE FROM SPECIAL EVENTS -39281 BUILDING RELATED EXPENDITURES -29526
Part XIII, Line 2d - Other Adjustments		DIRECT EXPENSE FROM SPECIAL EVENTS 39281
Part XIII, Line 4b - Other Adjustments		BUILDING RELATED EXPENDITURES -29526

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Employer identification number**

Name of the organization  
UNITED WAY OF CENTRAL JERSEY INC

**Employer identification number**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and e-mail solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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.

**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))
		<u>GOLF OUTING</u> (event type)	(event type)	<b>5</b> (total number)	
Revenue	1 Gross receipts . . .	38,030		15,079	53,109
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	38,030		15,079	53,109
Direct Expenses	4 Cash prizes . . .	1,250			1,250
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	19,821			19,821
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	6,216		11,994	18,210
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				39,281
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				13,828

**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 . . . .				
Direct Expenses	2 Cash prizes . . . .				
	3 Non-cash prizes . . . .				
	4 Rent/facility costs . . . .				
	5 Other direct expenses . .				
	6 Volunteer labor . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
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? . . . . .	<input type="checkbox"/> 12	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	. . . . .
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	. . . . .
<b>b</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)Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

2009

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

► Attach to Form 990

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL JERSEY INC

Employer identification number

22-1520408

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. ►

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 27

3 Enter total number of other organizations . . . . . ►

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 At minimum, agencies provide semi-annual detailed financial and program reports, more frequent reports may be required when indicated Site visits occur on a selected basis

**Software ID:**  
**Software Version:**  
**EIN:** 22-1520408  
**Name:** UNITED WAY OF CENTRAL JERSEY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(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
NJ 2-1-1C/O UNITED MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	37-1446108	501(C)(3)	28,050				24/7/365 Information & Referral Hotline
ANSHE EMETH COMM DEV CORP222 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3625904	501(C)(3)	11,563				Health Support Services
ARC OF MIDDLESEX COUNTY219 BLACKHORSE LANE NORTH BRUNSWICK, NJ 08902	22-1695038	501(C)(3)	24,488				Vocational & In-home Respite Services
CATHOLIC CHARITIES319 MAPLE STREET PERTH AMBOY, NJ 08861	22-2423496	501(C)(3)	519,298				Youth, Health, Vocational & Homeless Assistance
CENTRAL JERSEY LEGAL SERVICES317 GEORGE STREET SUITE 201 NEW BRUNSWICK, NJ 08901	21-0684259	501(C)(3)	102,500				Legal services to low-income population
CEREBRAL PALSY ASSOCIATIONOAK DRIVE ROOSEVELT PARK EDISON, NJ 08837	22-1554528	501(C)(3)	153,693				Transportation & Rehab services to Disabled
ELIJAH'S PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501(C)(3)	52,711				Food services to needy & culinary job training
FAMILY & COMMUNITY SERVICE SOMERSET339 WEST SECOND STREET BOUND BROOK, NJ 08805	22-1508565	501(C)(3)	7,073				Professional Counseling Services
FISH HOSPITALITY PROGRAMPO BOX 170 DUNELLEN, NJ 08812	22-3174032	501(C)(3)	9,150				Shelter care for families
HOMESHANNG120 FINDERNE AVE BRIDGEWATER, NJ 08807	22-2893508	501(C)(3)	5,541				Homelessness prevention & affordable housing program

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
INTERFAITH NETWORK OF CARE 62 SOUTH MAIN STREET MILLTOWN, NJ 08850	22-3437882	501(C)(3)	16,100				Transportation Program
JEWISH FAMILY & VOCATIONAL SERVICES 32 FORD AVE MILLTOWN, NJ 08850	22-2281774	501(C)(3)	60,446				Health, housing & meals services
JEWISH RENAISSANCE FOUNDATION 149 KEARNEY AVE PERTH AMBOY, NJ 08861	22-3439175	501(C)(3)	25,100				After school programming for school-aged youth
MC CHILD ASSULT PREVENTION 11 ELY AVE LAURENCE HARBOR, NJ 08879	22-2764504	501(C)(3)	13,190				Preschool program
MIPH60 KILMER RD EDISON, NJ 08817	22-2931870	501(C)(3)	38,724				Transitional housing programs
NEW JERSEY ASSCOCIATION ON CORRECTION 986 SOUTH BROAD STREET TRENTON, NJ 08611	22-1729877	501(C)(3)	45,571				Resource center in Middlesex County
NEW HOPE FOUNDATION 80 CONOVER ROAD MARLBORO, NJ 07746	22-2116914	501(C)(3)	6,250				Outpatient substance abuse treatment
PLANNED PARENTHOOD 69E NEWMANN SPRINGS RD SHREWSBURY, NJ 07702	21-0658062	501(C)(3)	59,017				Health services & Teen pregnancy prevention program
PUERTO RICAN ACTION BOARD 90 JERSEY AVE PO BOX 240 NEW BRUNSWICK, NJ 08903	22-1944440	501(C)(3)	41,986				Youth & Day care services, Housing counseling services
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT 100 FIRST STREET PERTH AMBOY, NJ 08861	22-2026610	501(C)(3)	63,386				Day care, Health & Independent Living programs

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
SOMERSET COUNTY COALITION ON AFFORDABLE HOUSING 600 FIRST AVE SUITE 3 RARITAN, NJ 08869	22-2928661	501(C)(3)	12,375				Housing counseling services
SOMERSET COUNTY VOCATIONAL HIGH SCHOOL FOUNDATION PO BOX 6124 BRIDGEWATER, NJ 08807	52-1872198	501(C)(3)	11,600				Vocational training for youth during the summer and after school
SOUTH COUNTY DAY CARE 56 MAIN STREET HELMETTA, NJ 08828	22-2165899	501(C)(3)	19,645				Pre-school & summer care programs
VISITING NURSE ASSCIATION176 RIVERSIDE AVE RED BANK, NJ 07701	21-0639369	501(C)(3)	24,926				Indigent home care
VSA ARTS OF NEW JERSEY 703 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	22-2336037	501(C)(3)	14,385				Autistic education services
WOMEN AWARE PO BOX 312 NEW BRUNSWICK, NJ 08902	22-2374378	501(C)(3)	78,144				Battered womens shelter, legal advocacy services
YM-YWHA OF RARITAN VALLEY 32 FORD AVE MILLTOWN, NJ 08850	22-1508584	501(C)(3)	7,768				Senior nutrition program

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number

22-1520408

## 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 . . . . .	X		105,185	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( _____ )				
26 Other ►( _____ )				
27 Other ►( _____ )				
28 Other ►( _____ )				
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 Acknowledgement . . . . .			29	

	Yes	No
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? . . . . .	30a	No
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?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
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		

**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.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.**

**Name of the organization**

UNITED WAY OF CENTRAL JERSEY INC

**Employer identification number**

22-1520408

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES
Form 990, Part VI, Section B, line 12c		UNITED WAY OF CENTRAL JERSEY ADHERES TO AN ADOPTED 'CODE OF ETHICS' FOR VOLUNTEERS AND STAFF, WHICH POLICY INCLUDES PROVISIONS FOR FULL AND FAIR DISCLOSURE BOARD AND STAFF MEMBERS ANNUALLY VERIFY REVIEW AND COMPLIANCE WITH THE CODE-OF-ETHICS POLICY. UWCJ PRACTICE REQUIRES BOARD AND PROFESSIONAL STAFF TO DISCLOSE POTENTIAL CONFLICTS AND/OR THE POTENTIAL APPEARANCE OF CONFLICT, AND RECUSE THEMSELVES FROM DISCUSSION AND VOTE ON ANY SUCH MATTERS
Form 990, Part VI, Section B, line 15a		EACH MEMBER OF THE UNITED WAY OF CENTRAL JERSEY STAFF RECEIVES ANNUAL PERFORMANCE REVIEW PREPARED BY THE SUPERVISORY STAFF, APPROVED BY THE PRESIDENT AND PROVIDED TO THE OFFICERS OF THE BOARD WHO CONSTITUTE THE PERSONNEL COMMITTEE. THE PRESIDENT'S PERFORMANCE REVIEW IS CONDUCTED BY THE CHAIR/CVO AND REVIEWED BY THE PERSONNEL COMMITTEE. THE PRESIDENT PREPARES SALARY INCREMENT RECOMMENDATIONS WHICH ARE SHARED WITH THE CVO FOR GUIDANCE AND INPUT PRIOR TO SUBMISSION OF RECOMMENDATIONS TO THE PERSONNEL COMMITTEE
Form 990, Part VI, Section C, line 18		UNITED WAY OF CENTRAL JERSEY'S 990 IS AVAILABLE THROUGH GUIDESTAR.ORG TO REGISTERED MEMBERS AND UPON REQUEST AT UNITED WAY OF CENTRAL JERSEY'S OFFICE. A PDF OF THE PUBLIC PORTION OF THE UWCJ 990 IS ALSO POSTED ON THE UWCJ WEBSITE
Form 990, Part VI, Section C, line 19		UNITED WAY OF CENTRAL JERSEY MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST FOR SAME. IN 2010, UNITED WAY PLANS TO UPDATE ITS WEBSITE WITH LINKS TO ITS PUBLIC DOCUMENTS
PART XI, LINE 2C	AUDIT COMMITTEE AND SELECTION OF INDEPENDENT ACCOUNTANT	THE UWCJ FINANCE COMMITTEE SELECTS AND PROVIDES OVERSIGHT OVER THE INDEPENDENT ACCOUNTING FIRM THAT CONDUCTS THE ANNUAL INDEPENDENT AUDIT. THE FIRM WAS SELECTED BASED ON RESPONSES TO A REQUEST-FOR-PROPOSAL LAST ISSUED IN 2009. THE FINANCE COMMITTEE RECEIVES AND REVIEWS MONTHLY FINANCIAL REPORTS. ADDITIONALLY, THE FINANCE COMMITTEE MEETS WITH REPRESENTATIVES OF THE INDEPENDENT ACCOUNTING FIRM TO REVIEW THE ANNUAL AUDIT REPORT

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-1520408  
**Name:** UNITED WAY OF CENTRAL JERSEY INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code	(Expenses \$	1,129,693 including grants of \$	) (Revenue \$	39,618 )
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DIFFERENTIAL RESPONSE United Way of Central Jersey manages this program for the State of New Jersey Department of Children and Families, Division of Prevention and Community Partnerships The program strengthens financially fragile and otherwise challenged children and their families INITIATIVES STUFF-THE-BUS United Way of Central Jersey collects and distributes backpacks and school supplies to enable lower-income children to begin the school year ready to learn HOLIDAY ADOPT-A-FAMILY United Way of Central Jersey collects and distributes end-of-the-year 'wish list' holiday gifts to enable lower-income children to enjoy the holidays ADDITIONAL SERVICES TO THE NON-PROFIT COMMUNITY United Way of Central Jersey is committed to be of assistance to the local non-profit community by providing assistance with special or emergency funding, technical assistance and guidance during challenging times UWCJ also provides in-kind and below-market-rate office space, as well as space for small and larger nonprofit group meetings

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
JOSEPH P NIRSCL PhD CHIEF VOLUNTEER OFFICER	3 00	X		X				0	0	0
LAWRENCE P O'CONNELL FIRST VICE CHAIR	3 00	X		X				0	0	0
JANE LEAL VICE CHAIR, BRAND STRATE	3 00	X		X				0	0	0
CAMILLA LAURICELLA VICE CHAIR, COMMUNITY NE	3 00	X		X				0	0	0
ELIZABETH HANCE TREASURER	3 00	X		X				0	0	0
RICHARD WILDNAUER SECRETARY	3 00	X		X				0	0	0
JEFF ACKERMAN TRUSTEE	1 00	X						0	0	0
AGNES BARENTI TRUSTEE	2 00	X						0	0	0
JOHN BICSKO JR TRUSTEE	1 00	X						0	0	0
MADIHA BORAIE TRUSTEE	2 00	X						0	0	0
TIFFANY EDMONDS TRUSTEE	1 00	X						0	0	0
JUSTIN J FOOTERMAN TRUSTEE	2 00	X						0	0	0
NANETTE B GALLAGHER TRUSTEE	1 00	X						0	0	0
BRUCE GANDARILLAS TRUSTEE	1 00	X						0	0	0
MURIEL GRIMMETT TRUSTEE	1 00	X						0	0	0
JO ANN LA-PERLA MORALES TRUSTEE	1 00	X						0	0	0
JESSE LAZARUS TRUSTEE	2 00	X						0	0	0
NANCY MARTIN TRUSTEE	1 00	X						0	0	0
JOHN MORGAN TRUSTEE	2 00	X						0	0	0
THOMAS SEILHEIMER TRUSTEE	1 00	X						0	0	0
NADINE STODDART TRUSTEE	1 00	X						0	0	0
ROBERT TAGLIENTE TRUSTEE	1 00	X						0	0	0
STEPHEN TOMICKI TRUSTEE	1 00	X						0	0	0
SHARON TUCKER-BROWN TRUSTEE	1 00	X						0	0	0
MARKE T ZENZ TRUSTEE	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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	Office	Key employee	Highest compensated employee	Former	
GLORIA AFTANSKI PRESIDENT, CPO	35 00			X			127,778	0 6,825
STUART GRANT SENIOR VP, COMM INV	35 00			X			113,960	0 7,698