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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

**2009****Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **July 1, 2009**, 2009, and ending **June 30,** 20 **10****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization **United Way of Morris County**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**222 Ridgedale Avenue**

City or town, state or country, and ZIP + 4

**Cedar Knolls, NJ 07927****F** Name and address of principal officer**John Franklin, same as above****D** Employer identification number**22** : **1487247****E** Telephone number**( 973 )** **993-1160****G** Gross receipts \$**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **uwmorris.org****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1950** **M** State of legal domicile: **NJ****Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: **United Way of Morris County is working to create long-lasting change by addressing the underlying causes of the most significant local issues. We aim to advance the common good by focusing on the building blocks for a good life: a quality education that leads to a stable job, enough income to support a family through retirement, and good health.**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) . . . . .**3** **19****4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . .**4** **18****5** Total number of employees (Part V, line 2a) . . . . .**5** **24****6** Total number of volunteers (estimate if necessary) . . . . .**6** **1,500****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .**7a** **0****b** Net unrelated business taxable income from Form 990-T, line 34 . . . . .**7b** **0**

Revenue

**8** Contributions and grants (Part VIII, line 1h) . . . . .

| Prior Year       | Current Year     |
|------------------|------------------|
| <b>5,274,150</b> | <b>4,526,342</b> |

**9** Program service revenue (Part VIII, line 2g) . . . . .**0** **0****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .**75,556** **57,588****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .**586** **36,674****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .**5,350,292** **4,620,604**

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .**3,500,802** **2,996,082****14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . .**0** **0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .**1,471,678** **1,431,335****16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . .**0** **0****b** Total fundraising expenses (Part IX, column (D), line 25) . . . . .**0** **0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .**443,089** **373,059****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .**5,415,569** **4,800,476****19** Revenue less expenses. Subtract line 18 from line 12 . . . . .**(65,277)** **(179,872)**

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) . . . . .

| Beginning of Current Year | End of Year      |
|---------------------------|------------------|
| <b>5,195,652</b>          | <b>4,995,305</b> |

**21** Total liabilities (Part X, line 26) . . . . .**1,406,316** **1,211,932****22** Net assets or fund balances. Subtract line 21 from line 20 . . . . .**3,789,336** **3,783,373****Part II Signature Block****Sign Here**

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

Signature of officer

Date

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no ( )

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

☐ Yes ☐ No

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

Cat No 11282Y

Form **990** (2009)

G17

20

**Part III** Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:  
To LIVE UNITED in our collective effort to improve lives by mobilizing the caring power of communities. United Way of Morris County is dedicated to building a stronger community by uniting individuals and institutions to create long-term sustainable solutions to issues that affect us all.
- 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 \$ 1,211,228 including grants of \$ 928,454 ) (Revenue \$ )  
EDUCATION: United Way of Morris County actively engages the community to improve the lives of children via our Education initiatives. Our Success By 6® and Kids on Track efforts ensure that children are prepared to succeed in school and life, and by this we mean that children are not only prepared to be academically successful, but they also develop strong social and emotional character. Our Success By 6® efforts aim to increase affordable, quality child care so that all children (ages 0-6) are well cared for and ready to learn. To reach this outcome, we provide over 700 scholarships to infants, toddlers, and pre-school children through 16 childcare centers. The Child Care Scholarship Program gives families access not only to affordable child care, but access to quality care that surpasses national expectations. Success By 6® also supports childcare centers in capacity building. We work with member child care centers on Board development, fundraising opportunities, long-term planning, and more, in an effort to improve the functionality and quality of care provided to young children and their families. Furthermore, we provide education and support to Morris County parents through our member child care centers and through education outreach activities. (Continue on Schedule O)

4b (Code: ) (Expenses \$ 772,994 including grants of \$ 643,187 ) (Revenue \$ )  
INCOME: United Way of Morris County is working to ensure that everyone in our community has the ability to be financially self sufficient. This means that each family in Morris County should be able to earn enough income to allow for stable housing, nutritious food, access to health care, and to plan for retirement. We provide a voice and advocate for policies that enable lower-income families and individuals to increase income, build savings, and grow assets. As part of United Way of Morris County's mission to advance the common good of our communities, we created a task force to help us better understand the families and individuals living and working in Morris County who are struggling to make ends meet. This population was brought to life as ALICE - Asset Limited, Income Constrained, Employed. United Way's volunteer task force gathered data about ALICE so that we can explore the challenges preventing this population from attaining financial independence. Our Housing Alliance strives to make affordable housing accessible for all families and individuals in Morris County. (Continue on Schedule O)

4c (Code: ) (Expenses \$ 656,587 including grants of \$ 445,572 ) (Revenue \$ )  
HEALTH: United Way is working to make our community stronger by ensuring families have access to health care they need to stay healthy and thrive. Everyday our friends, neighbors, and colleagues are forced to live with the fear of getting sick or injured, or the strain of being suddenly thrown into the role of caregiver for an ailing relative. We provide a voice and advocate for policies that enable families and individuals to attain the best health they can throughout the stages of their lives. Our initiatives focus on access and availability of affordable, quality health care for all people living and working in Morris County. Access to appropriate services remains a critical stumbling block for many residents. United Way of Morris County partners with 2-1-1 First Call for Help, the county-wide starting place for anyone looking for health care. The service, accessed by simply dialing 2-1-1, provides comprehensive information and referral to hundreds of Morris County residents each month. Based on community needs assessment, United Way of Morris County formed the Caregivers Coalition of Morris County in 2005 to help improve the lives of caregivers. (Continue on Schedule O)

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 978,869 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 3,619,678

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                              | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X                       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

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

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

|     |                                                                                                                                                                                                                                                                              | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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                                                                                                                                     | 0   |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                              | 0   |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                | 24  |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                              | ✓   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                         |     | ✓  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                             |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | ✓  |
| b   | If "Yes," enter the name of the foreign country: _____<br>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?                                                                                                                                                                        |     | ✓  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | ✓  |
| 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?                                                                                                                              |     |    |
| 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?                                                                                                  |     | ✓  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| 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?                                                                                                                              | ✓   |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | ✓   |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | ✓  |
| 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?                                                                                                                                            |     | ✓  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | ✓  |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                   |     |    |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                        |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     | ✓  |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| a   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     | ✓  |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     | ✓  |
| 10  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | 12b |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number of voting members of the governing body                                                                                                                                                           | <b>19</b> |    |
| <b>b</b> Enter the number of voting members that are independent                                                                                                                                                             | <b>18</b> |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>  | ✓  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>  | ✓  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               | <b>4</b>  | ✓  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             | <b>5</b>  | ✓  |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 | <b>6</b>  | ✓  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        | <b>7a</b> | ✓  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             | <b>7b</b> | ✓  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |           |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b> | ✓  |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b> | ✓  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9a</b> | ✓  |

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

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

**Section C. Disclosure**

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

**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: ► Constance Read, 222 Ridgedale Avenue, Cedar Knolls, NJ 973-993-1160

**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)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| John Franklin<br>Chief Executive Director     | 37.5                          | ✓                                      |                       | ✓       | ✓            | ✓                            |        | 134,388                                                              | 0                                                                         | 12,445                                                                                        |
| Constance Read<br>Controller                  | 37.5                          |                                        |                       | ✓       | ✓            |                              |        | 86,128                                                               | 0                                                                         | 14,909                                                                                        |
| Elizabeth Paul/Officer<br>Board Chair         | 1.00                          | ✓                                      |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Josephine Iglesias-Grana/Officer<br>Treasurer | 1.00                          | ✓                                      |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Yan Zhang-Officer<br>Assistant Treasurer      | 1.00                          | ✓                                      |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| John Bolich<br>Board member                   | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Mary Jo Buchanan<br>Board member              | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Nancy Eberhardt<br>Board member               | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Stephanie Hoopes Halpin<br>Board member       | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Jigisha Kothari<br>Board member               | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Bruce Meyer<br>Board member                   | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Gina Moran<br>Board member                    | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Douglas Oas<br>Board member                   | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Sharon Prince<br>Board member                 | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Ayo Sanderson<br>Board member                 | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Don Sheridan<br>Board member                  | 1.00                          | ✓                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

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

| (A)<br>Name and title            | (B)<br>Average<br>hours per<br>week | (C)<br>Position (check all that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------|-------------------------------------|----------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                  |                                     | Individual trustee<br>or director      | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| Bette Simmons<br>Board member    | 1.00                                | <input checked="" type="checkbox"/>    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| Philip Van Kirk<br>Board member  | 1.00                                | <input checked="" type="checkbox"/>    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| Michael Weissman<br>Board member | 1.00                                | <input checked="" type="checkbox"/>    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| Barbara White<br>Board member    | 1.00                                | <input checked="" type="checkbox"/>    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                  |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Total</b>                  |                                     |                                        |                       |         |              |                                 |        | <b>220,516</b>                                                                      | <b>0</b>                                                                              | <b>27,354</b>                                                                                                      |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **▶**

| Part VIII Statement of Revenue                            |                                              |                                                                                                                                     |                |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-----------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                           | Federated campaigns                                                                                                                 | 1a             | 70,622        |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            | Membership dues                                                                                                                     | 1b             | 9,500         |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            | Fundraising events                                                                                                                  | 1c             | 157,091       |                      |                                                    |                                         |                                                                           |
|                                                           | d                                            | Related organizations                                                                                                               | 1d             | 0             |                      |                                                    |                                         |                                                                           |
|                                                           | e                                            | Government grants (contributions)                                                                                                   | 1e             | 0             |                      |                                                    |                                         |                                                                           |
|                                                           | f                                            | All other contributions, gifts, grants,<br>and similar amounts not included above                                                   | 1f             | 4,289,129     |                      |                                                    |                                         |                                                                           |
|                                                           | g                                            | Noncash contributions included in lines 1a-1f. \$                                                                                   |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | h                                            | Total. Add lines 1a-1f                                                                                                              |                | 4,526,342     |                      |                                                    |                                         |                                                                           |
| Program Service Revenue                                   | Business Code                                |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | 2a                                           |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | d                                            |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | e                                            |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | f                                            | All other program service revenue                                                                                                   |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | g                                            | Total. Add lines 2a-2f                                                                                                              |                | 0             |                      |                                                    |                                         |                                                                           |
| Other Revenue                                             | 3                                            | Investment income (including dividends, interest, and<br>other similar amounts)                                                     |                | 50,295        |                      |                                                    |                                         |                                                                           |
|                                                           | 4                                            | Income from investment of tax-exempt bond proceeds                                                                                  |                | 0             |                      |                                                    |                                         |                                                                           |
|                                                           | 5                                            | Royalties                                                                                                                           |                | 0             |                      |                                                    |                                         |                                                                           |
|                                                           |                                              |                                                                                                                                     | (i) Real       | (ii) Personal |                      |                                                    |                                         |                                                                           |
|                                                           | 6a                                           | Gross Rents                                                                                                                         |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            | Less: rental expenses                                                                                                               |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            | Rental income or (loss)                                                                                                             |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | d                                            | Net rental income or (loss)                                                                                                         |                |               |                      |                                                    |                                         |                                                                           |
|                                                           |                                              |                                                                                                                                     | (i) Securities | (ii) Other    |                      |                                                    |                                         |                                                                           |
|                                                           | 7a                                           | Gross amount from sales of<br>assets other than inventory                                                                           | 224,000        |               |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            | Less cost or other basis<br>and sales expenses                                                                                      | 216,707        |               |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            | Gain or (loss)                                                                                                                      | 7,293          |               |                      |                                                    |                                         |                                                                           |
|                                                           | d                                            | Net gain or (loss)                                                                                                                  |                | 7,293         |                      |                                                    |                                         |                                                                           |
|                                                           | 8a                                           | Gross income from fundraising<br>events (not including \$ 157,091<br>of contributions reported on line 1c).<br>See Part IV, line 18 | 126,739        |               |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            | Less: direct expenses                                                                                                               | 126,739        |               |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            | Net income or (loss) from fundraising events                                                                                        |                | 0             |                      |                                                    |                                         |                                                                           |
|                                                           | 9a                                           | Gross income from gaming activities.<br>See Part IV, line 19                                                                        |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | b                                            | Less: direct expenses                                                                                                               |                |               |                      |                                                    |                                         |                                                                           |
|                                                           | c                                            | Net income or (loss) from gaming activities                                                                                         |                | 0             |                      |                                                    |                                         |                                                                           |
|                                                           | 10a                                          | Gross sales of inventory, less<br>returns and allowances                                                                            |                |               |                      |                                                    |                                         |                                                                           |
| b                                                         | Less: cost of goods sold                     |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
| c                                                         | Net income or (loss) from sales of inventory |                                                                                                                                     | 0              |               |                      |                                                    |                                         |                                                                           |
| Miscellaneous Revenue                                     |                                              |                                                                                                                                     | Business Code  |               |                      |                                                    |                                         |                                                                           |
| 11a                                                       | Service fees                                 | 56100                                                                                                                               | 36,674         |               |                      |                                                    |                                         |                                                                           |
| b                                                         |                                              |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
| c                                                         |                                              |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
| d                                                         | All other revenue                            |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
| e                                                         | Total. Add lines 11a-11d                     |                                                                                                                                     |                |               |                      |                                                    |                                         |                                                                           |
| 12                                                        | Total revenue. See instructions.             |                                                                                                                                     | 4,620,604      |               |                      |                                                    |                                         |                                                                           |

**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).

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |                                                                                                                                                                                                                                 | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                                     | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                   | 2,996,082             | 2,996,082                       |                                        |                             |
| 2                                                                                     | Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                     | 0                     | 0                               |                                        |                             |
| 3                                                                                     | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                        | 0                     | 0                               |                                        |                             |
| 4                                                                                     | Benefits paid to or for members                                                                                                                                                                                                 | 0                     | 0                               |                                        |                             |
| 5                                                                                     | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                        | 500,716               | 141,607                         | 147,814                                | 211,295                     |
| 6                                                                                     | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                   | 0                     | 0                               | 0                                      | 0                           |
| 7                                                                                     | Other salaries and wages                                                                                                                                                                                                        | 710,263               | 298,816                         | 84,727                                 | 326,720                     |
| 8                                                                                     | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                   | 38,829                | 8,245                           | 3,631                                  | 26,953                      |
| 9                                                                                     | Other employee benefits                                                                                                                                                                                                         | 78,517                | 29,773                          | 7,545                                  | 41,199                      |
| 10                                                                                    | Payroll taxes                                                                                                                                                                                                                   | 103,010               | 36,956                          | 16,267                                 | 49,787                      |
| 11                                                                                    | Fees for services (non-employees):                                                                                                                                                                                              |                       |                                 |                                        |                             |
| a                                                                                     | Management                                                                                                                                                                                                                      | 0                     | 0                               | 0                                      | 0                           |
| b                                                                                     | Legal                                                                                                                                                                                                                           | 0                     | 0                               | 0                                      | 0                           |
| c                                                                                     | Accounting                                                                                                                                                                                                                      | 23,169                | 0                               | 23,169                                 | 0                           |
| d                                                                                     | Lobbying                                                                                                                                                                                                                        | 0                     | 0                               | 0                                      | 0                           |
| e                                                                                     | Professional fundraising services. See Part IV, line 17                                                                                                                                                                         | 0                     |                                 |                                        | 0                           |
| f                                                                                     | Investment management fees                                                                                                                                                                                                      | 0                     | 0                               | 0                                      | 0                           |
| g                                                                                     | Other                                                                                                                                                                                                                           | 2,840                 | 540                             | 0                                      | 2,300                       |
| 12                                                                                    | Advertising and promotion                                                                                                                                                                                                       | 2,441                 | 301                             | 60                                     | 2,080                       |
| 13                                                                                    | Office expenses                                                                                                                                                                                                                 | 70,844                | 13,182                          | 8,713                                  | 48,949                      |
| 14                                                                                    | Information technology                                                                                                                                                                                                          | 50,626                | 20,633                          | 7,909                                  | 22,084                      |
| 15                                                                                    | Royalties                                                                                                                                                                                                                       | 0                     | 0                               | 0                                      | 0                           |
| 16                                                                                    | Occupancy                                                                                                                                                                                                                       | 92,436                | 28,692                          | 17,351                                 | 46,393                      |
| 17                                                                                    | Travel                                                                                                                                                                                                                          | 3,958                 | 2,497                           | 146                                    | 1,315                       |
| 18                                                                                    | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                  | 0                     | 0                               | 0                                      | 0                           |
| 19                                                                                    | Conferences, conventions, and meetings                                                                                                                                                                                          | 13,105                | 6,261                           | 1,926                                  | 4,918                       |
| 20                                                                                    | Interest                                                                                                                                                                                                                        | 0                     | 0                               | 0                                      | 0                           |
| 21                                                                                    | Payments to affiliates                                                                                                                                                                                                          | 62,160                | 20,513                          | 11,189                                 | 30,458                      |
| 22                                                                                    | Depreciation, depletion, and amortization                                                                                                                                                                                       | 42,233                | 13,937                          | 7,602                                  | 20,694                      |
| 23                                                                                    | Insurance                                                                                                                                                                                                                       | 4,499                 | 354                             | 2,184                                  | 1,961                       |
| 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                                                                                     | Dues and subscriptions                                                                                                                                                                                                          | 2,744                 | 595                             | 328                                    | 1,821                       |
| b                                                                                     | Miscellaneous                                                                                                                                                                                                                   | 2,004                 | 694                             | 341                                    | 969                         |
| c                                                                                     |                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| d                                                                                     |                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| e                                                                                     |                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f                                                                                     | All other expenses                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 25                                                                                    | <b>Total functional expenses.</b> Add lines 1 through 24f                                                                                                                                                                       | 4,800,476             | 3,619,678                       | 340,902                                | 839,896                     |
| 26                                                                                    | <b>Joint costs.</b> 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)<br>Beginning of year                                                                                                                     |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|
| <b>Assets</b>                                                                                                                  | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                             | 300                                                                                                                                          | <b>1</b>   | 300                |
|                                                                                                                                | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                | 1,772,168                                                                                                                                    | <b>2</b>   | 1,579,232          |
|                                                                                                                                | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                    | 1,411,069                                                                                                                                    | <b>3</b>   | 1,165,294          |
|                                                                                                                                | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                              | 0                                                                                                                                            | <b>4</b>   | 0                  |
|                                                                                                                                | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   | 0                                                                                                                                            | <b>5</b>   | 0                  |
|                                                                                                                                | <b>6</b> 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 . . . . .      | 0                                                                                                                                            | <b>6</b>   | 0                  |
|                                                                                                                                | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                       | 0                                                                                                                                            | <b>7</b>   | 0                  |
|                                                                                                                                | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                           | 0                                                                                                                                            | <b>8</b>   | 0                  |
|                                                                                                                                | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                 | 30,317                                                                                                                                       | <b>9</b>   | 34,548             |
|                                                                                                                                | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                 | 1,193,701                                                                                                                                    |            |                    |
|                                                                                                                                | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                        | 874,374                                                                                                                                      |            |                    |
|                                                                                                                                | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                               | 361,558                                                                                                                                      | <b>10c</b> | 319,327            |
|                                                                                                                                | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                   | 1,620,240                                                                                                                                    | <b>11</b>  | 1,896,604          |
|                                                                                                                                | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                    | 0                                                                                                                                            | <b>12</b>  | 0                  |
|                                                                                                                                | <b>14</b> Intangible assets . . . . .                                                                                                                                                    | 0                                                                                                                                            | <b>13</b>  | 0                  |
|                                                                                                                                | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                   | 0                                                                                                                                            | <b>14</b>  | 0                  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                           | 5,195,652                                                                                                                                                                                | <b>15</b>                                                                                                                                    | 4,995,305  |                    |
| <b>Liabilities</b>                                                                                                             | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                | 90,793                                                                                                                                       | <b>17</b>  | 90,764             |
|                                                                                                                                | <b>18</b> Grants payable . . . . .                                                                                                                                                       | 1,315,523                                                                                                                                    | <b>18</b>  | 1,105,568          |
|                                                                                                                                | <b>19</b> Deferred revenue . . . . .                                                                                                                                                     | 0                                                                                                                                            | <b>19</b>  | 15,600             |
|                                                                                                                                | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                          | 0                                                                                                                                            | <b>20</b>  | 0                  |
|                                                                                                                                | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                | 0                                                                                                                                            | <b>21</b>  | 0                  |
|                                                                                                                                | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . | 0                                                                                                                                            | <b>22</b>  | 0                  |
|                                                                                                                                | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                       | 0                                                                                                                                            | <b>23</b>  | 0                  |
|                                                                                                                                | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                         | 0                                                                                                                                            | <b>24</b>  | 0                  |
|                                                                                                                                | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                     | 0                                                                                                                                            | <b>25</b>  | 0                  |
|                                                                                                                                | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                    | 1,406,316                                                                                                                                    | <b>26</b>  | 1,211,932          |
|                                                                                                                                | <b>Net Assets or Fund Balances</b>                                                                                                                                                       | <b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |            |                    |
| <b>27</b> Unrestricted net assets . . . . .                                                                                    |                                                                                                                                                                                          | 2,710,568                                                                                                                                    | <b>27</b>  | 3,046,714          |
| <b>28</b> Temporarily restricted net assets . . . . .                                                                          |                                                                                                                                                                                          | 1,078,768                                                                                                                                    | <b>28</b>  | 736,659            |
| <b>29</b> Permanently restricted net assets . . . . .                                                                          |                                                                                                                                                                                          | 0                                                                                                                                            | <b>29</b>  | 0                  |
| <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> |                                                                                                                                                                                          |                                                                                                                                              |            |                    |
| <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                         |                                                                                                                                                                                          | 0                                                                                                                                            | <b>30</b>  | 0                  |
| <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                           |                                                                                                                                                                                          | 0                                                                                                                                            | <b>31</b>  | 0                  |
| <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                           |                                                                                                                                                                                          | 0                                                                                                                                            | <b>32</b>  | 0                  |
| <b>33</b> Total net assets or fund balances . . . . .                                                                          |                                                                                                                                                                                          | 3,789,336                                                                                                                                    | <b>33</b>  | 3,783,373          |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                                                             |                                                                                                                                                                                          | 5,195,652                                                                                                                                    | <b>34</b>  | 4,995,305          |

**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 |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     | ✓  |
| <b>2b</b> | ✓   |    |
| <b>2c</b> | ✓   |    |
|           |     |    |
| <b>3a</b> |     | ✓  |
| <b>3b</b> |     |    |

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public Inspection**

Name of the organization

**United Way of Morris County**

Employer identification number

22 : 1487247

**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 33⅓ % 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 33⅓ % 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? . . . . .

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

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

[illegible]

**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  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 6,013,863 | 6,271,250 | 5,903,790 | 5,274,150 | 4,526,342 | 27,989,395 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     | 0         | 0         | 0         | 0         | 0         | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             | 0         | 0         | 0         | 0         | 0         | 0          |
| <b>4</b> <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 6,013,863 | 6,271,250 | 5,903,790 | 5,274,150 | 4,526,342 | 27,989,395 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           | 0          |
| <b>6</b> <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                 |           |           |           |           |           | 27,989,395 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                  | (a) 2005  | (b) 2006  | (c) 2007  | (d) 2008  | (e) 2009  | (f) Total  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                                   | 6,013,863 | 6,271,250 | 5,903,790 | 5,274,150 | 4,526,342 | 27,989,395 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                        | 166,057   | 176,619   | 147,851   | 75,556    | 57,588    | 623,671    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                    | 0         | 0         | 0         | 0         | 0         | 0          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                                                                                                       | 0         | 0         | 0         | 0         | 0         | 0          |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                         |           |           |           |           |           |            |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                                      |           |           |           |           | 12        | 28,613,066 |
| <b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |           |           |           |           |           |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                           | 14 | 97.8 % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                 | 15 | 97.8 % |
| <b>16a</b> <b>33% % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                    |    |        |
| <b>b</b> <b>33% % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                            |    |        |
| <b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |        |
| <b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |        |
| <b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                               |    |        |

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                              |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                           |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                              |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                 |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year            |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                       |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                                                                                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

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

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

Area for supplemental information with horizontal dashed lines.

**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 Morris County

Employer identification number

22 : 1487247

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

|                                            | (a) Donor advised funds | (b) Funds and other accounts |
|--------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .    |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . . |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

|                                                                                                | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                             | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . . | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .            | 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 VII** Investments—Other Securities. See Form 990, Part X, line 12.

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

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

| (a) Description of investment type                               | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
|                                                                  |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) |                |                                                             |

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

| (a) Description                                                    | (b) Book value |
|--------------------------------------------------------------------|----------------|
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
|                                                                    |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 ) |                |

**Part X** Other Liabilities. See Form 990, Part X, line 25.

| 1.                                                                   | (a) Description of liability | (b) Amount |
|----------------------------------------------------------------------|------------------------------|------------|
|                                                                      | Federal income taxes         |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
|                                                                      |                              |            |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                              |            |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**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  | 4,620,604 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 4,800,476 |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | (179,872) |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | 173,908   |
| 5  | Donated services and use of facilities                                                   | 5  | 0         |
| 6  | Investment expenses                                                                      | 6  | 0         |
| 7  | Prior period adjustments                                                                 | 7  | 0         |
| 8  | Other (Describe in Part XIV.)                                                            | 8  | 0         |
| 9  | Total adjustments (net) Add lines 4 through 8                                            | 9  | 173,908   |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | (5,964)   |

**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  | 3,942,382 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:            |    |           |
| a | Net unrealized gains on investments                                            | 2a |           |
| b | Donated services and use of facilities                                         | 2b |           |
| c | Recoveries of prior year grants                                                | 2c |           |
| d | Other (Describe in Part XIV.)                                                  | 2d | 126,739   |
| e | Add lines 2a through 2d                                                        | 2e | 126,739   |
| 3 | Subtract line 2e from line 1                                                   | 3  | 3,815,643 |
| 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 | 804,961   |
| b | Other (Describe in Part XIV.)                                                  | 4b |           |
| c | Add lines 4a and 4b                                                            | 4c | 804,961   |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 4,620,604 |

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

|   |                                                                                  |    |           |
|---|----------------------------------------------------------------------------------|----|-----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 3,948,346 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |           |
| a | Donated services and use of facilities                                           | 2a | 0         |
| b | Prior year adjustments                                                           | 2b | 0         |
| c | Other losses                                                                     | 2c | 0         |
| d | Other (Describe in Part XIV.)                                                    | 2d | 126,739   |
| e | Add lines 2a through 2d                                                          | 2e | 126,739   |
| 3 | Subtract line 2e from line 1                                                     | 3  | 3,821,607 |
| 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 | 0         |
| b | Other (Describe in Part XIV.)                                                    | 4b | 978,869   |
| c | Add lines 4a and 4b                                                              | 4c | 978,869   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 4,800,476 |

**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 XII-2d-special event direct expenses of \$126,739

Part XII-4b-donor designation of \$978,869 and net unrealized gain on investments of \$173,908

Part XIII-2d-Special event direct expense of \$126,739

Part XIII-4b-Donor Designation of \$978,869

**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dotted lines.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

### Open To Public Inspection

Name of the organization

**United Way of Morris County**

Employer identification number

22 : 1487247

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |                                                                    |                                                                                    |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations    | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                                    |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total** . . . . . ▶

- New Jersey

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

|                 |                                                                                 | (a) Event #1<br><b>fundraising lunch</b><br>(event type) | (b) Event #2<br><b>golf event</b><br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|---------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|------------------------------------|------------------------------------------------------|
|                 |                                                                                 |                                                          |                                                   |                                    |                                                      |
| Revenue         | <b>1</b> Gross receipts . . . . .                                               | 128,010                                                  | 155,820                                           |                                    | 283,830                                              |
|                 | <b>2</b> Less: Charitable contributions . . . . .                               | 103,080                                                  | 54,011                                            |                                    | 157,091                                              |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                           | 24,930                                                   | 101,809                                           |                                    | 126,739                                              |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                  |                                                          |                                                   |                                    |                                                      |
|                 | <b>5</b> Noncash prizes . . . . .                                               |                                                          |                                                   |                                    |                                                      |
|                 | <b>6</b> Rent/facility costs . . . . .                                          | 6,588                                                    | 78,260                                            |                                    | 84,848                                               |
|                 | <b>7</b> Food and beverages . . . . .                                           | 12,764                                                   | 18,787                                            |                                    | 31,551                                               |
|                 | <b>8</b> Entertainment . . . . .                                                |                                                          |                                                   |                                    |                                                      |
|                 | <b>9</b> Other direct expenses . . . . .                                        | 5,578                                                    | 4,762                                             |                                    | 10,340                                               |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                                          |                                                   |                                    | ( 126,739 )                                          |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . |                                                          |                                                   |                                    | 0                                                    |

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

|                 |                                                                                    | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                    |                                                                     |                                                                     |                                                                     |                                                   |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                   |                                                                     |                                                                     |                                                                     |                                                   |
|                 |                                                                                    |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>3</b> Noncash prizes . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                             |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                           |                                                                     |                                                                     |                                                                     |                                                   |
|                 |                                                                                    |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>6</b> Volunteer labor . . . . .                                                 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |                                                                     |                                                                     |                                                                     | ( )                                               |
|                 | <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |                                                                     |                                                                     |                                                                     |                                                   |

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

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

United Way of Morris County

Employer identification number

22 : 1487247

**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 |
|----------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Ada Budrick Day Care Center<br>220 Vreeland Ave, Boonton, NJ   | 22-1863337 | 501 (C) 3                     | 27,020                   | 0                                 | n/a                                                   | n/a                                    | Childcare program                  |
| American Red Cross-NWNJ<br>29 Elm St Morristown NJ 07960       | 22-1500467 | 501 (C) 3                     | 41,339                   | 0                                 | n/a                                                   | n/a                                    | Emergency Service                  |
| Big Brothers/Big Sister<br>1259 US Hwy 46 E, Bldg 3            | 22-2450889 | 501 (C) 3                     | 40,302                   | 0                                 | n/a                                                   | n/a                                    | Mentoring                          |
| Children on the Green<br>PO Box 759, Morristown, NJ            | 22-3256124 | 501 (C) 3                     | 17,850                   | 0                                 | n/a                                                   | n/a                                    | Shelter Child Care                 |
| Collinsville Child Care Center<br>135 South St, Morristown, NJ | 22-1899892 | 501 (C) 3                     | 46,600                   | 0                                 | n/a                                                   | n/a                                    | Childcare program                  |
| Community Hope<br>199 Pomeroy Rd, Parsippany, NJ               | 22-2647038 | 501 (C) 3                     | 5,970                    | 0                                 | n/a                                                   | n/a                                    | Independent Living                 |
| Dawn, Inc.<br>30 Broad St, Denville, NJ                        | 22-3496995 | 501 (C) 3                     | 18,830                   | 0                                 | n/a                                                   | n/a                                    | Independent Living                 |
| Deirdre's House<br>8 Court St, Morristown, NJ                  | 22-3308574 | 501 (C) 3                     | 25,000                   | 0                                 | n/a                                                   | n/a                                    | Advocacy Program                   |
| Dover Child Care Center<br>50 N Morris St, Dover, NJ           | 23-7003263 | 501 (C) 3                     | 43,932                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Dress for Success<br>25 Cook Ave, Madison, NJ                  | 22-3661183 | 501 (C) 3                     | 13,519                   | 0                                 | n/a                                                   | n/a                                    | Suiting Program                    |
| El Primer Paso<br>29 Sequor St, Dover, NJ                      | 22-2124259 | 501 (C) 3                     | 25,061                   | 0                                 | n/a                                                   | n/a                                    | Family Day Care                    |
| El Primer Paso<br>29 Sequor St Dover, NJ 07801                 | 22-2124259 | 501 (C) 3                     | 7,000                    | 0                                 | n/a                                                   | n/a                                    | Painting of childcar               |

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

▶ 62

3 Enter total number of other organizations

▶

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

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 Morris County

Employer identification number

22 : 1487247

**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 |
|------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Employment Horizons<br>10 Ridgedale Ave Cedar Knolls, NJ               | 22-1612741 | 501(c)3                       | 27,090                   | 0                                 | n/a                                                   | n/a                                    | Career Development                 |
| Family Services of Morris County<br>62 Elm St Morristown, NJ 07960     | 22-1489900 | 501(c)3                       | 301,140                  | 0                                 | n/a                                                   | n/a                                    | Adult Day Care                     |
| Girl Scouts of Northern NJ<br>1579 Sussex Tpk Randolph, NJ             | 22-1482204 | 501(c)3                       | 20,138                   | 0                                 | n/a                                                   | n/a                                    | Leadership                         |
| Head Start Community Program<br>18 Thompson Ave Dover, NJ 07801        | 22-2507286 | 501(c)3                       | 74,620                   | 0                                 | n/a                                                   | n/a                                    | Head Start Prgm                    |
| Head Start Community Program<br>18 Thompson Ave Dover, NJ 07801        | 22-2507286 | 501(c)3                       | 23,450                   | 0                                 | n/a                                                   | n/a                                    | Children's Library                 |
| Head Start Community Program<br>18 Thompson Ave Dover, NJ 07801        | 22-2507286 | 501(c)3                       | 6,000                    | 0                                 | n/a                                                   | n/a                                    | Speech Program                     |
| Hope House<br>19-21 Belmont Ave Dover, NJ 07801                        | 22-2921100 | 501(c)3                       | 38,221                   | 0                                 | n/a                                                   | n/a                                    | General Counseling                 |
| Hope House<br>19-21 Belmont Ave Dover, NJ 07801                        | 22-2921100 | 501(c)3                       | 5,000                    | 0                                 | n/a                                                   | n/a                                    | Teen Gap Program                   |
| Homeless Solutions<br>6 Dumont Pl Morristown, NJ 07960                 | 22-2491675 | 501(c)3                       | 58,017                   | 0                                 | n/a                                                   | n/a                                    | Homeless Counseli                  |
| Housing Ptnrshp for Morris Cty<br>2 East Blackwell St Dover, NJ 07801  | 22-3194848 | 501(c)3                       | 7,275                    | 0                                 | n/a                                                   | n/a                                    | Home Ownshp Prg                    |
| Interfaith Council for Homeless<br>Families Po Box 1494 Morristown, N. | 52-1572014 | 501(c)3                       | 12,027                   | 0                                 | n/a                                                   | n/a                                    | Emergency Shelter                  |
| Jefferson Child Care Center<br>PO Box 527 Lake Hopatcong, NJ           | 22-2047663 | 501(c)3                       | 33,100                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Jersey Battered Women's Service<br>PO Box 1494 Morristown, NJ 07962    | 22-2170048 | 501(c)3                       | 95,430                   | 0                                 | n/a                                                   | n/a                                    | Abuse Prevention                   |
| Jersey Batter Women's Service<br>PO Box 1494 Morristown, NJ 07962      | 22-2170048 | 501(c)3                       | 12,500                   | 0                                 | n/a                                                   | n/a                                    | Asphalt Repair                     |
| Lakeland Hills YMCA<br>100 Fanny Rd Mountain Lakes, NJ                 | 22-1559439 | 501(c)3                       | 10,772                   | 0                                 | n/a                                                   | n/a                                    | Summer Camp                        |

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

Cat No 51026W

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 Morris County

Employer identification number

22 : 1487247

**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 |
|-------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Legal Services of NJ - Morris Div<br>PO Box 900 Morristown, NJ 07962    | 22-2068191 | 501(c)3                       | 13,104                   | 0                                 | n/a                                                   | n/a                                    | Legal Svs Program                  |
| Literacy Volunteers of Morris Cty<br>10 Pine St, Morristown, NJ 07960   | 22-2815591 | 501(c)3                       | 17,373                   | 0                                 | n/a                                                   | n/a                                    | Basic Literacy Prg                 |
| Madison YMCA<br>111 Kings Rd Madison, NJ 07940                          | 22-1487385 | 501(c)3                       | 14,707                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Mental Health Assoc of Morris Cty<br>100 Rte 46 E, Mountain Lakes, NJ   | 22-1544375 | 501(c)3                       | 29,806                   | 0                                 | n/a                                                   | n/a                                    | Mental Health Svs                  |
| Morris Center YMCA<br>79 Horsehill Rd Cedar Knolls, NJ                  | 22-1487618 | 501(c)3                       | 37,612                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Morris Cty Org for Hispanic Affairs<br>95-97 Basset Hwy Dover, NJ 07801 | 22-2137333 | 501(c)3                       | 29,784                   | 0                                 | n/a                                                   | n/a                                    | Community Outreat                  |
| Morris Cty Org for Hispanic Affairs<br>95-97 Basset Hwy Dover, NJ 07801 | 22-2137333 | 501(c)3                       | 12,500                   | 0                                 | n/a                                                   | n/a                                    | Community Room                     |
| Morristown Neighborhood House<br>12 Flagler St Morristown, NJ 07960     | 22-1487584 | 501(c)3                       | 129,910                  | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Morristown Neighborhood House<br>12 Flagler St Morristown, NJ 07960     | 22-1487584 | 501(c)3                       | 17,000                   | 0                                 | n/a                                                   | n/a                                    | Mentoring                          |
| Morristown Neighborhood House<br>12 Flagler St Morristown, NJ 07960     | 22-1487584 | 501(c)3                       | 20,000                   | 0                                 | n/a                                                   | n/a                                    | Workers Center                     |
| Morris School District<br>31 Hazel St Morristown, NJ 07960              | 22-1946483 |                               | 10,000                   | 0                                 | n/a                                                   | n/a                                    | advisory program                   |
| Mrs Wilsons Halfway House<br>56 Mt Kemble Ave Morristown NJ             | 51-0915683 | 501(c)3                       | 7,000                    | 0                                 | n/a                                                   | n/a                                    | Halfway House Prg                  |
| Mt Olive Child Care & Learning Ctr<br>140 Wolfe Rd Budd Lake, NJ 07828  | 22-2157202 | 501(c)3                       | 55,647                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| New Bridge Services<br>PO Box 336 Pompton Plns, Nj                      | 22-1725830 | 501(c)3                       | 24,200                   | 0                                 | n/a                                                   | n/a                                    | Mental Health Svs                  |
| NJ 211 Partnership<br>6 Forest Ave, Paramus, NJ 07652                   | 37-1446108 | 501(c)3                       | 50,000                   | 0                                 | n/a                                                   | n/a                                    | Info & Referral Svs                |

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

Cat No 51026W

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 Morris County

Employer identification number

22 : 1487247

**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 |
|-------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PG Chambers School<br>15 Halko Rd Cedar Knolls NJ                 | 22-1551480 | 501(c)3                       | 47,670                   | 0                                 | n/a                                                   | n/a                                    | Early Intervention                 |
| PG Chambers School<br>15 Halko Road Cedar Knolls, NJ              | 22-1551480 | 501(c)3                       | 10,000                   | 0                                 | n/a                                                   | n/a                                    | Playground                         |
| Parsippany Child Day Care Center<br>300 Baldwin Rd Parsippany NJ  | 22-1864906 | 501(c)3                       | 16,800                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Roxbury Day Care Center<br>25 Righter Rd Succasunna NJ            | 22-1981901 | 501(c)3                       | 36,717                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| Ramapo College Foundation<br>505 Ramapo Val Rd, Mahwah, NJ        | 51-0244756 | 501(c)3                       | 7,000                    | 0                                 | n/a                                                   | n/a                                    | Literacy Program                   |
| Salvation Army - Morristown<br>95 Spring St Morristown, NJ 07960  | 22-1489911 | 501(c)3                       | 24,430                   | 0                                 | n/a                                                   | n/a                                    | Childcare Program                  |
| United Way of Bergen Cty<br>6 Forest Ave Paramus, NJ 07652        | 22-6028959 | 501(c)3                       | 6,022                    | 0                                 | n/a                                                   | n/a                                    | donor designation                  |
| United Cerebral Palsy of NJ<br>245 Main St Chester, NJ 07930      | 22-2830714 | 501(c)3                       | 14,000                   | 0                                 | n/a                                                   | n/a                                    | Caregiver Program                  |
| United Cerebral Palsy of NJ<br>245 Main St Chester, NJ 07930      | 22-2830714 | 501(c)3                       | 5,000                    | 0                                 | n/a                                                   | n/a                                    | Home Access. Svs                   |
| Visiting Nurse Assoc of NWNJ<br>175 South St Morristown, NJ       | 22-3145689 | 501(c)3                       | 67,900                   | 0                                 | n/a                                                   | n/a                                    | Respite Care                       |
| Community Hope<br>199 Pomeroy Rd Parsippany, NJ                   | 22-2647038 | 501(c)3                       | 9,600                    | 0                                 | n/a                                                   | n/a                                    | Energy Eff Impvm                   |
| Dover Child Care Center<br>50 N Morris St Dover, NJ 07801         | 23-7003263 | 501(c)3                       | 11,750                   | 0                                 | n/a                                                   | n/a                                    | Repair Parking Lot                 |
| Family Service of Morris County<br>62 Elm St Morristown, NJ 07960 | 22-1489900 | 501(c)3                       | 120,592                  | 0                                 | n/a                                                   | n/a                                    | Military Families Ca               |
| Hope House<br>19-21 Belmont Ave Dover, NJ                         | 22-2921100 | 501(c)3                       | 6,750                    | 0                                 | n/a                                                   | n/a                                    | Boiler Replacement                 |
| Interfaith Council for Homeless<br>PO Box 1494 Morristown, NJ     | 52-1572014 | 501(c)3                       | 7,500                    | 0                                 | n/a                                                   | n/a                                    | Emergency Shelter                  |

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Cat No 51026W

Schedule I-1 (Form 990) 2009

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

22 : 1487247

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|-----------------------------------------------------------------|-----------------------------------|
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                              | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                             | Yes                                     | No |
| Greg Van Kirk                 | board member's son                                              | \$7,750                   | maintains outcome measurement tool for our partner agencies |                                         | ✓  |
|                               |                                                                 |                           |                                                             |                                         |    |
|                               |                                                                 |                           |                                                             |                                         |    |
|                               |                                                                 |                           |                                                             |                                         |    |
|                               |                                                                 |                           |                                                             |                                         |    |

**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.

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**2009**

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Part III- 4A-Education Continued, Our Keeping Kids on Track initiatives focuses on helping children succeed from first grade through high school. We do this through a variety of efforts. -We provide over 500 scholarships to school-age children from low-income families. This allows them the opportunity to attend a variety of before and after school programs and enriching summer camp programs. -Our Youth Empowerment Alliance (YEA) is facilitating change at the grass-roots level through its Community Empowerment Toolkit project. Through a collaboration with the Developing Safe and Civil Schools (DSACS) project at Rutgers University's School of Applied Psychology, and with help from YEA volunteers, communities will assess their strengths and identify key challenges to determine community-wide issues related to the health and well-being of our middle school-aged youth. Once this assessment is complete volunteers, community member and middle school students will explore methods to solve these challenges in an effort to foster a stronger community where children are safe, secure, and set up to reach their fullest potential. -The I CAN Middle School Mentoring Project changes lives by partnering mentors with at-risk youth. The mentored youth build confidence, develop stronger interpersonal skills and achieve higher standards. The Youth Empowerment Alliance (YEA) is working with Morristown Neighborhood House, Frelinghuysen Middle School, and Empowerment Solutions on a four-tiered mentoring project for Morris County middle schools called I CAN, Transforming communities by mentoring across generations. This pilot project will link our young teens with positive adult peer role models. -The Cyber Connections Web project is a website designed by middle school students for middle school students. As part of the project, students from local middle schools will work with a Web designer and volunteers to design a website that appeals to the students' interests and help connect them with the wider community. The Cyber Connections website will link Morris County middle school students with community information, including local happenings, school information, including sports schedules, after-school activities, sports and recreational information, volunteer opportunities and more. -The Youth Empowerment Alliance (YEA) partners with the Morris County Child Abuse Prevention Collaboration and Deirdre's House to host Teen Assistance Game (TAG) at middle schools throughout the county. As part of this unique program, students are given descriptions of real life problems related to domestic violence, substance abuse, pregnancy, eating disorders, depression and more. Each student has one class period to solve or address the problem by visiting and learning from the various service providers represented at the school that day. TAG gives students the opportunity to apply problem-solving skills to help them

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address specific social issues, while providing invaluable information about the services and resources available to them through their school, town, and the larger community. -Youth Summit Day is an annual event that brings together middle schools students from across Morris County to participate in teambuilding and problem-solving exercises that develop leadership skills. As part of the daylong summit, middle school students gather to meet other kids from Morris County; discuss and identify the key issues facing them-drugs, alcohol, peer pressure, bullying and more -and hear motivating tales from a keynote speaker.

Part III-4b-Income continued, Its mission is to create a well-informed public to the need and issues related to housing, create opportunities for public and private organizations to work together to address Morris County's housing challenges, and to advocate for the adoption of public policy and legislation that fosters affordable housing solutions. We do this via the following: -The Housing Alliance and its various subcommittees meet regularly to organize education and advocacy around creating affordable housing solutions. -We host an annual Affordable Housing Showcase Bus Tour in which local public officials, community developers, and community members board the bus to visit different affordable housing projects in Morris County. The bus tour highlights the collaborative efforts and innovative funding methods used to make affordable housing projects possible and demonstrates the positive contributions that affordable housing can provide to our communities. Additionally, each year, Morris County residents miss out on millions of dollars by not claiming the Earned Income Tax Credit (EITC) on their federal and New Jersey state tax returns. The EITC is a Federal and State tax credit available to many low-to-moderate-income working families and individuals. This credit is not based on taxes withheld from a person's paycheck but instead on how much total income a taxpayer earned over the course of a year. These dollars can be turned into savings or invested in the local economy and can help build the financial assets of a family and move them forward on their path to self-sufficiency. Additionally, low-income residents are also spending money they don't have to get their tax returns prepared for them by professionals. While the EITC has been around for many years many simply do not know that they qualify for the credit or where to turn for reliable and affordable help with their tax returns. United Way of Morris County works with the NJ 2-1-1 Partnership, NORWESCAP, AARP Foundation, and local community-based organizations and businesses to help spread the message about the importance of this tax credit and where to go for free tax preparation services in Morris County. Our goal was to raise awareness in the general public (those who are not currently receiving social services) about EITC and the free tax preparation sites. We utilize a variety of media tools in both English and Spanish to help us do this (7 platform posters at local train stations, numerous bus

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ads, 15,000 take-away cards, and 1,000 posters, multiple press releases and PSA's). As a result, a total of 3,681 tax returns were prepared free-of-charge by our partner volunteers of VIA (NORWESCAP) and AARP. This included 405 EITC returns prepared in which the clients received a cumulative total of \$463,206.

Part III 4c HEALTH (cont'd) : The mission of the Caregivers Coalition of Morris County is to promote knowledge of, sensitivity to and action around caregiving issues. The Caregivers Coalition of Morris County has mobilized over 575 constituents from for-profit and the non-profit sector, government agencies, corporations, faith-based communities, private practitioners and family caregivers to improve the lives of Morris County caregivers.

At the heart of the Coalition is a Caregiver Advisory Panel (CAP), a group of caregivers who help direct the group's goals and plans. In 2005, the panel was made up of 18 caregivers. Today, over 220 caregivers actively participate. While many attend Coalition meetings, others who are unable to attend are kept "in the loop" via email and phone.

Pathways for Caregivers is a 180 page guide full of valuable information, ideas and support for those who care for loved ones of all ages with issues of aging, disability or mental illness. Content includes local information, as well as state, national and general information. Over 4,700 guides have been distributed to caregivers at no cost.

Each year the Coalition hosts a variety of conferences and resource fairs for caregivers. Professional educators in the group offer a series of free "Lunch & Learn" workshops on a wide variety of caregiving issues. The Coalition also offers a free bereavement support group to caregivers who have lost the person for whom they provided care.

The Caregivers Coalition of Morris County, in partnership with INTERREGNUM, offers a free, 8-week bereavement information and support group for bereaved caregivers. While many bereavement support groups exist, this group specifically addresses the loss of the caregiver role in addition to the grief associated with the loss of the loved one.

Additionally, we partner with community organizations to promote safety and build positive mental health in our children:

\* We support a Preschool Mental Health Initiative. This program's two-part approach provides early childhood educators at United Way partner child care centers with an unprecedented level of support and instruction to help them better meet the needs of children with challenging behaviors in their care. The first part provides intensive staff training and skill building in early childhood development and mental health for 25 select child care staff. The second part provides on-site mental health intervention support at child care centers for children with disruptive behaviors.

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**Part III 4c HEALTH (cont'd)** \* In partnership with the Morris County Child Abuse Prevention Collaboration,

United Way of Morris County supports two child abuse prevention related conferences each year. In the past, topics have included youth-on-youth violence, children and gangs and the prevention of sexual exploitation of children. Through these public workshops, United Way promotes strategies that service providers, schools, law enforcement and concerned community members can use to ensure our children grow and thrive in emotionally healthy and supported environments.

\* We also work with the Lead Poisoning Prevention Coalition to ensure the community knows about the dangers of lead poisoning in children. Outreach to parents, physicians and other organizations have been conducted through this partnership to provide valuable information about lead screening and lead poisoning prevention.

Part III-4d-other program services include donor designations to the community

Part VI-9-Elizabeth Paul-board chair can be reached at PriceWaterhouseCoopers, 400 Campus Drive, Florham Park, NJ

Josephine Iglesia-Grana-treasurer can be reached at PriceWaterhouseCoopers, 400 Campus Drive, Florham Park

Part VI-11A-The 990 is reviewed by the external auditors, the finance committee and finally by the board of directors.

The 990 is on a members only section of our website for the board of directors to access. It was discussed at a board meeting and was noted in the meeting minutes.

Part VI-12c-The conflict of interest policy along with the code of ethics is signed by the board of directors annually. All new candidates for the board of directors go through a fairly extensive review process to determine any conflicts of interest. We monitor any changes of positions that board members undergo. The review process is handled by staff with the aid of the Nominating Committee.

Part VI-15a-The board chair interviews the management team and selected members of the staff and board. There is a list of questions that are asked. The board chair compiles the answers and reviews with the CEO. If there is a co-chair of the board, he/she is at the review with the board chair and CEO. The board chair will submit a written review for the CEO's personnel file. A personal transaction form will be attached if there is a pay increase. The board chair reviews the CEO's review at the next scheduled board meeting. The staff and the CEO are excused from this part of the meeting. It is noted in the meeting minutes in general terms. The board chair may ask for benchmarking to be done.

Part VI-19-the governing documents, conflict of interest policy, code of ethics and the audit are posted on our website.