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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 07-01-2009 and ending 06-30-2010

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 MONMOUTH COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1415 WYCKOFF ROAD

City or town, state or country, and ZIP + 4
FARMIGDALE, NJ 077273940

D Employer identification number
22-1828435

E Telephone number
(732) 938-5988

G Gross receipts $ 2,565,253

F Name and address of principal officer
TIMOTHY HEARNE CEO
1415 WYCKOFF RD
FARMINGDALE, NJ 077273940

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: ▶ WWW UWMONMOUTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF MONMOUTH 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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	150
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	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,673,476	2,477,919
9	Program service revenue (Part VIII, line 2g)	16,093	26,252
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,187	9,928
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,709,756	2,514,099

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,751,461	1,445,816
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	626,978	480,159
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶215,689		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	590,507	352,256
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,968,946	2,278,231
19	Revenue less expenses Subtract line 18 from line 12	-259,190	235,868

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,629,691	1,729,276
21	Total liabilities (Part X, line 26)	316,634	286,373
22	Net assets or fund balances Subtract line 21 from line 20	1,313,057	1,442,903

Part II Signature Block

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

Sign Here

****** | 2010-11-12
Signature of officer | Date

TIMOTHY HEARNE CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ PATRICIA LINSLEY CPA	Date 2011-03-25	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NERAL & COMPANY PA PO BOX 1727 WALL, NJ 07719			EIN ▶ Phone no ▶ (732) 681-4595

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

UNITED WAY OF MONMOUTH 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 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 $ 126,101 including grants of $ 61,467) (Revenue $)

EDUCATION - UNITED WAY OF MONMOUTH COUNTY WORKS TO ENSURE CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL BY SUPPORTING PROGRAMS THAT ENSURE YOUTH ENTER SCHOOL READY TO LEARN, WORK TO CLOSE THE ACHIEVEMENT GAP OF THE "MOST AT RISK" STUDENTS, ADDRESS THE ROOT CAUSES THAT MOST INFLUENCE ACADEMIC ACHIEVEMENT, AND PROVIDE AFTER SCHOOL PROGRAMS FOR YOUTH TO INCREASE THEIR ASSETS AND SKILLS NEEDED TO ACHIEVE IN SCHOOL

4b (Code) (Expenses $ 258,959 including grants of $ 194,325) (Revenue $)

INCOME- UNITED WAY OF MONMOUTH COUNTY WORKS TO PROMOTE FINANCIAL STABILITY & INDEPENDENCE BY SUPPORTING PROGRAMS THAT CONNECT PEOPLE IN CRISIS WITH EMERGENCY RESOURCES, PROVIDE INDIVIDUALS AND FAMILIES THE TOOLS TO ACHIEVE FINANCIAL STABILITY, ASSIST INDIVIDUALS TO OVERCOME BARRIERS TO EMPLOYMENT, INCREASE INCOME FOR LOWER-EARNING WORKING HOUSEHOLDS, AND EXPAND AND PROMOTE AFFORDABLE HOUSING

4c (Code) (Expenses $ 352,070 including grants of $ 287,436) (Revenue $)

HEALTH-UNITED WAY OF MONMOUTH COUNTY WORKS TO IMPROVE PEOPLE'S HEALTH BY SUPPORTING PROGRAMS THAT INCREASE AWARENESS OF AND CONNECT PEOPLE WITH AVAILABLE HEALTH SERVICES, OVERCOME BARRIERS TO ENSURE PEOPLE RECEIVE TIMELY, REGULAR PREVENTATIVE & PRIMARY HEALTH CARE, AND ENSURE YOUTH AND ADULTS ARE HEALTHY AND AVOIDING RISKY BEHAVIOR

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

(Expenses $ 1,152,668 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,889,798

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 26		
b	Enter the number of voting members that are independent . .	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CATHERINE A DYCIEWSKI
1415 WYCKOFF ROAD
FARMINGDALE, NJ 07727
(732) 938-5988

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

1b Total . . . . . ▶	165,644		6,294

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 ▶

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	165,283				
	b Membership dues					
	c Fundraising events	35,937				
	d Related organizations					
	e Government grants (contributions)	36,995				
	f All other contributions, gifts, grants, and similar amounts not included above	2,239,704				
	g Noncash contributions included in lines 1a-1f $ 118,618					
	h **Total.** Add lines 1a-1f		2,477,919			
Program Service Revenue		Business Code				
	2a NJ 211/MCPECC/UWGMC ADMIN FEE		19,904	19,904		
	b LOCAL CAMP ADMIN FEE-DESIGN		6,348	6,348		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		26,252			
	3 Investment income (including dividends, interest and other similar amounts)		9,984			9,984
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(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 assets other than inventory	960				
	b Less cost or other basis and sales expenses	1,016				
	c Gain or (loss)	-56				
	d Net gain or (loss)		-56	-56		
Other Revenue	8a Gross income from fundraising events (not including $ 35,937 of contributions reported on line 1c) See Part IV, line 18 a	50,138				
	b Less direct expenses b	50,138				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		2,514,099	26,196		9,984

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,445,816	1,445,816		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	201,483	82,225	95,847	23,411
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	221,362	124,635	25,156	71,571
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	32,676	22,538	48	10,090
10 Payroll taxes	24,638	13,872	2,800	7,966
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,500		10,500	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	54,600	22,061	11,860	20,679
17 Travel	7,133	3,394	1,363	2,376
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,576	5,423	2,243	3,910
20 Interest				
21 Payments to affiliates	18,871	8,775	3,680	6,416
22 Depreciation, depletion, and amortization	11,127	5,174	2,170	3,783
23 Insurance				
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 GIFT OF WARMTH PROGRAM	112,000	112,000		
b CONSULTING SERVICES	27,785			27,785
c PROMOTION MARKETING	24,717	9,206		15,511
d PRINTING	20,447	13,729	747	5,971
e INSURANCE	9,835	1,503	8,332	
f All other expenses	43,665	19,447	7,998	16,220
25 **Total functional expenses.** Add lines 1 through 24f	2,278,231	1,889,798	172,744	215,689
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		58,694	1	84,977
	2	Savings and temporary cash investments		699,741	2	727,272
	3	Pledges and grants receivable, net		765,892	3	836,747
	4	Accounts receivable, net		30,202	4	31,987
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		39,444	9	16,569
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 125,016			
	b	Less accumulated depreciation	10b 95,812	33,198	10c	29,204
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,520	15	2,520
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,629,691	16	1,729,276
Liabilities	17	Accounts payable and accrued expenses		47,343	17	43,274
	18	Grants payable			18	
	19	Deferred revenue		310	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		268,981	25	243,099
	26	**Total liabilities.** Add lines 17 through 25		316,634	26	286,373
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,277,908	27	1,322,298
	28	Temporarily restricted net assets		35,149	28	120,605
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,313,057	33	1,442,903
	34	Total liabilities and net assets/fund balances		1,629,691	34	1,729,276

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MONMOUTH COUNTY

Employer identification number
22-1828435

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,721,967	2,740,876	2,790,926	2,673,476	2,477,919	13,405,164
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,721,967	2,740,876	2,790,926	2,673,476	2,477,919	13,405,164
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						13,405,164

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,721,967	50,215	2,790,926	2,673,476	2,477,919	13,405,164
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,944	50,215	50,398	20,187	9,984	172,728
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						13,577,892

12	Gross receipts from related activities, etc (See instructions)	12	64,562

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 730 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 650 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

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

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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 MONMOUTH COUNTY

Employer identification number
22-1828435

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		125,016	95,812	29,204
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				29,204

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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) should 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	
DESIGNATIONS PAYABLE	241,984
COMPUTER LEASE PAYABLE	1,115
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	243,099

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,514,099
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,278,231
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	235,868
4	Net unrealized gains (losses) on investments	4	5,723
5	Donated services and use of facilities	5	-3,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-108,744
9	Total adjustments (net) Add lines 4 - 8	9	-106,021
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	129,847

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	1,667,370
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,723		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-852,452		
e	Add lines **2a** through **2d**			2e	-846,729
3	Subtract line **2e** from line **1**			3	2,514,099
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,514,099

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

1	Total expenses and losses per audited financial statements			1	1,537,523
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-743,708		
e	Add lines **2a** through **2d**			2e	-740,708
3	Subtract line **2e** from line **1**			3	2,278,231
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,278,231

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	UNITED WAY OF MONMOUTH COUNTY HAS ADOPTED FASB CODIFICATION NO 740-10, "TRANSITION RELATED TO FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES" WHICH ALLOWS FOR THE DEFERRAL OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS THIS CODIFICATION ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IN ADDITION, IT PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANY PASS-THROUGH OR NOT-FOR-PROFIT ENTITIES HAVE NOT PREVIOUSLY APPLIED THE PROVISIONS AND DURING THE DEFERRAL PERIOD THE FASB PLANS TO ISSUE GUIDANCE ON HOW TO APPLY THE PROVISIONS OF THIS CODIFCATION TO THESE ENTITIES
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DONOR DESIGNATIONS -902,590 SPECIAL EVENTS EXPENSE 50,138 DONATIONS IN-KIND -108,744 DONOR DESIGNATIONS 902,590 SPECIAL EVENTS EXPENSE INCLUDED AS DIRECT EXPENSES -50,138
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DONOR DESIGNATIONS -902,590 SPECIAL EVENTS EXPENSE 50,138
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DONATIONS IN-KIND 108,744 DONOR DESIGNATIONS - 902,590 SPECIAL EVENTS EXPENSE INCLUDED AS DIRECT EXPENSES 50,138

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MONMOUTH COUNTY

Employer identification number
22-1828435

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

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

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

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

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

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

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

NJ

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 GOLF OUTING (event type)	(b) Event #2 LEADERSHIP (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	80,715	5,360		86,075
	2 Less Charitable contributions	34,745	1,192		35,937
	3 Gross income (line 1 minus line 2)	45,970	4,168		50,138
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,970	4,168		50,138
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				50,138
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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

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

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

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

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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 MONMOUTH COUNTY

Employer identification number
22-1828435

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 63

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1828435
Name: UNITED WAY OF MONMOUTH COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
180 TURNING LIVES AROUND INC1 BETHANY ROAD BUILDING 3 SUITE 42 HAZLET,NJ 07730	22-2130220	3	20,355				DONOR DESIGNATION
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOC400 MORRIS AVENUE SUITE 251 DENVILLE,NJ 07834	22-2603592	3	8,822				DONOR DESIGNATION
AMERICAN CANCER SOCIETY SHREWSBURY801 BROAD STREET SHREWSBURY,NJ 07702	16-0743902	3	7,610				DONOR DESIGNATION
ARC MONMOUTH UNIT INC 1158 WAYSIDE ROAD TINTON FALLS,NJ 07712	21-0657022	3	5,456				DONOR DESIGNATION
BOYS AND GIRLS CLUB OF MONMOUTH COUNTY 1201 MUNROE AVENUE ASBURY PARK,NJ 07712	21-0694373	3	7,358				DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES23 NORTH RHONDA STREET MONROE,NJ 08831	22-2614885	3	11,156				DONOR DESIGNATION
FOOD BANK OF MONMOUTH & OCEAN COUNT AND OCEAN COUNTIES 3300 ROUTE 66 NEPTUNE,NJ 07753	22-2622522	3	41,704				DONOR DESIGNATION
GREG E PAYNE CHILDREN'S EDUCATION FUND759 BLOOMFIELD AVE 408 WEST CALDWELL,NJ 07006	14-1424236	3	10,476				DONOR DESIGNATION
INDEPENDENT CHARITIES OF AMERICA1100 LARKSPUR LANDING CIR SUITE 340 LARKSPUR,CA 94939	94-3067804	3	8,085				DONOR DESIGNATION
MAKE A WISH FOUNDATION1034 SALEM ROAD UNION,NJ 07083	22-2488495	3	5,054				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MID-ATLANTIC CONNECTION FOR PKU ANDPO BOX 6086 LANCASTER,PA 17607	23-2966057	3	5,218				DONOR DESIGNATION
MONMOUTH COUNTY SPCA ANIMAL SHELTER SPCA ANIMAL SHELTER260 WALL STREET PO BOX 93 EATONTOWN,NJ 07724	21-0679893	3	5,865				DONOR DESIGNATION
MOUNT ST MARY'S UNIVERSITY16300 OLD EMMITSBURG ROAD EMMITSBURG,MD 21727	52-0591672	3	10,000				DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY OAKHURST NJ246 MONMOUTH ROAD OAKHURST,NJ 07755	22-6080521	3	17,149				DONOR DESIGNATION
PROJECT PAUL211 CARR AVENUE KEANSBURG,NJ 07734	22-3067740	3	6,550				DONOR DESIGNATION
RANNEY SCHOOL235 HOPE ROAD TINTON FALLS,NJ 077243066	22-1853774	3	5,500				DONOR DESIGNATION
ST JOHN VIANNEY HIGH SCHOOL C/O UNITED WAY OF TRI-STATE120 WALL STREET 4TH FLOOR NEW YORK,NY 100053998	22-1891152	3	10,000				DONOR DESIGNATION
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL332 N LAUDERDALE STREET MEMPHIS,TN 381052729	62-0646012	3	6,088				DONOR DESIGNATION
UNITED WAY OF CENTRAL JERSEY32 FORD ROAD MILLTOWN,NJ 08850	22-1520408	3	8,524				DONOR DESIGNATION
UNITED WAY OF OCEAN COUNTY650 WASHINGTON STREET SUITE 2 TOMS RIVER,NJ 08754	22-2148978	3	11,992				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASLAN INCPO BOX 270 RED BANK,NJ 07701	22-2061018	3	10,826				MENTOR,TUTORIAL
NJ 2-1-1 PARTNERSHIPC/O UWMC 1415 WYCKOFF ROAD FARMINGDALE,NJ 07727	37-1446108	3	40,000				HELP LINE
BOYS AND GIRLS CLUB OF MONMOUTH COUNTY 1201 MUNROE AVENUE ASBURY PARK,NJ 07712	21-0694373	3	12,413				POWER HOUR
MONMOUTH DAY CARE CENTER9 DRS JAMES PARKER BOULEVARD RED BANK,NJ 07701	23-7039307	3	11,259				INFANT PROGRAM
RED BANK REGIONAL SOURCE FOUNDATION101 RIDGE ROAD LITTLE SILVER,NJ 07739	30-0045681	3	22,928				BILINGUAL LANGUAGE
COASTAL HABITAT FOR HUMANITY200 ROUTE 71 SUITE 3 SPRING LAKE,NJ 07762	22-3285769	3	20,786				HOUSING
COMMUNITY OUTREACH GROUP96 KINGS HIGHWAY PO BOX 4041 MIDDLETOWN,NJ 07748	22-3689974	3	6,004				EMERGENCY ASSISTANCE
FAMILY PROMISE247 CARR AVENUE PO BOX 304 KEANSBURG,NJ 07734	22-3674477	3	17,898				CASE MANAGEMENT
FREEHOLD AREA OPEN DOORPO BOX 1073 39 THROCKMORTON STREET FREEHOLD,NJ 07728	22-2796807	3	7,794				FOOD PANTRY PURCHS
HABCOREPO BOX 2361 RED BANK,NJ 07701	52-1596165	3	5,774				CASE MGMT SVCS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMING CORPORATION 155 SOUTH STREET EATONTOWN,NJ 07724	22-2922147	3	11,547				SPRING HOUSE
INTERFAITH NEIGHBORS INC810 FOURTH AVENUE ASBURY PARK,NJ 07712	22-2896129	3	9,469				PREVENTION
JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION4900 ROUTE 33 SUITE 100 NEPTUNE,NJ 07753	01-0649794	3	6,929				DRUG ASSISTANCE
LONG BRANCH CONCORDANCE279 BROADWAY SUITE 200 LONG BRANCH,NJ 07740	20-1455885	3	7,217				BI-LINGUAL RESOURCE
LOVE INC - LOVE IN THE NAME OF CHRIST15 MERIDIAN ROAD PO BOX 847 EATONTOWN,NJ 07724	52-1638365	3	8,660				WHEELS APPEAL
MONMOUTH NEIGHBORHOOD HOUSING INC640 CLIFFWOOD AVENUE CLIFFWOOD BEACH,NJ 07735	22-2790648	3	11,547				MANNA HOUSE
SEARCH DAY PROGRAM73 WICKAPECKO DRIVE OCEAN,NJ 07712	22-2092018	3	5,774				ADULT ACTIVITY CTR
180 TURNING LIVES AROUND INC1 BETHANY ROAD BUILDING 3 SUITE 42 HAZLET,NJ 07730	22-2130220	3	14,723				OUTREACH COUNSELING
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC400 MORRIS AVENUE SUITE 251 DENVILLE,NJ 07834	22-2603592	3	5,196				CAREGIVER'S RESPITE
ARC MONMOUTH UNIT INC 1158 WAYSIDE ROAD TINTON FALLS,NJ 07712	21-0657022	3	20,207				MENTAL HEALTH SVCS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERSBIG SISTERS OF MONMOUT174 MAIN STREET EATONTOWN,NJ 07724	22-2115416	3	9,238				URBAN MENTORING
CENTRASTATE HEALTHCARE FOUNDATION916 ROUTE 33 SUITE 6 FREEHOLD,NJ 07728	22-1750190	3	5,467				CPR/CARDIAC RISK
COLLIER SERVICES160 CONOVER ROAD PO BOX 300 WICKATUNK,NJ 077650300	21-0635038	3	14,434				KATERI DAY CAMP
CONSUMER ADVISORY COUNCIL OF THE DISABLED1 HARDING ROAD FREEHOLD,NJ 07728	22-2327073	3	5,774				EMILIE'S FIELD DREAM
COURT APPOINTED SPECIAL ADVOCATES OF NEW JERSEY VICTORIA COMMONS613 HOPE ROAD BLDG 4- 2ND FLOOR EATONTOWN,NJ 07724	83-0410778	3	14,434				CASA MONMOUTH COUNTY
CPC BEHAVIORAL HEALTHCARE10 INDUSTRIAL WAY EATONTOWN,NJ 077243317	21-0719369	3	10,970				CARE
FAMILY BASED SERVICES ASSOCIATION OF NEW JERSEY INC279 BROADWAY SUITE 400 LONG BRANCH,NJ 07740	22-3295233	3	7,217				LATINO OUTREACH
HISPANIC AFFAIRS AND RESOURCE CENTER OF MONMOUTH COUNTY913 SEWALL AVENUE ASBURY PARK,NJ 07712	22-2333658	3	8,083				NO MORE VIOLENCE
JEWISH COMMUNITY CENTER OF GREATER MONMOUTH COUNTY100 GRANT AVENUE DEAL PARK,NJ 07723	21-0653642	3	7,506				SENIOR SERVICES
JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MONMOUTH COUNTY705 SUMMERFIELD AVENUE ASBURY PARK,NJ 07712	22-2158627	3	14,434				PROJECT FIRST STEP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADACIN NETWORK1701 KNEELEY BOULEVARD WANAMASSA,NJ 07712	21-0674715	3	14,434				NURSING SERVICES
MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY119 AVENUE AT THE COMMON SHREWSBURY,NJ 07702	21-0665639	3	5,526				EXTENDED CARE WRAP
MERCY CENTER CORPORATION1106 MAIN STREET ASBURY PARK,NJ 07712	22-2664472	3	5,947				PARENT AIDE
NATIONAL MULTIPLE SCLEROSIS SOCIETY246 MONMOUTH ROAD OAKHURST,NJ 07755	22-6080521	3	7,506				CENTRASTATE MS CTR
PARKER FAMILY HEALTH CENTER211 SHREWSBURY AVENUE RED BANK,NJ 07701	22-3619518	3	6,929				CHILDREN'S HEALTH
PLANNED PARENTHOOD OF CENTRAL JERSEYPO BOX 95 69 EAST NEWMAN SPRINGS ROAD SHREWSBURY,NJ 07702	21-0658062	3	14,723				CHOICE FOR TEENS
PLEASANT VALLEY ADULT DAY CARE CTR678 NORTH BEERS STREET HOLMDEL,NJ 07733	22-2592150	3	6,929				ADULT DAY CARE
PREVENTION FIRST1405 HIGHWAY 35N OCEAN,NJ 07712	22-1841122	3	8,660				SECOND STEP
REGIONAL PERINATAL CONSORTIUM OF MONMOUTH & OCEAN COUNTIES725 AIRPORT ROAD LAKEWOOD,NJ 08701	22-3202041	3	5,774				APPROACH
THE COMMUNITY YMCA166 MAIN ST MATAWAN,NJ 07728	21-0635051	3	5,774				INTENSIVE OUTPATIENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD,NJ 07040	22-2126867	3	10,970				CHILD LIFE SVCS
VISITING NURSE ASSOCIATION OF CENTRAL JERSEY INC176 RIVERSIDE AVENUE RED BANK,NJ 07701	21-0639369	3	10,393				PRENATAL CARE
YMCA OF WESTERN MONMOUTH COUNTY470 EAST FREEHOLD ROAD FREEHOLD,NJ 07728	22-6069158	3	6,929				SUMMER BORO REC

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MONMOUTH COUNTY

Employer identification number
22-1828435

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (IN-KIND)	X	9,289	118,618	FLAT RATE/ITEM SEE SCH O
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF MONMOUTH COUNTY

Employer identification number
22-1828435

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	UNITED WAY OF MONMOUTH 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
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	IN ADDITION TO THE PROGRAMS LISTED IN 4 A, B & C ABOVE, UNITED WAY OF MONMOUTH COUNTY ALLOWS DONORS TO DESIGNATE TO ANY 501C3 HEALTH AND HUMAN SERVICE ORGANIZATION FOR THE CURRENT YEAR, DONOR DESIGNATIONS TOTALED 902,590 TO OVER 333 SELECTED AGENCIES OTHER GRANTS INCLUDED GRANTS TO MEMBER AGENCIES TO PROVIDE PANTRY ASSISTANCE TO THE NEEDY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE IRS FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR UTILIZING AUDIT WORKPAPERS AS WELL AS CLIENT PREPARED SUPPORTING SCHEDULES THE FORM 990 IS REVIEWED IN DETAIL WITH THE PRESIDENT/CEO AND CFO/COO THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE WHO REVIEWS IT IN DETAIL SUBSEQUENTLY, THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW A PERIOD OF TIME IS ALLOTTED FOR QUESTIONS AND COMMENTS PRIOR TO OFFICIALLY FILING THE FORM 990 ONCE FILED, THE FORM 990 IS POSTED TO THE AGENCY WEBSITE AT WWW UWMONMOUTH ORG
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, UWMC'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS, STAFF AND VOLUNTEERS THE CONFLICT OF INTEREST POLICY PROVIDES A SECTION WHEREBY ANY POTENTIAL CONFLICTS AND AFFILIATIONS CAN BE LISTED THE SIGNED FORM IS RETURNED TO UWMC'S PRESIDENT AND CEO AND A FILE IS MAINTAINED FOR EACH FISCAL YEAR DURING BOARD AND COMMITTEE MEETINGS, MEMBERS HAVE THE OPPORTUNITY TO DECLARE A CONFLICT AND ABSTAIN FROM VOTING ON ANY ISSUE THAT RELATES TO THE ORGANIZATION WHERE A CONFLICT HAS BEEN DECLARED ABSTENTIONS AND OBJECTIONS FOR ALL VOTES ARE NOTED IN THE OFFICIAL BOARD MEETING MINUTES
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	UNITED WAY OF MONMOUTH COUNTY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT/CEO THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, AS APPROPRIATE THE EVALUATION IS REVIEWED AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS FOLLOWING THIS REVIEW, THE EXECUTIVE COMMITTEE PUTS FORTH A SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL SUBSEQUENTLY, A MEETING IS HELD BETWEEN THE CHAIRS OF THE GOVERNANCE AND EXECUTIVE COMMITTEES AND THE PRESIDENT/CEO TO REVIEW THE EVALUATION
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	UWMC'S PRESIDENT AND CEO SETS THE COMPENSATION FOR ALL OTHER STAFF MEMBERS WITHIN THE CONFINES OF THE APPROVED BUDGET FOR THE FISCAL YEAR
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF UWMC'S MOST RECENT AUDITED FINANCIAL STATEMENTS SHALL BE MADE AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO SO REQUESTS REQUESTS FOR COPIES SHALL BE MADE IN WRITING OR ELECTRONICALLY TO UWMC INDICATING THE NAME AND ADDRESS OF THE REQUESTORS RESPONSES TO SUCH REQUESTS SHALL BE MADE BY UWMC WITHIN THREE BUSINESS DAYS OF RECEIVING THE REQUEST UWMC MAY CHARGE A FEE OF 20 PER PAGE TO COVER THE COSTS OF PRINTING AND MAILING THE AUDITED FINANCIAL STATEMENTS SUCH FEES MAY BE WAIVED AT UWMC'S DISCRETION IN ADDITION TO WRITTEN REQUESTS, UWMC POSTS ON ITS WEB SITE THE MOST RECENT AUDITED FINANCIAL STATEMENTS, IRS FORM 990, NJ CHARITABLE REGISTRATION, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, RECORD RETENTION POLICY, DESIGNATION POLICY AND OTHER FINANCIAL POLICIES AND DOCUMENTS THE IRS FORM 990 IS ALSO AVAILABLE ON WWW GUIDESTAR ORG UWMC RECENTLY REQUESTED A COPY OF THE ORIGINAL IRS FORM 1023 APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE UPON RECEIPT, THIS FORM WILL BE POSTED TO THE WEB SITE AND WILL BE AVAILABLE BY REQUEST
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART V, QUESTION 7A&B UNITED WAY OF MONMOUTH COUNTY ISSUES ACKNOWLEDGEMENT AND THANK YOU LETTERS TO ALL PARTICIPANTS AND SPONSORS OF SPECIAL EVENTS THE LETTER INCLUDES CONFIRMATION OF THE AMOUNT RECEIVED, THE PURPOSE AND THE AMOUNT THAT MAY BE CONSIDERED A TAX DEDUCTIBLE CONTRIBUTION THE TERM "NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR YOUR CONTRIBUTION" IS ALSO NOTED IN THE TEXT FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS UNITED WAY OF MONMOUTH COUNTY'S BY-LAWS PROVIDE THAT ALL DECISIONS PERTAINING TO THE ORGANIZATION MUST BE APPROVED BY A QUORUM OF THE BOARD OF DIRECTORS, DEFINED AS NOT FEWER THAN 50% PLUS 1 OF THE MEMBERS OF THE BOARD THIS INCLUDES THE ELECTION OF ALL OFFICERS, INCLUDING THE CHAIR, STANDING COMMITTEE CHAIRPERSONS, ALL DIRECTORS COMMENCING NEW TERMS AND FILLING ANY VACANCIES TO THESE POSITIONS THE GOVERNANCE COMMITTEE, ONE OF SIX STANDING COMMITTEES OF UNITED WAY OF MONMOUTH COUNTY, NOMINATES NEW BOARD MEMBERS TO THE BOARD OF DIRECTORS FOR APPROVAL FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS UNITED WAY OF MONMOUTH COUNTY'S BY-LAWS PROVIDE THAT THE BOARD OF DIRECTORS DUTIES INCLUDE "TO ESTABLISH SUCH COMMITTEES AS IT MAY DEEM EXPEDIENT FOR THE CARRYING OUT OF THE OBJECTIVES OF THE CORPORATION, AND TO ACT UPON RECOMMENDATIONS OF SUCH COMMITTEES " UNITED WAY OF MONMOUTH COUNTY HAS SIX STANDING COMMITTEES AND WHEN A COMMITTEE HAS AN ACITON TO PLACE BEFORE THE BOARD OF DIRECTORS, A RESOLUTION IS DRAFTED AND DISTRIBUTED IN ADVANCE OF THE MEETING WITH THE AGENDA AND MEETING NOTICE ALL BOARD MEETING'S AGENDAS ALLOW TIME FOR EACH STANDING COMMITTEE TO PRESENT A REPORT AND, IF APPLICABLE, A MOTION TO THE BOARD OF DIRECTORS AFTER THE MOTION IS PUT FORWARD, A REQUEST FOR A SECOND IS MADE AND THEN A VOTE IS TAKEN MEMBERS MAY ABSTAIN OR OBJECT AND THE RESULT OF THE VOTE AND ANY ABSTENTIONS OR OBJECTIONS ARE NOTED IN THE OFFICIAL BOARD MEETING MINUTES SCHEDULE M - PART I, TYPE OF PROPERTY, COLUMN D NONCASH CONTRIBUTIONS- THE FOLLOWING SUMMARY DETAILS UWMC'S POLICY FOR ACCOUNTING FOR GOODS AND SERVICES DONATED TO UWMC BY INDIVIDUALS, CORPORATIONS AND THEIR EMPLOYEES, FOUNDATIONS, AND OTHER NOT-FOR-PROFIT ORGANIZATIONS UWMC ACTIVELY SOLICITS IN-KIND DONATIONS THROUGH VARIOUS "WISHES" DRIVES, FOR EXAMPLE, AS FOLLOWS SNOWFLAKE WISHES, (HOLIDAY GIFT DRIVE) DURING THE MONTHS OF NOVEMBER AND DECEMBER, SCHOOLTIME WISHES, (SCHOOL SUPPLY DRIVE) DURING THE MONTH OF AUGUST THE ITEMS COLLECTED FROM THESE DRIVES AND OTHER SIMILAR PROGRAMS ARE DISTRIBUTED TO CLIENTS OF PARTNER AGENCIES ALTHOUGH UWMC SOLICITS SUGGESTIONS FROM PARTNER AGENCIES AND SEEKS INFORMATION ON NEEDS, UWMC RETAINS VARIANCE POWER ON THE FINAL DISTRIBUTION OF ITEMS COLLECTED OTHER OPPORTUNITIES AROSE WHEREBY UWMC WAS THE RECIPIENT OF NON-CASH ITEMS, INCLUDING COMPUTERS, HOUSEHOLD ITEMS, FURNITURE AND FOOD ITEMS WERE EITHER DISTRIBUTED INTO THE COMMUNITY THROUGH PARTNER AGENCIES OR RETAINED FOR USE BY UWMC RECOGNITION AND MEASUREMENT CONTRIBUTION REVENUE IS MEASURED AT THE FAIR VALUE OF THE ASSETS OR SERVICES RECEIVED OR PROMISED CONTRIBUTIONS ARISING FROM UNCONDITIONAL PROMISES TO GIVE THAT ARE EXPECTED TO BE COLLECTED WITHIN ONE YEAR OF THE FINANCIAL STATEMENT DATE MAY BE MEASURED AT THEIR NET REALIZABLE VALUE FAIR VALUE IS MEASURED BY QUOTED MARKET PRICES IF QUOTED MARKET PRICES ARE NOT AVAILABLE, FAIR VALUE CAN BE ESTIMATED BASED ON ONE OF THE FOLLOWING QUOTED MARKET PRICES FOR SIMILAR ASSETS, THE ASSET'S REPLACEMENT COST, INDEPENDENT APPRAISALS OF THE ASSET'S FAIR VALUE, OR OTHER VALUATION TECHNIQUES, SUCH AS DISCOUNTING THE ESTIMATED FUTURE CASH FLOWS GIVEN THE SCOPE OF THE VARIOUS "WISHES" DRIVES, THE FOLLOWING VALUES HAVE BEEN SET FOR FAIR MARKET VALUE OF THE ITEMS COLLECTED SNOWFLAKE WISHES - 25 PER ITEM, SCHOOLTIME WISHES - 1 00 PER ITEM AND 10 00 PER BACKPACK, FOOD - 1 00 PER ITEM VALUATION FROM THE DONOR IS THE PREFERRED METHOD FOR DETERMINING THE VALUE OF OTHER NON CASH DONATIONS, HOWEVER, WHEN THIS INFORMATION IS NOT AVAILABLE, UWMC REFERS TO QUOTED MARKET PRICES AS PUBLISHED IN AREA RETAIL CATALOGUES

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF MONMOUTH COUNTY	INDIRECT DEPRECIATION	22-1828435

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	714
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	212

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	10,201
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV **Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	11,127
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

21 Listed proper

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 22-1828435
Name: UNITED WAY OF MONMOUTH COUNTY

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

4d. Other program services

(Code) (Expenses $ 1,152,668 including grants of $) (Revenue $)

IN ADDITION TO THE PROGRAMS LISTED IN 4 A, B & C ABOVE, UNITED WAY OF MONMOUTH COUNTY ALLOWS DONORS TO DESIGNATE TO ANY 501C3 HEALTH AND HUMAN SERVICE ORGANIZATION FOR THE CURRENT YEAR, DONOR DESIGNATIONS TOTALED 902,590 TO OVER 333 SELECTED AGENCIES OTHER GRANTS INCLUDED GRANTS TO MEMBER AGENCIES TO PROVIDE PANTRY ASSISTANCE TO THE NEEDY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WEBSTER TRAMMELL BOARD MEMBER	1 00	X						0	0	0
BRIAN MASSEY CHAIRMAN	4 00	X		X				0	0	0
DONALD PIGNATARO TREASURER	4 00	X		X				0	0	0
DIANNE TALBOT SECRETARY	4 00	X		X				0	0	0
JACKELINE BIDDLE SHULER BOARD MEMBER	1 00	X						0	0	0
ROBERT BONNEY VICE CHAIRMA	4 00	X		X				0	0	0
ROBERT CLIFTON BOARD MEMBER	1 00	X						0	0	0
TIM DONNELLY BOARD MEMBER	1 00	X						0	0	0
GARY ENGELSTAD BOARD MEMBER	1 00	X						0	0	0
ANTHONY GIORDANO BOARD MEMBER	1 00	X						0	0	0
ROGER HART BOARD MEMBER	1 00	X						0	0	0
TOM HAYES BOARD MEMBER	1 00	X						0	0	0
HENRY HONG BOARD MEMBER	1 00	X						0	0	0
MICHAEL KNECHT BOARD MEMBER	1 00	X						0	0	0
ROSEANN MANGO BOARD MEMBER	1 00	X						0	0	0
JAMES MARKEY BOARD MEMBER	1 00	X						0	0	0
MARSHA MCCARTHY BOARD MEMBER	1 00	X						0	0	0
CYNTHIA MOODY-JOHNATHAN BOARD MEMBER	1 00	X						0	0	0
JOHN NICKLIN BOARD MEMBER	1 00	X						0	0	0
LOUIS PAPAROZZI BOARD MEMBER	1 00	X						0	0	0
THOMAS ROSPOS BOARD MEMBER	1 00	X						0	0	0
ROSE ANN SLAWSON BOARD MEMBER	1 00	X						0	0	0
FATIMA CAMACHO BOARD MEMBER	1 00	X						0	0	0
GEORGE DESTAFNEY BOARD MEMBER	1 00	X						0	0	0
JUDITH DORSEY BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC MENAKER BOARD MEMBER	1 00	X						0	0	0
TIMOTHY HEARNE CEO	35 00			X				97,800	0	3,391
CATHERINE DYCIEWSKI CFO	35 00			X				67,844	0	2,903

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GIFT OF WARMTH PROGRAM	112,000	112,000		
CONSULTING SERVICES	27,785			27,785
PROMOTION MARKETING	24,717	9,206		15,511
PRINTING	20,447	13,729	747	5,971
INSURANCE	9,835	1,503	8,332	