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

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

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 GREATER MERCER COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3131 PRINCETON PIKE, BLDG 4 113 City or town, state or country, and ZIP + 4 LAWRENCEVILLE, NJ 08648 F Name and address of principal officer: HERBERT KLEIN SAME AS C ABOVE	D Employer identification number 21-0683073 E Telephone number (609)896-1912 G Gross receipts \$ 6,400,708. 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.LIVEUNITEDGREATERMERCER.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: 1941 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITY. UNITED WAY PARTNERS WITH LOCAL 2 Check this box <input 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 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of employees (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 998 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) 5,707,164. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 79,855. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 130,370. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,428. 5,787,019. 5,248,558.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,302,317. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,673,526. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,355,928. b Total fundraising expenses (Part IX, column (D), line 25) 1,075,981. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 614,379. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 617,729. 6,272,624. 5,367,236. 19 Revenue less expenses Subtract line 18 from line 12 <485,605.> <118,678.>	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,117,431. 21 Total liabilities (Part X, line 26) 5,140,668. 22 Net assets or fund balances Subtract line 21 from line 20 1,869,209. 3,248,222. 2,040,317. 3,100,351.		

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 HERBERT KLEIN III, PRESIDENT & CEO Type or print name and title	Date 2-MAY-2011
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 MERCADIAN, P.C. P.O. BOX 7648 PRINCETON, NJ 08543-7648	Date 4/26/11 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 609-689-9700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
UNITED WAY OF GREATER MERCER COUNTY (UWGMC) IS COMMITTED TO SERVE OUR
COMMUNITY, WORKING TO ENSURE A SOUND HUMAN CONDITION FOR EVERY MEMBER
OF OUR COMMUNITY. IT STRIVES TO BE THE MOST RESPONSIVE, EFFECTIVE AND
EFFICIENT PROVIDER OF RESOURCES. TO ACCOMPLISH ITS PURPOSES, UNITED
- 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 \$ 398,425. including grants of \$ 284,228.) (Revenue \$)
HELPING CHILDREN SUCCEED- EDUCATION COLLABORATIONS:
UWGMC FUNDS THREE COLLABORATIONS THAT HELP CHILDREN GET READY FOR
SCHOOL, ASSIST TEENAGERS TO STAY IN SCHOOL AND BECOME WORK-READY, AND
DEVELOP PARENTAL SKILLS SO PARENTS CAN BECOME MORE INVOLVED IN THEIR
CHILDREN'S LIVES.
- 4b (Code:) (Expenses \$ 881,412. including grants of \$ 663,037.) (Revenue \$)
FOSTERING SELF-SUFFICIENCY- INCOME COLLABORATIONS:
UWGMC FUNDS FOUR COLLABORATIONS THAT WORK TO BUILD FAMILY STABILITY AND
HELP FAMILIES TO REACH ECONOMIC SELF-SUFFICIENCY.
- 4c (Code:) (Expenses \$ 498,826. including grants of \$ 362,973.) (Revenue \$)
CARING FOR SENIORS AND PEOPLE WITH DISABILITIES- HEALTH COLLABORATIONS:
UWGMC FUNDS TWO COLLABORATIONS THAT WORK WITH SENIORS AND PEOPLE WITH
DISABILITIES TO KEEP THEM HEALTHY IN THEIR OWN HOMES, INCREASE THEIR
SOCIALIZATION AND SUSTAIN CONNECTIONS IN THE COMMUNITY, AND DECREASE
THEIR DEPRESSION, ANXIETY AND ISOLATION. EACH PROJECT DELIVERS A "NO
WRONG DOOR" SCREENING, UNIFORM ASSESSMENT, AND COORDINATED CARE
MANAGEMENT SERVICE IN THEIR HOME.
- 4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,418,490. including grants of \$ 2,363,288.) (Revenue \$)
- 4e Total program service expenses ► \$ 4,197,153.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a 2		
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	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 16		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
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		X
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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		

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

Section A. Governing Body and Management

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
THE ORGANIZATION - 609-896-1912
3131 PRINCETON PIKE, BLDG 4, NO. 113, LAWRENCEVILLE, NJ 08648

Form 990 (2009)

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
MICHAEL CONLAN BOARD CHAIR	4.00	X		X				0.	0.	0.
ANA BERDECIA VICE CHAIR	2.00	X		X				0.	0.	0.
MATTHEW GRAGLIA TREASURER	2.00	X		X				0.	0.	0.
TANUJA DEHNE SECRETARY	2.00	X		X				0.	0.	0.
L. DIANE CAMPBELL TRUSTEE	1.00	X						0.	0.	0.
EILEEN CONWAY TRUSTEE	1.00	X						0.	0.	0.
YVETTE DONADO TRUSTEE	1.00	X						0.	0.	0.
EUGENE MARSH IMMEDIATE PAST BOARD CHAIR	1.00	X						0.	0.	0.
VITO MASTRO TRUSTEE	1.00	X						0.	0.	0.
ELAINE R. MOORIN TRUSTEE	2.00	X						0.	0.	0.
MATTHEW MURPHY TRUSTEE	2.00	X						0.	0.	0.
SCOTT NELSON TRUSTEE	1.00	X						0.	0.	0.
SCOTT PURO TRUSTEE	1.00	X						0.	0.	0.
BRIAN RATH TRUSTEE	1.00	X						0.	0.	0.
ELLINOR RIGGS TRUSTEE	2.00	X						0.	0.	0.
STEVEN RODRIGUEZ TRUSTEE	1.00	X						0.	0.	0.
JOHN SAMBORSKI TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG LAFFERTY PRESIDENT & CEO	36.00			X				162,584.	0.	36,444.
DONNA SCHWENZER SR VP & CFO	36.00			X				97,172.	0.	26,922.
1b Total								259,756.	0.	63,366.

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 **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including 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	1 a Federated campaigns	1a 112,495.				
	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 499,526.5.				
	g Noncash contributions included in lines 1a-1f \$	115,729.				
	h Total. Add lines 1a-1f		510,776.0.			
Program Service Revenue	2 a _____ Business Code _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,951.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross Rents		(i) Real 10,428.				
b Less: rental expenses						
c Rental income or (loss)		10,428.				
d Net rental income or (loss)			10,428.			10,428.
7 a Gross amount from sales of assets other than inventory		(i) Securities 1,230,569.	(ii) Other			
b Less: cost or other basis and sales expenses		1,152,150.				
c Gain or (loss)		78,419.				
d Net gain or (loss)			78,419.			78,419.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		524,855.8.	0.	0.	140,798.	

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	3,673,526.	3,673,526.		
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	245,105.	128,638.	109,114.	7,353.
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	592,015.	177,319.	101,511.	313,185.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,147.	16,666.	9,083.	31,398.
9 Other employee benefits	104,506.	29,225.	30,773.	44,508.
10 Payroll taxes	77,208.	26,800.	18,332.	32,076.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	25,000.		20,000.	5,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	37,893.	1,461.	32,279.	4,153.
12 Advertising and promotion	8,986.	2,352.	4,318.	2,316.
13 Office expenses	84,470.	19,975.	32,177.	32,318.
14 Information technology				
15 Royalties				
16 Occupancy	202,650.	52,796.	66,484.	83,370.
17 Travel	13,094.	2,695.	1,980.	8,419.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,585.	4,386.	5,428.	2,771.
20 Interest				
21 Payments to affiliates	18,550.	4,530.	8,314.	5,706.
22 Depreciation, depletion, and amortization	6,989.	1,670.	3,066.	2,253.
23 Insurance	14,205.	3,395.	6,231.	4,579.
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 CONTINGENT RETIREMENT B	87,917.		87,917.	
b PRINTING AND MATERIALS	74,158.	16,682.	915.	56,561.
c 211 CONTRACT SERVICES	40,867.	40,867.	0.	0.
d MISC REIMBURSEMENTS	<9,635.>	<5,830.>	<2,838.>	<967.>
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,367,236.	4,197,153.	535,084.	634,999.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	107,024.
	2 Savings and temporary cash investments	1,576,207.	2	731,822.
	3 Pledges and grants receivable, net	2,460,621.	3	2,277,041.
	4 Accounts receivable, net		4	
	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	30,770.	9	14,603.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 235,666.		
	b Less: accumulated depreciation	10b 209,294.	10c	26,372.
	11 Investments - publicly traded securities	685,851.	11	1,668,811.
	12 Investments - other securities. See Part IV, line 11	116,962.	12	133,024.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	218,224.	15	181,971.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,117,431.	16	5,140,668.	
Liabilities	17 Accounts payable and accrued expenses	68,852.	17	280,509.
	18 Grants payable	568,680.	18	545,943.
	19 Deferred revenue	8,397.	19	1,864.
	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	1,223,280.	25	1,212,001.
	26 Total liabilities. Add lines 17 through 25	1,869,209.	26	2,040,317.
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	2,610,131.	27	2,456,064.
	28 Temporarily restricted net assets	612,069.	28	618,265.
	29 Permanently restricted net assets	26,022.	29	26,022.
	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	3,248,222.	33	3,100,351.
	34 Total liabilities and net assets/fund balances	5,117,431.	34	5,140,668.

Form 990 (2009)

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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 separate 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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 GREATER MERCER COUNTY

Employer identification number

21-0683073

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 described in **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 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)		

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	10,332,190.	10,261,340.	7,976,065.	5,707,164.	5,107,760.	39,384,519.
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	10,332,190.	10,261,340.	7,976,065.	5,707,164.	5,107,760.	39,384,519.
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)						984,594.
6 Public support. Subtract line 5 from line 4						38,399,925.

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	10,332,190.	10,261,340.	7,976,065.	5,707,164.	5,107,760.	39,384,519.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,957.	146,378.	147,862.	79,855.	62,379.	560,431.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						39,944,950.
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.13 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.68 %
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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 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 ☐

b 33 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 ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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 GREATER MERCER COUNTY

Employer identification number

21-0683073

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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	525,684.	668,621.			
b Contributions	11,142.	24,404.			
c Net investment earnings, gains, and losses	46,646.	<167,341.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	583,472.	525,684.			

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

- a Board designated or quasi-endowment ► 95.54 %
 b Permanent endowment ► 4.46 %
 c Term endowment ► %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,900.	2,054.	2,846.
d Equipment		230,766.	207,240.	23,526.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				26,372.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,248,558.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,367,236.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<118,678.>
4	Net unrealized gains (losses) on investments	4	<29,193.>
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 through 8	9	<29,193.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<147,871.>

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	3,064,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<29,193.>
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	<29,193.>
3	Subtract line 2e from line 1	3	3,093,496.
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	2,155,062.
c	Add lines 4a and 4b	4c	2,155,062.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,248,558.

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

1	Total expenses and losses per audited financial statements	1	3,212,174.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,212,174.
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	2,155,062.
c	Add lines 4a and 4b	4c	2,155,062.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,367,236.

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, line 2; 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.

PART V, LINE 4: UWGMC'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL FUNDS

ESTABLISHED FOR COMMUNITY SERVICE PROGRAMS. ITS ENDOWMENT INCLUDES BOTH
DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD TO
FUNCTION AS ENDOWMENTS.

PART X: THE FASB ISSUED NEW GUIDANCE ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. THE UWGMC ADOPTED THIS NEW GUIDANCE FOR THE
YEAR ENDED JUNE 30, 2010. MANAGEMENT EVALUATED THE UWGMC'S TAX POSITIONS

Part XIV Supplemental Information (continued)

AND CONCLUDED THAT THE UWGMC HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE UWGMC IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE JUNE 30, 2007.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 2155062.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 2155062.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

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. ▶ ☐

1 (a) Name and address of organization or government

(b) EIN

(c) IRC section if applicable

(d) Amount of cash grant

(e) Amount of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

HOMEFRONT

1880 PRINCETON AVENUE

LAWRENCEVILLE, NJ 08648

22-3165145

501(C)(3)

23,406.

0.

DONOR DESIGNATION

BOYS & GIRLS CLUB OF

TRENTON/MERCER COUNTY - 212 CENTRE

STREET - TRENTON, NJ 08611

21-0634556

501(C)(3)

7,601.

0.

DONOR DESIGNATION

CATHOLIC CHARITIES

383 W. STATE STREET

TRENTON, NJ 08607

21-0634494

501(C)(3)

7,046.

0.

DONOR DESIGNATION

MOUNT CARMEL GUILD

73 N. CLINTON AVE

TRENTON, NJ 08609

21-0675183

501(C)(3)

5,144.

0.

DONOR DESIGNATION

WOMANSPACE, INC.

1212 STUYVESANT AVE

TRENTON, NJ 08611

22-2172522

501(C)(3)

16,780.

0.

DONOR DESIGNATION

RESCUE MISSION OF TRENTON

98 CARROLL STREET

TRENTON, NJ 08609

21-0656182

501(C)(3)

12,598.

0.

DONOR DESIGNATION

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

3 Enter total number of other organizations

73.
0.

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

Schedule I (Form 990) 2009

(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.

SCHEDULE I, PART I, LINE 2: UWGMC HAS ESTABLISHED THREE VISION COUNCILS

COMPRISED OF COMMUNITY VOLUNTEERS AS WELL AS UNITED WAY STAFF TO MONITOR

CURRENTLY FUNDED PROJECTS AND INITIATIVES. THE VISION COUNCILS REVIEW

REQUIRED REPORTS, CONDUCT SITE VISITS ON A REGULAR BASIS THROUGHOUT THE

GRANT CYCLE AND ASSESS WHETHER THE PROGRAM IS ACCOMPLISHING ITS STATED

GOALS. THE COUNCILS ALSO CONTINUALLY ASSESS THE CHANGING COMMUNITY NEEDS,

AND RECOMMEND NEW OR REVISED FUNDING AS NEEDED. A SECOND METHOD OF FUNDING

PROVIDED BY UNITED WAY IS THOUGH DONOR DESIGNATIONS, UWGMC ALLOWS EACH

DONOR TO SELF SELECT A 501 (C)(3)HEALTH AND HUMAN SERVICE ORGANIZATION.

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number
21-0683073

UNITED WAY OF GREATER MERCER COUNTY

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	8,661.	0.			DONOR DESIGNATION		
AUTISM NEW JERSEY, INC. 500 HORIZON DRIVE ROBBINSVILLE, NJ 08691	22-2129739	501(C)(3)	5,846.	0.			DONOR DESIGNATION		
GLOBAL IMPACT P. O. BOX 409616 ATLANTA, NJ 30384-9616	52-1273585	501(C)(3)	60,978.	0.			DONOR DESIGNATION		
COMMUNITY HEALTH CHARITIES OF NJ 23 NORTH RHODA STREET MONROE TWP., NJ 08831	22-2614885	501(C)(3)	187,447.	0.			DONOR DESIGNATION		
UNITED NEGRO COLLEGE FUND, INC. 9-25 ALLING STREET NEWARK, NJ 07102	13-1624241	501(C)(3)	49,259.	0.			DONOR DESIGNATION		
UNITED WAY OF ATLANTIC COUNTY 4 EAST JIMMIE LEEDS ROAD GALLOWAY, NJ 08205	21-0646540	501(C)(3)	34,097.	0.			DONOR DESIGNATION		
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE PARAMUS, NJ 07652	22-6028959	501(C)(3)	6,399.	0.			DONOR DESIGNATION		
UNITED WAY OF BLOOMFIELD 385 BROAD STREET BLOOMFIELD, NJ 07003	22-1641736	501(C)(3)	7,347.	0.			DONOR DESIGNATION		

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

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Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER MERCER COUNTY

21-0683073

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF BURLINGTON COUNTY, INC. - 595 BEVERLY-RANCOCAS ROAD - RANCOCAS, NJ 08073-0026	21-0696817	501(C)(3)	36,612.	0.			DONOR DESIGNATION		
UNITED WAY OF CAMDEN COUNTY 196 NEWTON AVENUE CAMDEN, NJ 08103	21-0715353	501(C)(3)	34,158.	0.			DONOR DESIGNATION		
UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850	22-1520408	501(C)(3)	31,608.	0.			DONOR DESIGNATION		
UNITED WAY OF ESSEX & WEST HUDSON 303-09 WASHINGTON STREET NEWARK, NJ 07102-2718	22-6069078	501(C)(3)	25,206.	0.			DONOR DESIGNATION		
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT ROAD THOROFARE, NJ 08086	21-6006822	501(C)(3)	26,914.	0.			DONOR DESIGNATION		
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVENUE JERSEY CITY, NJ 07306	22-1487218	501(C)(3)	6,799.	0.			DONOR DESIGNATION		
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD. FLEMINGTON, NJ 08822	22-2431065	501(C)(3)	11,211.	0.			DONOR DESIGNATION		
UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	36,935.	0.			DONOR DESIGNATION		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
21-0683073

UNITED WAY OF GREATER MERCER COUNTY

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	UNITED WAY OF MORRIS COUNTY PO BOX 1948 MORRISTOWN, NJ 07962	22-1487247	501(C)(3)	8,926.	0.			DONOR DESIGNATION	
	UNITED WAY OF OCEAN COUNTY PO BOX 1221 TOMS RIVER, NJ 08754-1221	22-2148978	501(C)(3)	10,726.	0.			DONOR DESIGNATION	
	UNITED WAY OF PASSAIC COUNTY 20 MILL STREET PATERSON, NJ 07501	22-6070498	501(C)(3)	8,105.	0.			DONOR DESIGNATION	
	UNITED WAY OF SALEM COUNTY 203 EAST BROADWAY SALEM, NJ 08079	21-0688785	501(C)(3)	11,220.	0.			DONOR DESIGNATION	
	SOMERSET COUNTY UNITED WAY 1011 ROUTE 22, WEST, 2ND FL. BRIDGEWATER TOWNSHIP, NJ 08807	22-1627729	501(C)(3)	15,441.	0.			DONOR DESIGNATION	
	UNITED WAY OF SUSSEX COUNTY 120 HAMPTON HOUSE RD. NEWTON, NJ 07860	22-2446480	501(C)(3)	6,324.	0.			DONOR DESIGNATION	
	UNITED WAY OF GREATER UNION COUNTY 33 WEST GRAND STREET ELIZABETH, NJ 07202-1410	22-1904427	501(C)(3)	15,190.	0.			DONOR DESIGNATION	
	UNITED WAY OF GREATER CUMBERLAND COUNTY - 629 E. WOOD ST. - VINELAND, NJ 08360	22-2704399	501(C)(3)	10,379.	0.			DONOR DESIGNATION	

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER MERCER COUNTY

21-0683073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WARREN COUNTY 37 BELVIDERE AVE. WASHINGTON, NJ 07882	22-3523027	501(C)(3)	5,274.	0.			DONOR DESIGNATION
AMERICA'S CHARITIES 14150 NEWBROOK DR. CHANTILLY, NJ 20151	54-1517707	501(C)(3)	86,519.	0.			DONOR DESIGNATION
EARTHSHARE NEW JERSEY 425 GREENWOOD AVENUE TRENTON, NJ 08609	22-3323080	501(C)(3)	46,988.	0.			DONOR DESIGNATION
INDEPENDENT CHARITIES OF AMERICA P.O. BOX 45753 SAN FRANCISCO, NJ 94145-0302	94-3067804	501(C)(3)	181,421.	0.			DONOR DESIGNATION
UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS, NJ 19030	23-1409706	501(C)(3)	5,812.	0.			DONOR DESIGNATION
WOMEN'S FUND OF NEW JERSEY 355 CHESTNUT STREET UNION, NJ 07083	22-3378734	501(C)(3)	9,940.	0.			DONOR DESIGNATION
THE HOUSE OF CHARITY 631 MARKET ST. CAMDEN, NJ 08102	21-0634498	501(C)(3)	17,331.	0.			DONOR DESIGNATION
ROWAN UNIVERSITY FOUNDATION INC. 201 MULLICA HILL RD. GLASSBORO, NJ 08028	22-2482802	501(C)(3)	19,530.	0.			DONOR DESIGNATION

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER MERCER COUNTY

21-0683073

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF THE UNIVERSITY OF MED. & DENT - 120 ALBANY ST., TOWER 11 - NEW BRUNSWICK, NJ 08901	23-7313160	501(C)(3)	13,248.	0.			DONOR DESIGNATION
AMERICAN INSTITUTE FOR CANCER RESEARCH - 1759 R. STREET - NW WASHINGTON, NJ 20009	52-1238026	501(C)(3)	5,555.	0.			DONOR DESIGNATION
ANCHOR HOUSE 482 CENTRE STREET TRENTON, NJ 08611	22-2229995	501(C)(3)	9,131.	0.			DONOR DESIGNATION
COMMUNITY FOODBANK OF NEW JERSEY, INC. - 31 EVANS TERMINAL ROAD - HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,819.	0.			DONOR DESIGNATION
SPECIAL OLYMPICS NEW JERSEY 3 PRINCESS RD. LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	9,723.	0.			DONOR DESIGNATION
TRENTON AREA SOUP KITCHEN (TASK), INC. - PO BOX 872 - TRENTON, NJ 08605	22-2392881	501(C)(3)	89,417.	0.			DONOR DESIGNATION
MARTIN HOUSE COMMUNITY FOR JUSTICE FDN - 794 E. STATE ST. - TRENTON, NJ 08606	22-2932685	501(C)(3)	10,125.	0.			DONOR DESIGNATION
SUNSHINE FOUNDATION 1041 MILL CREEK DRIVE FEASTERTVILLE, NJ 19053	23-2044056	501(C)(3)	9,570.	0.			DONOR DESIGNATION

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER MERCER COUNTY

21-0683073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG SCHOLARS' INSTITUTE 349 WEST STATE STREET TRENTON, NJ 08618	22-3051022	501(C)(3)	5,192.	0.			DONOR DESIGNATION
ATLANTIC CITY RESCUE MISSION 2009 BACHARACH BLVD. ATLANTIC CITY, NJ 08404	22-6076337	501(C)(3)	8,026.	0.			DONOR DESIGNATION
R. STOCKTON STATE COLLEGE OF NJ FOUNDATION - P.O. BOX 195 - POMONA, NJ 08240-0195	22-1957406	501(C)(3)	7,263.	0.			DONOR DESIGNATION
SALVATION ARMY, TRENTON CITADEL CORPS - 575 E. STATE STREET - TRENTON, NJ 08609	13-5562351	501(C)(3)	5,455.	0.			DONOR DESIGNATION
CATHEDRAL SOUP KITCHEN, INC. 1514 FEDERAL STREET CAMDEN, NJ 08105	22-3114500	501(C)(3)	8,150.	0.			DONOR DESIGNATION
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, NJ 84741	23-7147797	501(C)(3)	10,436.	0.			DONOR DESIGNATION
PUPPIES BEHIND BARS 10 EAST 40TH ST. NEW YORK, NJ 10016	13-3969389	501(C)(3)	9,980.	0.			DONOR DESIGNATION
ANIMAL SANCTUARY SOCIETY, INC. 107 FAIRWAY TERRACE MT. LAUREL, NJ 08054	26-0009185	501(C)(3)	7,473.	0.			DONOR DESIGNATION

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER MERCER COUNTY

21-0683073

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DIABETES FOUNDATION, INC. 13 SUNFLOWER AVENUE PARAMUS, NJ 07652	22-3551926	501(C)(3)	6,158.	0.			DONOR DESIGNATION		
AMERICAN HEART ASSOCIATION 1 UNION STREET ROBBINSVILLE, NJ 08691	13-5613797	501(C)(3)	12,628.	0.			DONOR DESIGNATION		
ANIMAL RESCUE FORCE, INC. P. O. BOX 418 EAST BRUNSWICK, NJ 08816	51-0137896	501(C)(3)	11,046.	0.			DONOR DESIGNATION		
WOUNDED WARRIOR PROJECTG, WWP, INC 7020 A.C. SKINNER PARKWAY JACKSONVILLE, NJ 32256	20-2380934	501(C)(3)	9,046.	0.			DONOR DESIGNATION		
NEIGHBOR TO NATION 7620 LITTLE RIVER TURNPIKE ANNANDALE, NJ 22003	54-1879282	501(C)(3)	55,024.	0.			DONOR DESIGNATION		
CHILDREN'S HOSPITAL OF PHILADELPHIA FDN. - THREE CHILDREN'S CENTER - PHILADELPHIA, NJ 19104	23-2237932	501(C)(3)	8,095.	0.			DONOR DESIGNATION		
SD FAST, INC. PO BOX 43 SEA GIRT, NJ 08750	20-5108609	501(C)(3)	38,440.	0.			DONOR DESIGNATION		
HOMEFRONT 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)(3)	52,378.	0.			FAMILY EDUCATION COLLABORATIVE GRANT		

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number

21-0683073

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	BIG BROTHERS BIG SISTERS OF MERCER COUNTY - 535 E FRANKLIN ST - TRENTON, NJ 08610	06-1653897	501(C)(3)	113,856.	0.			TRENTON LEADERSHIP & MENTORING PROGRAM GRANT	
	BETTER BEGINNINGS DAY CARE CENTER PO BOX 187 HEIGHTSTOWN, NJ 08520	22-1989487	501(C)(3)	117,994.	0.			TRIO PROGRAM GRANT	
	MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	135,293.	0.			NUTRITION ALLIANCE PROGRAM GRANT	
	FAMILY GUIDANCE CENTER 1931 NOTTINGHAM WAY HAMILTON, NJ 08610	22-3237254	501(C)(3)	299,560.	0.			COMMUNITY OF SERVICES COLLABORATION GRANT	
	CATHOLIC CHARITIES 383 W. STATE ST. TRENTON, NJ 08607	21-0634494	501(C)(3)	119,080.	0.			LATINO DOMESTIC VIOLENCE PREVENTION PROGRAM GRANT	
	MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	203,680.	0.			PROJECT CONNECT PROGRAM GRANT	
	JEWISH FAMILY & CHILDRENS SERVICES 707 ALEXANDER ROAD PRINCETON, NJ 08542	21-0634563	501(C)(3)	159,293.	0.			PARTNERS IN CARING PROGRAM GRANT	
	MERCER ALLIANCE TO END HOMELESSNESS - 3131 PRINCETON PIKE - LAWRENCEVILLE, NJ 08648	20-1594569	501(C)(3)	109,104.	0.			HOUSING FIRST INITIATIVE PROGRAM GRANT	

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER CONNECT 120 JOHN STREET PRINCETON, NJ 08542	22-3595586	501(C)(3)	20,000.	0.			VOLUNTEER OPPORTUNITIES PROGRAM GRANT
BOYS & GIRLS CLUB OF TRENTON/MERCER COUNTY - 212 CENTRE ST., - TRENTON, NJ 08611	21-0634556	501(C)(3)	45,000.	0.			COMMUNITY INITIATIVE GRANT
NJ 2-1-1 PARTNERSHIP C/O UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF ROAD - FARMINGDALE, NJ 07727	37-1446108	501(C)(3)	36,748.	0.			INFORMATION & REFERRAL

Part IV Supplemental Information

UWGMRC RECEIVES PAYROLL WITHHOLDING OR CASH DONATIONS, AND DISTRIBUTES THOSE
DONATIONS DIRECTLY TO THE DESIGNATED ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number

21-0683073

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number

21-0683073

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		102,814.	FMV
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	X	369	12,915.	RETAIL PURCHASE
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 Acknowledgment

29

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

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

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

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number

21-0683073

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

NON-PROFITS, BUSINESS, GOVERNMENT, AND VOLUNTEERS TO BUILD INITIATIVES
THAT CREATE LASTING CHANGE.

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

WAY WILL INCLUDE ITS DONATING PUBLIC, ITS ACTIVE VOLUNTEERS, AND ITS
PARTICIPATING AGENCIES, OPERATING IN CONCERT, WITH THE ASSISTANCE OF
DYNAMIC PROFESSIONAL LEADERSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN ADDITION TO THE COMMUNITY COLLABORATION PROJECTS LISTED IN 4 A, B
AND C, UWGMC ALLOWS DONORS TO DESIGNATE ANY 501(C)(3) HEALTH AND HUMAN
SERVICE ORGANIZATION. FOR THE CURRENT YEAR, DONORS DESIGNATED A TOTAL
OF \$1,538,377 OVER 1,000 SELECTED AGENCIES. UWGMC ALSO SHARES CERTAIN
OF ITS CAMPAIGNS ACROSS THE NEW JERSEY, NEW YORK AND CONNECTICUT REGION
KNOWN AS "TRI-STATE". FOR THE CURRENT CAMPAIGN YEAR, UWGMC SHARED
\$616,685 WITH THE TRI-STATE REGION.

EXPENSES \$ 2418490. INCLUDING GRANTS OF \$ 2363288. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE
AUDITOR AND A DRAFT IS SENT TO THE UWGMC CEO/ CFO FOR A DETAILED REVIEW.
THE CFO THEN PRESENTS THE 990 TO BOTH THE FINANCE/AUDIT COMMITTEE AND THE
BOARD OF TRUSTEES FOR REVIEW WHERE IT IS APPROVED BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE UWGMC CONFLICT OF INTEREST
POLICY IS GIVEN TO EACH BOARD OF TRUSTEE MEMBER, FINANCE/ AUDIT COMMITTEE

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

Schedule O (Form 990) 2009

932211
02-03-10

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

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number

21-0683073

MEMBER AND EACH STAFF ANNUALLY. THEY ARE INSTRUCTED TO DECLARE ANY ASSOCIATIONS ON THE POLICY, SIGN AND RETURN IT TO THE UWGMC CEO. EACH MEMBER OF THE BOARD OR FINANCE/ AUDIT COMMITTEE DECLARES A CONFLICT AND ABSTAINS FROM VOTING ON ANY ISSUE THAT RELATES TO THE ORGANIZATION WHERE A CONFLICT HAS BEEN DECLARED.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE UWGMC CEO IS SET BY THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE OR TRUSTEES AS ASSIGNED BY THE EXECUTIVE COMMITTEE. THE CEO PRESENTS THE ACCOMPLISHMENTS OF THE ORGANIZATION AND THE WORK PLAN FOR REVIEW. THE COMMITTEE FROM TIME TO TIME RESEARCHES COMPARABLE ORGANIZATIONS TO ENSURE REASONABLE COMPENSATION. THE BOARD CHAIR INFORMS THE CFO OF THE APPROVED EXECUTIVE COMPENSATION. THE UWGMC CEO SETS THE COMPENSATION FOR ALL OTHER STAFF MEMBERS WITHIN THE CONFINES OF THE APPROVED FINANCIAL PLAN FOR THE FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND CODE OF ETHICS POLICY AVAILABLE ON THEIR WEBSITE. THE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A FINANCE/ AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR.

EXTENSION

STATEMENT 1

THE ORGANIZATION - 3131 PRINCETON PIKE, BLDG 4, NO. 113 - LAWRENCEVILLE, NJ
08648

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

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

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

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF GREATER MERCER COUNTY	21-0683073
	Number, street, and room or suite no. If a P.O. box, see instructions 3131 PRINCETON PIKE, BLDG 4, NO. 113	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAWRENCEVILLE, NJ 08648	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CRAIG LAFFERTY, PRESIDENT AND CEO

- The books are in the care of ► **3131 PRINCETON PIKE, BLDD. 4 - LAWRENCEVILLE, NJ 08648**
Telephone No ► **609-689-1912** FAX No. ► **609-895-1245**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

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

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

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

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

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

192560 E

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	UNITED WAY OF GREATER MERCER COUNTY		21-0683073
	Number, street, and room or suite no. If a P.O. box, see instructions 3131 PRINCETON PIKE, BLDG 4, NO. 113		
City, town or post office, state, and ZIP code. For a foreign address, see instructions LAWRENCEVILLE, NJ 08648			

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **3131 PRINCETON PIKE, BLDG. 4 - LAWRENCEVILLE, NJ 08648**
Telephone No **609-689-1912** FAX No **609-895-1245**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3 month extension of time until **MAY 15, 2011**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE & ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Joyce Feinstein** Title **CPA** Date **2.5.11**

Form 8868 (Rev. 1-2011)