



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF CENTRAL JERSEY INC	D Employer identification number 22-1520408
		Doing Business As	E Telephone number (732) 247-3727
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 210 32 FORD AVE	G Gross receipts \$ 6,678,699
		City or town, state or country, and ZIP + 4 MILLTOWN, NJ 08850	
		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 H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UWCJ.ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1930	M State of legal domicile NJ
--	---------------------------------	-------------------------------------

Part I

Summary

Activities & Governance	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 <input checked="" type="checkbox"/> 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			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,119,708	3,503,631
	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
Expenses	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
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	6,227,780	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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	***** Signature of officer		2010-11-15 Date	
	GLORIA AFTANSKI PRESIDENT, CPO Type or print name and title			
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 underserved 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

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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	5		
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 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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 	9		No
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 	10		No
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.	11	Yes	
	• 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 	12	Yes	
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	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
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	15		No
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	16		No
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	17		No
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	18	Yes	
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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	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	1a	1		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	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	2a	24		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	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?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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
1a	Enter the number of voting members of the governing body	1a	26	
b	Enter the number of voting members that are independent	1b	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

1b	Total	241,738	0	14,523
-----------	------------------------	---------	---	--------

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,503,631				
	g	Noncash contributions included in lines 1a-1f \$ 105,185						
	h	Total. Add lines 1a-1f			3,503,631			
Program Service Revenue			Business Code					
	2a	COMMUNITY PROGRAM INCO	624,200	39,618	39,618			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			39,618			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			61,788		61,788	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents		59,113				
		b	Less rental expenses	29,526				
		c	Rental income or (loss)	29,587				
	d	Net rental income or (loss)			29,587		29,587	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		2,878,292				
		b	Less cost or other basis and sales expenses	2,928,113				
		c	Gain or (loss)	-49,821				
	d	Net gain or (loss)			-49,821		-49,821	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a	53,109			
		b	Less direct expenses	b	39,281			
		c	Net income or (loss) from fundraising events . .			13,828		13,828
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances		a				
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATIVE FEE	900,099	82,237	82,237				
b	MISCELLANEOUS	900,099	911	911				
c								
d	All other revenue							
e	Total. Add lines 11a-11d			83,148				
12	Total revenue. 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 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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,011,630	1	30,982
	2	Savings and temporary cash investments			1,510,297	2	2,215,371
	3	Pledges and grants receivable, net			582,403	3	509,794
	4	Accounts receivable, net			2,094	4	79,473
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			91,700	9	64,490
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,584,407	893,774	10c	851,876
	b	Less accumulated depreciation	10b	732,531			
	11	Investments—publicly traded securities			1,912,730	11	1,719,438
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			223,152	15	256,811
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,227,780	16	5,728,235
Liabilities	17	Accounts payable and accrued expenses			334,206	17	282,636
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,595,695	25	1,359,942
	26	Total liabilities. Add lines 17 through 25			1,929,901	26	1,642,578
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,797,368	27	3,540,534
	28	Temporarily restricted net assets			283,698	28	292,989
	29	Permanently restricted net assets			216,813	29	252,134
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,297,879	33	4,085,657
	34	Total liabilities and net assets/fund balances			6,227,780	34	5,728,235

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
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 . . .		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- 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 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)

(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	
Total									

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 Total. 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 Public Support. 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 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 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						
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 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport 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
1Gifts, 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
2Gross 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
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	3,412,881	4,212,003	3,960,441	5,208,851	3,556,740	20,350,916
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						20,350,916

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	3,412,881	4,212,003	3,960,441	5,208,851	3,556,740	20,350,916
10aGross 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
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	129,425	128,448	179,743	148,599	120,901	707,116
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other 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
13Total support (Add lines 9, 10c, 11 and 12.)	3,599,838	4,431,150	4,165,533	5,411,929	3,760,789	21,369,239
14First 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	95.230 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	95.840 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	3.310 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.970 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the 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

(ii) related organizations

3a(i)

Yes

No

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000		40,000
b Buildings		1,396,357	598,127	798,230
c Leasehold improvements				
d Equipment		148,050	134,404	13,646
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				851,876

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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
		<u>GOLF OUTING</u> (event type)	 (event type)	<u>5</u> (total number)	(Add col (a) through col (c))
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			
	2	Cash prizes			
Direct Expenses	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	
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 ▶					

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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.

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

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

[illegible]

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 SERVCIES317 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
HOMESHANNNG120 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

(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
INTERFAITH NETWORK OF CARE62 SOUTH MAIN STREET MILLTOWN,NJ 08850	22-3437882	501(C)(3)	16,100				Transportation Program
JEWISH FAMILY & VOCATIONAL SERVICES32 FORD AVE MILLTOWN,NJ 08850	22-2281774	501(C)(3)	60,446				Health, housing & meals services
JEWISH RENAISSANCE FOUNDATION149 KEARNEY AVE PERTH AMBOY,NJ 08861	22-3439175	501(C)(3)	25,100				After school programming for school-aged youth
MC CHILD ASSULT PREVENTION11 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 ASSOCIATION ON CORRECTION986 SOUTH BROAD STREET TRENTON,NJ 08611	22-1729877	501(C)(3)	45,571				Resource center in Middlesex County
NEW HOPE FOUNDATION80 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 BOARD90 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 DEVELOPMENT100 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

(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
SOMERSET COUNTY COALITION ON AFFORDABLE HOUSING600 FIRST AVE SUITE 3 RARITAN, NJ 08869	22-2928661	501(C)(3)	12,375				Housing counseling services
SOMERSET COUNTY VOCATIONAL HIGH SCHOOL FOUNDATIONPO 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 CARE56 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 JERSEY703 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	22-2336037	501(C)(3)	14,385				Autistic education services
WOMEN AWAREPO BOX 312 NEW BRUNSWICK, NJ 08902	22-2374378	501(C)(3)	78,144				Battered womens shelter, legal advocacy services
YM-YWHA OF RARITAN VALLEY32 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 Inspection

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

SCHEDULE O
 (Form 990)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

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 AN 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 REVIEWD BE 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 AVAIALABLE 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)
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 andotherwise 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-kindand 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
		Individual trustee or director	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 BICKSKO 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
JOANN 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
MARK T ZENZ TRUSTEE	1 00	X						0	0	0

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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