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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 **SEP 1, 2009** and ending **AUG 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>UNITED WAY OF HUNTERDON COUNTY</b>		<b>D</b> Employer identification number <b>22-2431065</b>
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
		<b>4</b> <b>WALTER FORAN BLVD</b>	<b>401</b>	<b>(908) 782-3414</b>
		City or town, state or country, and ZIP + 4 <b>FLEMINGTON, NJ 08822</b>		<b>G</b> Gross receipts \$ <b>1,842,899.</b>
<b>F</b> Name and address of principal officer: <b>MARIA B. DUNCAN</b> <b>same as C above</b>				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.UWHUNTERDON.ORG</b>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation <b>1982</b> <b>M</b> State of legal domicile <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The United Way of Hunterdon County (UWHC) is a voluntary, not-for-profit organization in New</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>7</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>593</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,151,882.</b>	<b>1,682,003.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>87,290.</b>	<b>91,174.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>&lt;38,461.&gt;</b>	<b>27,330.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>26,309.</b>	<b>16,295.</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>1,227,020.</b>	<b>1,816,802.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>761,254.</b>	<b>1,452,021.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>321,663.</b>	<b>330,857.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>119,860.</b>				
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>198,795.</b>	<b>206,937.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,281,712.</b>	<b>1,989,815.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>&lt;54,692.&gt;</b>	<b>&lt;173,013.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,940,135.</b>	<b>2,869,038.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>703,808.</b>	<b>805,724.</b>	
		<b>2,236,327.</b>	<b>2,063,314.</b>	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Maria B. Duncan</i> <b>MARIA B. DUNCAN, EXECUTIVE DIRECTOR</b> Type or print name and title		Date <b>12/23/11</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Howard Condo</i>	Date <b>2/22/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00351638</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ROSENBERG RICH BAKER BERMAN &amp; CO.</b> <b>265 DAVIDSON AVE., SUITE 210</b> <b>SOMERSET, NJ 08873-4120</b>		EIN ▶ Phone no ▶ <b>908-231-1000</b>	

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

☒ Yes ☐ No

932001 02-04-10

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

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See Schedule O for Organization Mission Statement Continuation

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**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: See Schedule O for Continuation  
**VISION:** We improve lives in Hunterdon County by responding to our human care needs.  
**MISSION:** We provide leadership that brings people together, promotes volunteerism, and mobilizes resources to have lasting change and
- 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.

See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 1,213,707. including grants of \$ 996,695. ) (Revenue \$ 1,213,707. )  
**INCOME:**

The community and family issues that stem from the economic and financial pressures facing individuals and their families are growing increasingly complex and more difficult to address. Wages have not kept pace with the rising cost of housing, healthcare, and education. UWHC brings together a diverse group of partners to help lower-income individuals and families achieve financial independence with a mix of short-term emergency supports, advocacy and awareness building, and initiatives to increase people's income.

**Financial Stability -**

4b (Code: ) (Expenses \$ 124,734. including grants of \$ 102,719. ) (Revenue \$ 124,734. )  
**EDUCATION:**

Education is the cornerstone of individual and community success. It's essential to getting and keeping a job with a livable wage and health benefits. And it's fundamental to a community's economic prosperity: a well-educated workforce attracts world-class jobs. UWHC supports a range of efforts to ensure that everyone in our community has access to the educational supports they need from mentoring programs to literacy training; ensuring all students have the tools they need to start the school year ready to learn; and teaching the next generation of leaders about the importance of volunteering and philanthropy.

**Current initiatives:**

4c (Code: ) (Expenses \$ 261,036. including grants of \$ 213,860. ) (Revenue \$ 261,036. )  
**HEALTH:**

Health is such a basic need; it impacts every aspect of a person's daily life. A child with a toothache is unable to concentrate in school and succeed. A family without health insurance is often overwhelmed to the point of bankruptcy by the financial burdens of an illness. Seniors without prescription assistance have to make frightening decisions on which medicine they can afford and which ones they will go without. Whether it is a victim of abuse, a senior in need of care during the day, or someone struggling with mental illness or an addiction, United Way works to ensure everyone has access to affordable and quality care so they can lead safe, healthy, and rewarding lives and will work with a range of community partners to address the obstacles to a healthy

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 167,055. including grants of \$ 138,747. ) (Revenue \$ 167,055. )

4e Total program service expenses ► \$ 1,766,532.

**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2009)

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	25	
<b>b</b> Enter the number of voting members that are independent	24	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SOMERSET COUNTY UNITED WAY - (908) 725-6640**  
**1011 ROUTE 22 WEST, 2ND FLOOR, BRIDGEWATER, NJ 08807**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Maria B. Duncan Executive Director	40.00	X		X		X		91,792.	0.	20,969.
Anna Walz Past President	1.00	X		X				0.	0.	0.
Charles G. Koller Board President	1.00	X		X				0.	0.	0.
Stephen Croghan Board member/Chair Finance/Audit	1.00	X		X				0.	0.	0.
Suzanne Kleinhans Board member	1.00	X						0.	0.	0.
Satinder Dhillon Board member	1.00	X						0.	0.	0.
Alan D. Ford Board Treasurer	1.00	X		X				0.	0.	0.
Barry Goodman, Esq. Legal Counsel	1.00	X						0.	0.	0.
Michael Matturo Board member	1.00	X						0.	0.	0.
Tom McCloskey, Esq. Board member	1.00	X						0.	0.	0.
Sharon H. Moore, Esq. Board member/Chair Governance Comm	1.00	X		X				0.	0.	0.
Erik Peterson Board member	1.00	X						0.	0.	0.
Dr. George Roksvaag Board member	1.00	X						0.	0.	0.
Kenneth Sanchez Board member	1.00	X						0.	0.	0.
Robert J. Seymour Board Secretary	1.00	X		X				0.	0.	0.
Margaret S. Shantz Vice President Resource Development	1.00	X		X				0.	0.	0.
Maureen Sheehan Board member	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Rev. Mark R. Summer Board member	1.00	X						0.	0.	0.
Wendy E. Wolf Board member	1.00	X						0.	0.	0.
Lisa Brady Vice President CRISP	1.00	X		X				0.	0.	0.
Joseph DePinto Board member	1.00	X						0.	0.	0.
Rabbi Eli Kornfeld Board member	1.00	X						0.	0.	0.
Robert Rando Board member	1.00	X						0.	0.	0.
Caroline Scutt Board member	1.00	X						0.	0.	0.
Nancy Tucker Board member	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>91,792.</b>	<b>0.</b>	<b>20,969.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

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

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	674,555.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,007,448.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		127,254.				
	<b>h Total.</b> Add lines 1a-1f			1,682,003.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue		900099	91,174.	91,174.		
<b>g Total.</b> Add lines 2a-2f			91,174.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			27,330.			27,330.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross Rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	42,392.				
	<b>b</b> Less: direct expenses	<b>b</b>	26,097.				
	<b>c</b> Net income or (loss) from fundraising events			16,295.		16,295.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				1,816,802.	91,174.	0.	43,625.

**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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,452,021.	1,452,021.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	91,792.	50,486.	18,358.	22,948.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	159,084.	87,496.	31,817.	39,771.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,940.	4,633.	1,963.	2,344.
<b>9</b> Other employee benefits	47,261.	25,793.	10,006.	11,462.
<b>10</b> Payroll taxes	23,780.	13,079.	4,756.	5,945.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	62,526.	34,040.	13,205.	15,281.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	12,068.	4,070.	7,284.	714.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	16,226.	8,000.	2,988.	5,238.
<b>14</b> Information technology	15,407.	12,238.	1,411.	1,758.
<b>15</b> Royalties				
<b>16</b> Occupancy	12,860.	7,108.	2,551.	3,201.
<b>17</b> Travel	3,780.	2,257.	750.	773.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,874.	3,019.	426.	429.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	10,691.	5,893.	2,112.	2,686.
<b>22</b> Depreciation, depletion, and amortization	13,411.	7,493.	2,559.	3,359.
<b>23</b> Insurance	7,317.	4,025.	1,463.	1,829.
<b>24</b> 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.)				
<b>a</b> COMMUNITY OUTREACH EXPE	39,510.	39,510.		
<b>b</b> SUPPLIES	4,808.	2,794.	925.	1,089.
<b>c</b> REPAIRS AND MAINTENANCE	3,435.	1,889.	687.	859.
<b>d</b> MEMBERSHIP DUES & SUBSC	1,024.	688.	162.	174.
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24f	1,989,815.	1,766,532.	103,423.	119,860.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	96,391.	<b>1</b>	194,220.
	<b>2</b> Savings and temporary cash investments	1,332,268.	<b>2</b>	1,058,910.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	154,522.
	<b>4</b> Accounts receivable, net	385,623.	<b>4</b>	352,091.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	3,741.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 505,578.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 83,219.	434,102.	<b>10c</b> 422,359.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	675,409.	<b>12</b>	683,195.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	16,342.	<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,940,135.	<b>16</b>	2,869,038.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	48,255.	<b>17</b>	47,393.
	<b>18</b> Grants payable	655,553.	<b>18</b>	758,331.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	703,808.	<b>26</b>	805,724.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,151,428.	<b>27</b>	1,975,189.
	<b>28</b> Temporarily restricted net assets	84,899.	<b>28</b>	88,125.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	2,236,327.	<b>33</b>	2,063,314.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	2,940,135.	<b>34</b>	2,869,038.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**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 HUNTERDON COUNTY

Employer identification number	
--------------------------------	--

22-2431065

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1280529.	1725124.	1405340.	1151882.	1682004.	7244879.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1280529.	1725124.	1405340.	1151882.	1682004.	7244879.
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)						745,293.
6 <b>Public support.</b> Subtract line 5 from line 4						6499586.

**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	1280529.	1725124.	1405340.	1151882.	1682004.	7244879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,309.	60,311.	41,715.	<38,461.>	27,330.	117,204.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	729,684.	124,911.	59,409.	26,309.	16,295.	956,608.
11 <b>Total support.</b> Add lines 7 through 10						8318691.
12 Gross receipts from related activities, etc. (see instructions)					12	611,254.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	78.13 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	76.86 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section B. Total Support**

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

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

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

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

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

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

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

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



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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	675,409.	751,832.			
b Contributions					
c Net investment earnings, gains, and losses	14,139.	<70,668.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,352.	5,755.			
g End of year balance	683,196.	675,409.			

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

a Board designated or quasi-endowment ☐ \_\_\_\_\_ %

b Permanent endowment ☒ 100.00 %

c Term endowment ☐ \_\_\_\_\_ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
b Buildings		403,945.	58,526.	345,420.
c Leasehold improvements				
d Equipment		41,633.	24,693.	16,939.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				422,359.

Schedule D (Form 990) 2009

**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		
<b>Short Term Investments</b>	<b>25,806.</b>	<b>End-of-Year Market Value</b>
<b>Corporate Bonds</b>	<b>155,803.</b>	<b>End-of-Year Market Value</b>
<b>Mutual Funds</b>	<b>132,504.</b>	<b>End-of-Year Market Value</b>
<b>Domestic Common Stock</b>	<b>369,082.</b>	<b>End-of-Year Market Value</b>
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>	<b>683,195.</b>	

**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
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,816,802.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,989,815.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<173,013.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<173,013.>

**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	1,816,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,816,802.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,816,802.

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

1	Total expenses and losses per audited financial statements	1	1,989,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,989,815.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,989,815.

**Part XIV Supplemental Information**

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

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Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open To Public Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

**Employer identification number**  
22-2431065

## 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 email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**Total**

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Various Events (event type)	(event type)	None (total number)	
1	Gross receipts	42,392.			42,392.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	42,392.			42,392.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,097.		
10	Direct expense summary. Add lines 4 through 9 in column (d)				( 26,097 )
11	Net income summary. Combine line 3, column (d), and line 10				16,295.

**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.

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

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?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF HUNTERDON COUNTY**

Employer identification number  
**22-2431065**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON HOUSE, INC. 532 Route 523 Whitehouse, NJ 08889	52-1786469	501(c)(3)	24,330.	0.	Fair Market Value		Provides short term housing, education, and support for women who are recovering from the
ARC OF HUNTERDON COUNTY 1322 Route 31 North, Suite 5, Annandale, NJ 08801	22-1659502	501(c)(3)	58,630.	0.	Fair Market Value		Provides a variety of services to children and adults with developmental disabilities and their
BIG BROTHERS BIG SISTERS OF HUNTERDON, SOMERSET & WARREN COUNTIES - 21 Broad St., - Washington, NJ 07882	23-7426096	501(c)(3)	29,483.	0.	Fair Market Value		Non-profit organization that brings together adult volunteers and children ages 5-14 from
BRITESIDE ADULT DAY CENTER c/o COMMUNITY CARE ASSOCIATION OF HUNTERDON COUN - 16 Sandhill Rd., - Flemington, NJ 08822	22-2113056	501(c)(3)	12,527.	0.	Fair Market Value		Social day care program for the frail elderly needing some care, supervision and/or
CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE - 6 Park Ave., - Flemington, NJ 08822	22-2423496	501(c)(3)	32,000.	0.	Fair Market Value		Provides services to individuals, families, communities, reflects concerns of Church,
FISHERMAN'S MARK, INC. 89 North Main St. Lambertville, NJ 08530	22-2302255	501(c)(3)	25,000.	0.	Fair Market Value		Social service organization assisting individuals and families: Information and Referral,

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

28.

**3** Enter total number of other organizations

0.

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

Schedule I (Form 990) 2009

See Part IV for Column (h) descriptions



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

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

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

Schedule I, Part I, Line 2: United Way of Hunterdon County is currently using a 3 year funding cycle. We undergo an annual citizen review process for our resource investment. This process includes both agency certification meetings and program review meetings, with a focus on outcomes measurement, and evaluations. Member agencies are also required to submit and adhere to an annual Member Agency Agreement. United Way of Hunterdon County also has a process for reviewing admission of new agencies.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF HUNTERDON COUNTY**

Employer identification number

**22-2431065**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM HOUSE, INC. 3 Pavillion Rd. Glen Gardner, NJ 08826	22-2638093	501(c)(3)	35,000.		Fair Market 0.Value		Provides substance abuse treatment services for men in a halfway house setting, transitional
GLEN GARDNER YOUTH ASSOCIATION, INC. - 16 Hampton Rd. - Glen Gardner, NJ 08826	22-2506781	501(c)(3)	53,931.		Fair Market 0.Value		Provides youth programs in education, recreation, and socialization for everyone 18 months
HUNTERDON DRUG AWARENESS PROGRAM 8 Main St., Suite 7 Flemington, NJ 08822	22-2319096	501(c)(3)	23,605.		Fair Market 0.Value		Offers outpatient and intensive outpatient treatment services. Also offers prevention
HUNTERDON HELPLINE, INC. 14 Mine St. Flemington, NJ 08822	22-2265896	501(c)(3)	23,808.		Fair Market 0.Value		24 hour hotline, information and advocacy, emergency sheltering, reassurance calls,
HUNTERDON HOSPICE, INC. 215 Hwy 31 South Flemington, NJ 08822	22-2276083	501(c)(3)	36,701.		Fair Market 0.Value		Provides programs of medical, spiritual, social support services to enable terminally ill
HUNTERDON PREVENTION RESOURCES 4 Walter Foran Blvd., Suite 410 Flemington, NJ 08822	23-7215126	501(c)(3)	19,454.		Fair Market 0.Value		Provides comprehensive prevention programs and services from pre-k to senior citizens. Also
INTERFAITH HOSPITALITY NETWORK OF HUNTERDON COUNTY - 10 East Main St. - Flemington, NJ 08822	22-3049800	501(c)(3)	250,856.		Fair Market 0.Value		A non-profit organization of congregations that minister to the needs of homeless women and
LEGAL SERVICES OF NORTHWEST JERSEY, INC.-HUNTERDON COUNTY DIVISION - 82 Park Ave. - Flemington, NJ 08822	22-2068191	501(c)(3)	79,928.		Fair Market 0.Value		Free legal services to indigent residents of Hunterdon County who have civil law problems.

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

**Schedule I-1 (Form 990) 2009**

Name of the organization

**UNITED WAY OF HUNTERDON COUNTY**

Employer identification number  
**22-2431065**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS IN HUNTERDON 5 Walter Foran Blvd., Suite 2006 Flemington, NJ 08822	22-3084358	501(c)(3)	34,171.	0.	Fair Market Value		Deliveries each weekday to homebound seniors as well as four Congregate Nutrition Sites for the
NJ211 c/o UNITED WAY OF MONMOUTH COUNTY - 1415 Wyckoff Road - Farmingdale, NJ 07727	37-1446108	501(c)(3)	13,074.	0.	Fair Market Value		Information and referral
NORWESCAP/ FOOD BANK 21 North Broad St. Phillipsburg, NJ 08865	22-1777156	501(c)(3)	21,259.	0.	Fair Market Value		Distributes donated food to non-profit organizations that feed the hungry.
SAFE In Hunterdon 47 East Main St. Flemington, NJ 08822	22-2267191	501(c)(3)	61,442.	0.	Fair Market Value		Free and confidential services: individual group counseling, legal advocacy, 24 hour hotline
VISITING HEALTH & SUPPORTIVE SERVICES - 215 Hwy 31 South - Flemington, NJ 08822	22-1636709	501(c)(3)	10,000.	0.	Fair Market Value		Non-profit agency provides home care to Hunterdon County residents regardless of
YMCA OF HUNTERDON COUNTY 144 W. Woodchurch Rd. Flemington, NJ 08822	22-1524183	501(c)(3)	50,170.	0.	Fair Market Value		Promotes healthy lifestyles for people of all ages and abilities through fitness/health,
UW of Somerset County P. O. Box 6835 Bridgewater, NJ 08807	22-1627729	501(c)(3)	21,522.	0.	Fair Market Value		Donor designation
UW of Morris County P. O. Box 1948 Morristown, NJ 07962	22-1487247	501(c)(3)	12,988.	0.	Fair Market Value		Donor designation

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Name of the organization

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW of Greater Lehigh Valley 2200 Avenue A, Third Floor Bethlehem, PA 18017	23-2657933	501(c)(3)	13,924.	0.	Fair Market Value		Donor designation
UW of Warren County 37 Belvidere Avenue, Suite 1A Washington, NJ 07882	22-3523027	501(c)(3)	11,715.	0.	Fair Market Value		Donor designation
UW of Greater Mercer County P. O. Box 6193 Lawrenceville, NJ 08645	21-0683073	501(c)(3)	5,376.	0.	Fair Market Value		Donor designation
UW of Bucks County- PA 413 Hood Boulevard Fairless Hills, PA 19030	23-1409706	501(c)(3)	6,390.	0.	Fair Market Value		Donor designation
Sussex County Interfaith Hospitality Network - 19 Church Street - Newton, NJ 07860	22-3496775	501(c)(3)	189,508.	0.	Fair Market Value		Sub-grantee provides time-limited wraparound services through case management, housing
Family Promise of Warren County 65A Washington Ave Oxford, NJ 07863	20-4557357	501(c)(3)	217,650.	0.	Fair Market Value		Sub-grantee provides time-limited wraparound services through case management, housing

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Schedule I-1 (Form 990) 2009

**Part IV Supplemental Information**

Part II, line 1, Column (h):

Name of Organization or Government: ANDERSON HOUSE, INC.

(h) Purpose of Grant or Assistance: Provides short term housing, education, and support for women who are recovering from the disease of alcoholism and/or drug addiction.

Name of Organization or Government: ARC OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: Provides a variety of services to children and adults with developmental disabilities and their families through family support, recreation, day and residential programs.

Name of Organization or Government:

BIG BROTHERS BIG SISTERS OF HUNTERDON, SOMERSET &amp; WARREN COUNTIES

(h) Purpose of Grant or Assistance: Non-profit organization that brings together adult volunteers and children ages 5-14 from single parent families, for weekly activity and guidance.

Name of Organization or Government:

BRITESIDE ADULT DAY CENTER c/o COMMUNITY CARE ASSOCIATION OF HUNTERDON COUN

(h) Purpose of Grant or Assistance: Social day care program for the frail elderly needing some care, supervision and/or socialization. Center provides families/caregivers with a reprieve from daily responsibility.

Name of Organization or Government:

CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE

(h) Purpose of Grant or Assistance: Provides services to individuals, families, communities, reflects concerns of Church, people of good will

**Part IV Supplemental Information**

on behalf of needy, economically poor and those devalued by society.

Name of Organization or Government: FISHERMAN'S MARK, INC.

(h) Purpose of Grant or Assistance: Social service organization assisting individuals and families: Information and Referral, Food Pantry and Case Management. Owns and operates NAEYC-accredited Lambertville Academy child care center.

Name of Organization or Government: FREEDOM HOUSE, INC.

(h) Purpose of Grant or Assistance: Provides substance abuse treatment services for men in a halfway house setting, transitional housing for women and children, and services for families.

Name of Organization or Government: GLEN GARDNER YOUTH ASSOCIATION, INC.

(h) Purpose of Grant or Assistance: Provides youth programs in education, recreation, and socialization for everyone 18 months through adults. Sports, culture, academics.

Name of Organization or Government: HUNTERDON DRUG AWARENESS PROGRAM

(h) Purpose of Grant or Assistance: Offers outpatient and intensive outpatient treatment services. Also offers prevention education services and are the County Intoxicated Drivers Resource Center.

Name of Organization or Government: HUNTERDON HELPLINE, INC.

(h) Purpose of Grant or Assistance: 24 hour hotline, information and advocacy, emergency sheltering, reassurance calls, friendly visiting and compassionate listening.

**Part IV** Supplemental Information

Name of Organization or Government: HUNTERDON HOSPICE, INC.

(h) Purpose of Grant or Assistance: Provides programs of medical, spiritual, social support services to enable terminally ill patients to die at home. The focus of service is care rather than cure.

Name of Organization or Government: HUNTERDON PREVENTION RESOURCES

(h) Purpose of Grant or Assistance: Provides comprehensive prevention programs and services from pre-k to senior citizens. Also offers outpatient treatment and individual marital, family and group therapy, and addiction interventions.

Name of Organization or Government:

INTERFAITH HOSPITALITY NETWORK OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: A non-profit organization of congregations that minister to the needs of homeless women and families. Meals, shelter, and social services are provided for.

Name of Organization or Government: MEALS ON WHEELS IN HUNTERDON

(h) Purpose of Grant or Assistance: Deliveries each weekday to homebound seniors as well as four Congregate Nutrition Sites for the independent senior in Hunterdon. Low sodium and weekend meals available.

Name of Organization or Government: SAFE In Hunterdon

(h) Purpose of Grant or Assistance: Free and confidential services: individual group counseling, legal advocacy, 24 hour hotline (908-788-4044), safe housing and support for victims of domestic violence or sexual assault.

**Part IV** Supplemental Information

Name of Organization or Government: VISITING HEALTH & SUPPORTIVE SERVICES

(h) Purpose of Grant or Assistance: Non-profit agency provides home care to Hunterdon County residents regardless of their ability to pay.

Services include: Home Health Aides; Respite Care; DYFS Aide.

Name of Organization or Government: YMCA OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: Promotes healthy lifestyles for people of all ages and abilities through fitness/health, aquatics, pre-school and senior programs. Financial assistance available ensuring all can participate.

Name of Organization or Government:

Sussex County Interfaith Hospitality Network

(h) Purpose of Grant or Assistance: Sub-grantee provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent, security deposits, moving costs and utilities, legal services, credit and budget counseling, and credit repair services to stabilize households.

Name of Organization or Government: Family Promise of Warren County

(h) Purpose of Grant or Assistance: Sub-grantee provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent, security deposits, moving costs and utilities, legal services, credit and budget counseling, and credit repair services to stabilize households.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

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**2009**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF HUNTERDON COUNTY**

Employer identification number

**22-2431065**

**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	X		17,339.	RETAIL VALUE
5 Clothing and household goods	X		109,915.	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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Form 990, Part I, Line 1, Description of Organization Mission:

Jersey whose principal activities are resource development, community  
impact and the support of voluntary health and welfare agencies which  
provide services in the community.

Form 990, Part III, Line 1, Description of Organization Mission:

measurable impact in our community.

Form 990, Part III, Line 4a, Program Service Accomplishments:

UWHC's Financial Stability Partnership is a diverse group of  
stakeholders working together to help hard working people and their  
families in Hunterdon County become financially stable and take the  
next steps to long-term independence.

Current initiatives: Free tax preparation done by trained volunteers  
for low-wage working individuals and families ensures that families  
receive the Earned Income Tax Credit and other tax credits that boost  
their income while saving them preparer fees. In 2009, the VITA site  
generated over \$150,000 in refunds, raising client's incomes by nearly  
13% on average. In addition, clients saved an estimated \$22,500 in tax  
preparation fees

UWHC's Holiday Hands and Winter Fuel Fund also increase financial  
stability by reducing financial pressures on lower-income families,  
elderly residents on fixed incomes, single parents, and people  
suffering from illness who are struggling with medical bills during the

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Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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holiday time and winter months. For the 2009 holiday season, UWHC served over 1250 individuals in need and engaged 57 companies/organizations as well as nearly 50 community individuals in these efforts.

UWHC was the fiscal agent for a unique tri-county collaboration between Hunterdon, Warren, and Sussex Counties to alleviate homelessness.

Partners from local human services agencies, County Divisions of Social Services and Departments of Human Services are working together on an approach that will utilize shared services, while still meeting local and individual needs.

Despite areas of great wealth in our community, many individuals and families struggle to make ends meet and find themselves homeless, in temporary motel rooms, doubled up in tight quarters, or on the street. The Hunterdon Housing Alliance was convened by United Way of Hunterdon County to bring together the collective expertise of partners who are dedicated to addressing the lack of affordable housing in Hunterdon County.

The Homeless Prevention Rapid Re-Housing grant (HPRP) aims to prevent families and individuals from becoming homeless, and to help those who are already homeless to be quickly re-housed and stabilized. This program provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent, security deposits, moving costs and utilities, legal services, credit

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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and budget counseling, and credit repair services. The end goal is to stabilize households so that they will maintain permanent housing and become self-sufficient

Funded programs include food and shelter, housing, legal services, financial assistance, services for victims of domestic violence, and emergency assistance.

Plans for the coming year:

Plans for the coming year include expanding services to increase self-sufficiency for individuals and families. During tax season expand awareness campaign for claiming the EITC, split refunds and savings campaigns. Plans are under development for the launch of the Hunterdon Diaper Bank, a short-term emergency support for babies, mothers, the elderly and people with disabilities. In addition to diaper distribution the program includes a diaper need awareness component.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Tools for Schools - donations of school supplies were collected for students who are unable to afford them. Many families worry about the beginning of the school year because of the expense of buying back-to-school items. Receiving a donation of these supplies helps free up some family income for other necessities. Our Tools for Schools program supports Hunterdon County students in achieving greater

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educational success, by providing students the necessary basic tools so  
that they start the school year ready to learn. For the 2010 school  
year, UWHC served over 1100 students and engaged 48  
companies/organizations in these efforts

Youth 4 United Way, is a service learning program that increases  
student awareness of community needs and assists with linking our youth  
to ways that they can support those needs. Program goals are  
threefold: 1). Expand student education and experiences, 2). Encourage  
young people to give of their time, treasure, and unique talents, 3).  
Develop leadership skills in our youth. Upon completion of the class,  
students are expected to achieve the following outcomes:

- Increased awareness of existing community needs
- Increased awareness of their personality, learning, and leadership  
styles and how they might impact the effectiveness of a group or team
- Broader involvement in community service to address local as well as  
national and global needs
- Increased understanding of and practice applying the essential skills  
involved in effective, meaningful philanthropic work
- Increased understanding of essential skills of effective leadership
- Increased understanding of problem solving and decision making
- Development of a life-long commitment to service and philanthropy as  
part of civic responsibility.

Funded programs include: child care, after-school care, life skills,  
teen programs, literacy programs, and mentoring.

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Plans for the coming year:

Expand BornLearning initiative and continue to partner with Workforce  
Investment Board (WIB) to develop plan for a workforce development  
initiative to help low-wage, low-skilled workers gain the skills and  
opportunities to earn a family sustaining wage.

Form 990, Part III, Line 4c, Program Service Accomplishments:  
community.

Current initiatives:

Discount prescription program - UWHC has partnered with TogetherRx  
Access and FamilyWize to offer free prescription drug discount cards to  
Hunterdon County residents and employees- assisting uninsured residents  
in receiving discounted prescriptions.

Funded programs include: substance abuse prevention, intervention and  
treatment, counseling, home health care, respite, senior care, sexual  
assault support, health and safety education, and hospice.

Plans for the coming year:

Partnership with the Hunterdon Y and other community stakeholders to  
plan and develop "Pioneering Healthy Community" health initiative in  
the southern portion of Hunterdon County.

Form 990, Part III, Line 4d, Other Program Services:

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**SCHEDULE O**  
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Other programs and services that impact the community. Including but  
not limited to:

**COMMUNITY SUPPORT SERVICES:**

Every community has unique needs, and United Way makes it our mission  
to understand and respond to those needs. We support programs and  
initiatives that reflect Hunterdon County's unique demographic, social,  
and geographic makeup to ensure that people with special needs have  
opportunities for recreation and socialization, that our youth have  
opportunities to grow and develop, and that everyone has a place to  
turn when they need help.

**Current initiatives:**

2-1-1 is a universally respected and growing national model. Today  
there are over 190 million Americans in 45 states who have access to  
community resources by dialing 2-1-1. New Jersey's 2-1-1 system, was  
piloted in Hunterdon County and has been in place statewide since  
February 10, 2005 and is accessible by landline, cell phone, and  
internet. 2-1-1 is managed by the NJ211 Partnership. 2-1-1 is an  
effective management tool. The system generates real time data on  
requests, complaints, and services. Over time, 2-1-1 data will improve  
the quality of programs and services by making it possible to harvest  
essential information on resource allocation and use it for policy  
decision-making and budgeting.

Fotonovellas are widely-read short stories that are commonly used in  
the Latino community to inform readers through use of the characters'

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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dialogues, rather than an impersonal, detailed brochure. Typically, stories present information in the context of a step-by-step "how to" that follows the characters as they find and access services, and shows how their lives are improved after accessing services. This format helps to overcome not only language barriers, but also cultural barriers that often stand between the Latino population and the health and human services they need.

Funded programs include: respite and recreational programs for people with disabilities, scouting support, translation center, senior and hospice support

Expenses \$ 167055. including grants of \$ 138747. Revenue \$ 167055.

Form 990, Part VI, Section A, line 6: Every person, firm, association and corporation who makes a contribution to or for the benefit of this corporation shall automatically, upon making such contribution, become a member of this corporation and remain a member until the completion date of the next annual campaign of this corporation. Each contributing member may be represented at meetings of the membership.

Form 990, Part VI, Section A, line 7a: Any vacancy occurring in the membership of the Board of Trustees may be filled by the Board of Trustees by election of a successor Trustee for the remainder of the unexpired term. The Nominating Committee shall submit nominations to fill any vacancy occurring within the membership of the Board of Trustees. The Board may elect a successor Trustee at any regular or special meeting, upon giving at

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

Schedule O (Form 990) 2009

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**SCHEDULE O**  
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least seven(7) days written notice of intention to hold such an election  
and the name or names of the nominees for such vacancy or vacancies.

Form 990, Part VI, Section B, line 11: The form 990 is prepared and  
reviewed by the Finance/Audit committee, which is comprised of Board  
members. The finalized form 990 is circulated via email to the Board for  
review and comment within a given timeframe. After timeframe, form 990 is  
finalized, signed and filed with IRS. The Board is advised at subsequent  
Board meeting of date of filing and acceptance by IRS, if applicable.

Form 990, Part VI, Section B, Line 12c: In conjunction with the first  
Board meeting of the fiscal year, all Board members, volunteers and staff  
review and sign off on a conflict of interest policy.

Form 990, Part VI, Section B, Line 15a: On an annual basis, the CEO  
completes a performance competency assessment which is reviewed and rated  
by the Executive Committee. The Board President conducts the finalized  
review and reports to the Board. Compensation adjustments, if warranted,  
are determined by review of comparable data of like positions at other  
United Ways and non profit organizations in the geographic area.

Form 990, Part VI, Section C, Line 19: Yes, available through website,  
board binder and upon request

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	UNITED WAY OF HUNTERDON COUNTY	22-2431065
	Number, street, and room or suite no. If a P.O. box, see instructions. 4 WALTER FORAN BLVD, No. 401	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FLEMINGTON, NJ 08822	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SOMERSET COUNTY UNITED WAY**

- The books are in the care of ► 1011 ROUTE 22 WEST, 2ND FLOOR - BRIDGEWATER, NJ 08807  
Telephone No. ► (908) 725-6640 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until April 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning SEP 1, 2009, and ending AUG 31, 2010

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)