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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input checked="" 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	C Name of organization UNITED WAY OF GREATER MERCER COUNTY Doing Business As Number and street (or P O box if mail is not delivered to street address) 3150 BRUNSWICK PIKE SUITE 230 City or town, state or country, and ZIP + 4 LAWRENCEVILLE, NJ 086482420	D Employer identification number 21-0683073 E Telephone number (609) 637-4912 G Gross receipts \$ 6,102,712
	F Name and address of principal officer HERBERT KLEIN III 3150 BRUNSWICK PIKE SUITE 230 LAWRENCEVILLE, NJ 086482420	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.UWGMC.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1941		M State of legal domicile NJ

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITY UNITED WAY PARTNERS WITH LOCAL NON-PROFITS, BUSINESS, GOVERNMENT, AND VOLUNTEERS TO BUILD INITIATIVES THAT CREATE LASTING CHANGE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶641,448
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer			2012-04-05	
	HERBERT KLEIN III PRESIDENT & CEO			Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ MERCADIEN PC				Firm's EIN ▶
	Firm's address ▶ PO BOX 7648 PRINCETON, NJ 085437648				Phone no ▶ (609) 689-9700
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐ ☒

1

Briefly describe the organization's mission

UNITED WAY OF GREATER MERCER COUNTY (UWGMC) IS COMMITTED TO SERVE OUR COMMUNITY, WORKING TO ENSURE A SOUND HUMAN CONDITION FOR EVERY MEMBER OF OUR COMMUNITY IT STRIVES TO BE THE MOST RESPONSIVE, EFFECTIVE AND EFFICIENT PROVIDER OF RESOURCES TO ACCOMPLISH ITS PURPOSES, UNITED WAY WILL INCLUDE ITS DONATING PUBLIC, ITS ACTIVE VOLUNTEERS, AND ITS PARTICIPATING AGENCIES, OPERATING IN CONCERT, WITH THE ASSISTANCE OF DYNAMIC PROFESSIONAL LEADERSHIP

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 372,030 including grants of \$ 284,228) (Revenue \$)

HELPING CHILDREN SUCCEED - EDUCATION COLLABORATIONS UWGMC FUNDS THREE COLLABORATIONS THAT HELP CHILDREN GET READY FOR SCHOOL, ASSIST TEENAGERS TO STAY IN SCHOOL AND BECOME WORK-READY, AND DEVELOP PARENTAL SKILLS SO PARENTS CAN BECOME MORE INVOLVED IN THEIR CHILDREN'S LIVES

4b

(Code) (Expenses \$ 867,859 including grants of \$ 663,037) (Revenue \$)

FOSTERING SELF-SUFFICIENCY - INCOME COLLABORATIONS UWGMC FUNDS FOUR COLLABORATIONS THAT WORK TO BUILD FAMILY STABILITY AND HELP FAMILIES TO REACH ECONOMIC SELF-SUFFICIENCY, AS WELL AS PROVIDING PERMANENT SUPPORTIVE HOUSING FOR CHRONIC HOMELESS PEOPLE

4c

(Code) (Expenses \$ 475,101 including grants of \$ 362,973) (Revenue \$)

CARING FOR SENIORS AND PEOPLE WITH DISABILITIES - HEALTH COLLABORATIONS UWGMC FUNDS TWO COLLABORATIONS THAT WORK WITH SENIORS AND PEOPLE WITH DISABILITIES TO KEEP THEM HEALTHY IN THEIR OWN HOMES, INCREASE THEIR SOCIALIZATION AND SUSTAIN CONNECTIONS IN THE COMMUNITY, AND DECREASE THEIR DEPRESSION, ANXIETY AND ISOLATION EACH PROJECT DELIVERS A "NO WRONG DOOR" SCREENING, UNIFORM ASSESSMENT, AND COORDINATED CARE MANAGEMENT SERVICE IN THEIR HOME

4d
















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

(Expenses \$ 3,089,317 including grants of \$ 2,941,419) (Revenue \$)

4e

Total program service expenses \$ 4,804,307

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2		
	b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	12		
	b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
	b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7. Organizations that may receive deductible contributions under section 170(c).					
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d. If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9. Sponsoring organizations maintaining donor advised funds.					
a. Did the organization make any taxable distributions under section 4966?			9a		
b. Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10. Section 501(c)(7) organizations. Enter					
a. Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11. Section 501(c)(12) organizations. Enter					
a. Gross income from members or shareholders.			11a		
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13. Section 501(c)(29) qualified nonprofit health insurance issuers.					
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c. Enter the amount of reserves on hand.			13c		
14a. Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION 3150 BRUNSWICK PIKE SUITE 230 LAWRENCEVILLE, NJ 086482420 (609) 637-4912

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BRIAN RATH BOARD CHAIRMAN	4 00	X		X				0	0	0
(2) ANA BERDECIA VICE CHAIR	2 00	X		X				0	0	0
(3) VITO MASTRO CPA TREASURER	2 00	X		X				0	0	0
(4) TANUJA DEHNE SECRETARY	2 00	X		X				0	0	0
(5) L DIANE CAMPBELL TRUSTEE	1 00	X						0	0	0
(6) MICHAEL CONLAN IMMEDIATE PAST BOARD CHAIR	1 00	X						0	0	0
(7) EILEEN CONWAY TRUSTEE	1 00	X						0	0	0
(8) YVETTE DONADO TRUSTEE	1 00	X						0	0	0
(9) MATTHEW J GRAGLIA TRUSTEE	1 00	X						0	0	0
(10) EUGENE MARSH TRUSTEE	1 00	X						0	0	0
(11) ELAINE R MOORIN TRUSTEE	2 00	X						0	0	0
(12) MATTHEW MURPHY TRUSTEE	1 00	X						0	0	0
(13) SCOTT NELSON TRUSTEE	1 00	X						0	0	0
(14) ELINOR RIGGS TRUSTEE	2 00	X						0	0	0
(15) JOHN SAMBORSKI TRUSTEE	1 00	X						0	0	0
(16) HERBERT KLEIN III PRESIDENT & CEO	36 00			X				15,000	0	2,487

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	175,415	0	41,687

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. **1**

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	104,835			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,294,095			
	g	Noncash contributions included in lines 1a-1f \$		204,090			
	h	Total. Add lines 1a-1f		5,398,930			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		47,827		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)			31,564		31,564
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			30,802		30,802
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		5,509,123	0	0	110,193	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,251,658	4,251,658		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	202,485	58,721	80,994	62,770
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,993	191,075	128,471	247,447
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,445	19,811	11,067	23,567
9	Other employee benefits	99,039	35,246	22,240	41,553
10	Payroll taxes	84,150	29,148	21,025	33,977
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	55,000		44,000	11,000
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	133,419	76,723	49,896	6,800
12	Advertising and promotion	8,431	2,857	2,335	3,239
13	Office expenses	95,735	20,559	36,645	38,531
14	Information technology				
15	Royalties				
16	Occupancy	214,965	53,096	77,452	84,417
17	Travel	6,756	2,206	3,086	1,464
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,913	8,472	11,695	7,746
20	Interest				
21	Payments to affiliates	88,588	32,309	26,410	29,869
22	Depreciation, depletion, and amortization	6,835	2,316	1,893	2,626
23	Insurance	15,952		15,952	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING AND MATERIALS	67,403	20,110	851	46,442
b	CONTINGENT RETIREMENT B	1,344	0	1,344	0
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,981,111	4,804,307	535,356	641,448
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			107,024	1	164,000
	2	Savings and temporary cash investments			731,822	2	666,616
	3	Pledges and grants receivable, net			2,277,041	3	1,718,024
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,603	9	26,115
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	130,514			
	b	Less: accumulated depreciation	10b	85,759	26,372	10c	44,755
	11	Investments—publicly traded securities			1,668,811	11	1,444,421
	12	Investments—other securities. See Part IV, line 11			133,024	12	153,012
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			181,971	15	180,876
16	Total assets. Add lines 1 through 15 (must equal line 34)			5,140,668	16	4,397,819	
Liabilities	17	Accounts payable and accrued expenses			280,509	17	346,707
	18	Grants payable			545,943	18	545,950
	19	Deferred revenue			1,864	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,212,001	25	780,628
	26	Total liabilities. Add lines 17 through 25			2,040,317	26	1,673,285
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,456,064	27	2,113,255
	28	Temporarily restricted net assets			618,265	28	585,257
	29	Permanently restricted net assets			26,022	29	26,022
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,100,351	33	2,724,534
34	Total liabilities and net assets/fund balances			5,140,668	34	4,397,819	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,509,123
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,981,111
3	Revenue less expenses Subtract line 2 from line 1	3	-471,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,100,351
5	Other changes in net assets or fund balances (explain in Schedule O)	5	96,171
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,724,534

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,261,340	7,976,065	5,707,164	5,107,760	5,398,930	34,451,259
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,261,340	7,976,065	5,707,164	5,107,760	5,398,930	34,451,259
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)						1,098,801
6 Public Support. Subtract line 5 from line 4						33,352,458

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,261,340	7,976,065	5,707,164	5,107,760	5,398,930	34,451,259
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	146,378	147,862	79,855	62,379	79,391	515,865
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						34,967,124
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 380 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 130 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF GREATER MERCER COUNTY	Employer identification number 21-0683073
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly 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–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
c Beginning balance	
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	612,660	525,684	668,621		
b Contributions	30,790	11,142	24,404		
c Investment earnings or losses	149,990	75,834	-167,341		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	793,440	612,660	525,684		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 96 160 %

b

Permanent endowment ▶ 3 840 %

c

Term endowment ▶

3a

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		49,639	38,344	11,295
d Equipment		80,875	47,415	33,460
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				44,755

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,509,123
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,981,111
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-471,988
4	Net unrealized gains (losses) on investments	4	96,171
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	96,171
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-375,817

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	2,949,736
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	96,171
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	96,171
3	Subtract line 2e from line 1	3	2,853,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,655,558
c	Add lines 4a and 4b	4c	2,655,558
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,509,123

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,325,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,325,553
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,655,558
c	Add lines 4a and 4b	4c	2,655,558
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,981,111

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UWGMC'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED FOR COMMUNITY SERVICE PROGRAMS. ITS ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT EVALUATED THE UWGMC'S TAX POSITIONS AND CONCLUDED THAT THE UWGMC HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE UWGMC IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2008.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 2,655,558
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 2,655,558

Additional Data

Software ID:
Software Version:
EIN: 21-0683073
Name: UNITED WAY OF GREATER MERCER COUNTY

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

4d. Other program services			
(Code) (Expenses \$	3,089,317	including grants of \$ 2,941,419) (Revenue \$)
IN ADDITION TO THE COMMUNITY COLLABORATION PROJECTS LISTED IN 4 A, B AND C, UWGMC ALLOWS DONORS TO DESIGNATE ANY 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATION FOR THE CURRENT YEAR, DONORS DESIGNATED A TOTAL OF \$1,924,848 TO OVER 1,000 SELECTED AGENCIES UWGMC ALSO SHARES CERTAIN OF ITS CAMPAIGNS ACROSS THE NEW JERSEY, NEW YORK AND CONNECTICUT REGION KNOWN AS "TRI-STATE" FOR THE CURRENT CAMPAIGN YEAR, UWGMC SHARED \$730,710 WITH THE TRI-STATE REGION			

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

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

70

3

Enter total number of other organizations

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UWGMC HAS ESTABLISHED A RESOURCE INVESTMENT CABINET (RIC), COMPRISED OF COMMUNITY VOLUNTEERS AS WELL AS UNITED WAY STAFF TO MONITOR CURRENTLY FUNDED PROJECTS AND INITIATIVES THE RIC REVIEWS REQUIRED REPORTS, CONDUCTS SITE VISITS ON A REGULAR BASIS THROUGHOUT THE GRANT CYCLE AND ASSESSES WHETHER THE PROJECTS ARE ACCOMPLISHING THEIR STATED GOALS THE RIC ALSO CONTINUALLY ASSESSES THE CHANGING COMMUNITY NEEDS, AND RECOMMENDS NEW OR REVISED FUNDING AS NEEDED A SECOND METHOD OF FUNDING PROVIDED BY UNITED WAY IS THROUGH DONOR DESIGNATIONS UWGMC ALLOWS EACH DONOR TO SELF SELECT A 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATION

Software ID:

Software Version:

EIN: 21-0683073

Name: UNITED WAY OF GREATER MERCER COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENTON AREA SOUP KITCHEN (TASK) INC72 1/2 ESCHER STREET TRENTON, NJ 086091018	22-2392881	501(C)(3)	82,036				DONOR DESIGNATION
BOYS & GIRLS CLUB OF TRENTONMERCER CTY212 CENTRE STREET TRENTON, NJ 086112294	21-0634556	501(C)(3)	6,537				DONOR DESIGNATION
BOYS & GIRLS CLUB OF TRENTONMERCER CTY212 CENTRE STREET TRENTON, NJ 086112294	21-0634556	501(C)(3)	45,000				COMMUNITY INITIATIVE GRANT
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL363 7TH AVENUE NEW YORK, NY 100013904	62-0646012	501(C)(3)	44,626				DONOR DESIGNATION
UNITED NEGRO COLLEGE FUND INC9-25 ALLING STREET NEWARK, NJ 07102	13-1624241	501(C)(3)	38,017				DONOR DESIGNATION
HOMEFRONT1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 086484518	22-3165145	501(C)(3)	23,319				DONOR DESIGNATION
DOCTORS WITHOUT BORDERSUSA FRONTIERES 333 7TH AVENUE NEW YORK, NY 100015004	13-3433452	501(C)(3)	16,456				DONOR DESIGNATION
WOMANSPACE INC1530 BRUNSWICK AVENUE LAWRENCEVILLE, NJ 08648	22-2172522	501(C)(3)	15,591				DONOR DESIGNATION
AMERICAN CANCER SOCIETY19 WEST 56TH STREET NEW YORK, NY 10019	16-0743902	501(C)(3)	15,354				DONOR DESIGNATION
UNITED WAY OF GREATER MERCER COUNTY3150 BRUNSWICK PIKE LAWRENCEVILLE, NJ 086482420	21-0683073	501(C)(3)	14,873				DONOR DESIGNATION
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - ASPCA1119 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	22-1494723	501(C)(3)	14,614				DONOR DESIGNATION
HOUSE OF CHARITY THE 631 MARKET STREET CAMDEN, NJ 08102	21-0634498	501(C)(3)	13,897				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION OF TRENTON98 CARROLL STREET TRENTON,NJ 086090790	21-0656182	501(C)(3)	13,573				DONOR DESIGNATION
MAKE-A-WISH FOUNDATION OF AMERICA 4742 NORTH 24TH STREET PHOENIX,AZ 850164862	86-0481941	501(C)(3)	12,124				DONOR DESIGNATION
BEST FRIENDS ANIMAL SOCIETY5001 ANGEL CANYON ROAD KANAB,UT 847415000	23-7147797	501(C)(3)	11,375				DONOR DESIGNATION
FOOD BANK OF SOUTH JERSEY1501 JOHN TIPTON BOULEVARD PENNSAUKEN,NJ 08110	22-2623089	501(C)(3)	11,057				DONOR DESIGNATION
AMERICAN HEART ASSOCIATION1 UNION STREET ROBBINSVILLE,NJ 08691	13-5613797	501(C)(3)	10,619				DONOR DESIGNATION
UNITED WAY OF GREATER ROCHESTER75 COLLEGE AVENUE ROCHESTER,NY 146071009	16-1015782	501(C)(3)	10,000				DONOR DESIGNATION
PUPPIES BEHIND BARS10 EAST 40TH STREET NEW YORK,NY 10016	13-3969389	501(C)(3)	9,783				DONOR DESIGNATION
MARTIN HOUSE COMMUNITY FOR JUSTICE FDN794 EAST STATE STREET TRENTON,NJ 086061025	22-2936805	501(C)(3)	9,533				DONOR DESIGNATION
WOUNDED WARRIOR PROJECT WWP INC4899 BELFORT ROAD JACKSONVILLE,FL 32256	20-2370934	501(C)(3)	9,299				DONOR DESIGNATION
CATHOLIC CHARITIES DIOCESE OF TRENTON383 WEST STATE STREET TRENTON,NJ 086071423	21-0634494	501(C)(3)	9,168				DONOR DESIGNATION
ATLANTIC CITY RESCUE MISSION2009 BACHARACH BOULEVARD ATLANTIC CITY,NJ 084013045	22-6076337	501(C)(3)	9,034				DONOR DESIGNATION
JUVENILE DIABETES RESEARCH FDN INT28 KENNEDY BOULEVARD EAST BRUNSWICK,NJ 08816	23-1907729	501(C)(3)	8,959				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF THE UNITED STATES THE2100 L STREET NW WASHINGTON, DC 200371525	53-0205390	501(C)(3)	8,900				DONOR DESIGNATION
UNITED WAY OF BUCKS COUNTY414 HOOD BOULEVARD FAIRLESS HILLS, PA 190303000	23-1409707	501(C)(3)	8,725				DONOR DESIGNATION
ANIMAL RESCUE FORCE INCPO BOX 418 EAST BRUNSWICK, NJ 08816	51-0137896	501(C)(3)	8,554				DONOR DESIGNATION
SUNSHINE FOUNDATION 1041 MILL CREEK DRIVE FEASTERVILLE, PA 19053	23-2044056	501(C)(3)	8,365				DONOR DESIGNATION
FOOD BANK OF MONMOUTH OCEAN COUNTIES3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522	501(C)(3)	8,163				DONOR DESIGNATION
COMMUNITY FOODBANK OF NEW JERSEY INC31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	22-2423882	501(C)(3)	8,017				DONOR DESIGNATION
DEBORAH HEART & LUNG CENTER200 TRENTON ROAD BROWNS MILLS, NJ 080151764	23-1550955	501(C)(3)	7,935				DONOR DESIGNATION
SPECIAL OLYMPICS NEW JERSEY3 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	7,726				DONOR DESIGNATION
SEEING EYE INC10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07963	22-1539721	501(C)(3)	7,601				DONOR DESIGNATION
FEED THE CHILDREN INC 333 NORTH MERIDIAN OKLAHOMA CITY, OK 731076568	73-6108657	501(C)(3)	7,536				DONOR DESIGNATION
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 809201050	95-3188150	501(C)(3)	7,191				DONOR DESIGNATION
SALVATION ARMY TRENTON CITADEL CORPS 575 EAST STATE STREET TRENTON, NJ 08601	13-5562351	501(C)(3)	7,173				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA FDN THE 3400 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 191045127	23-2237932	501(C)(3)	7,106				DONOR DESIGNATION
CANCER INSTITUTE OF NEW JERSEY FOUNDATION 195 LITTLE ALBANY STREET NEW BRUNSWICK, NJ 089032681	20-2959012	501(C)(3)	7,063				DONOR DESIGNATION
UNITED WAY OF BURLINGTON COUNTY INC 595 RANCO CAS ROAD RANCO CAS, NJ 08073	21-0696817	501(C)(3)	7,060				DONOR DESIGNATION
SUSAN G KOMEN FOR THE CURE-CEN & SO NJ2 PRINCESS ROAD LAWRENCEVILLE, NJ 086482320	43-2052349	501(C)(3)	7,046				DONOR DESIGNATION
ANCHOR HOUSE482 CENTRE STREET TRENTON, NJ 086112399	22-2229995	501(C)(3)	7,041				DONOR DESIGNATION
CATHEDRAL SOUP KITCHEN INC THE1514 FEDERAL STREET CAMDEN, NJ 08105	22-3114500	501(C)(3)	6,944				DONOR DESIGNATION
UNITED WAY OF BERGEN COUNTY6 FOREST AVENUE PARAMUS, NJ 076525245	22-6028959	501(C)(3)	6,842				DONOR DESIGNATION
ELIJAH'S PROMISE211 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	22-3055539	501(C)(3)	6,738				DONOR DESIGNATION
MERCER STREET FRIENDS7 DUNMORE AVENUE EWING, NJ 08618	21-0733990	501(C)(3)	6,629				DONOR DESIGNATION
AMERICAN RED CROSS107 ALEXANDER ROAD PRINCETON, NJ 08540	53-0196605	501(C)(3)	6,617				DONOR DESIGNATION
UNITED WAY OF ESSEX & WEST HUDSON304 WASHINGTON STREET NEWARK, NJ 071022735	22-6069079	501(C)(3)	6,550				DONOR DESIGNATION
ANIMAL SANCTUARY SOCIETY INC107 FAIRWAY TERRACE MOUNT LAUREL, NJ 080542321	26-0009185	501(C)(3)	6,368				DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION-GREATER PHILADELPHIA 321 NORRISTOWN ROAD AMBLER,PA 19002	23-2387205	501(C)(3)	6,270				DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION1160 ROUTE 22 EAST BRIDGEWATER,NJ 08807	13-1623888	501(C)(3)	6,209				DONOR DESIGNATION
CATHOLIC RELIEF SERVICES-USCC228 WEST LEXINGTON STREET BALTIMORE,MD 212013443	13-5563422	501(C)(3)	6,106				DONOR DESIGNATION
DIABETES FOUNDATION INC13 SUNFLOWER AVENUE PARAMUS,NJ 07652	22-3551926	501(C)(3)	5,966				DONOR DESIGNATION
R STOCKTON STATE COLLEGE OF NJ FND101 VERA KING FARRIS DRIVE GALLOWAY,NJ 082059441	22-2380702	501(C)(3)	5,363				DONOR DESIGNATION
HABITAT FOR HUMANITY INTERNATIONAL601 NORTH CLINTON AVENUE TRENTON,NJ 08638	22-2736214	501(C)(3)	5,282				DONOR DESIGNATION
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE,NJ 08691	22-2129739	501(C)(3)	5,215				DONOR DESIGNATION
RONALD MCDONALD HOUSE OF SOUTHERN NJ 550 MICKLE BOULEVARD CAMDEN,NJ 08103	22-2430393	501(C)(3)	5,123				DONOR DESIGNATION
AMERICAN INSTITUTE FOR CANCER RESEARCH1759 R STREET NW WASHINGTON,DC 20009	52-1238026	501(C)(3)	5,083				DONOR DESIGNATION
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON,DC 200907180	52-1693387	501(C)(3)	5,022				DONOR DESIGNATION
FAMILY GUIDANCE CENTER CORPORATION 1931 NOTTINGHAM WAY HAMILTON,NJ 08610	22-3237254	501(C)(3)	299,560				COMMUNITY OF SERVICES COLLABORATION GRANT
HOMEFRONT1880 PRINCETON AVENUE LAWRENCEVILLE,NJ 08648	22-3165145	501(C)(3)	52,378				FAMILY EDUCATION COLLABORATIVE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICES OF GREATER MERCER COUNTY 707 ALEXANDER ROAD PRINCETON,NJ 08542	21-0634563	501(C)(3)	159,293				PARTNERS IN CARING PROGRAM GRANT
MERCER STREET FRIENDS 151 MERCER STREET TRENTON,NJ 08611	21-0733990	501(C)(3)	135,293				THE NUTRITION ALLIANCE PROGRAM GRANT
CATHOLIC CHARITIES DIOCESE OF TRENTON383 WEST STATE STREET TRENTON,NJ 08607	21-0634494	501(C)(3)	119,080				THE MERCER COUNTY LATINO DOMESTIC VIOLENCE INITIATIVE
MERCER STREET FRIENDS 151 MERCER STREET TRENTON,NJ 08611	21-0733990	501(C)(3)	203,680				PROJECT CONNECT PROGRAM GRANT
BIG BROTHERS BIG SISTERS OF MERCER COUNTY535 E FRANKLIN ST TRENTON,NJ 08610	06-1653897	501(C)(3)	113,856				TRENTON LEADERSHIP & MENTORING PROGRAM GRANT
BETTER BEGINNINGS DAY CARE CENTERPO BOX 187 HEIGHTSTOWN,NJ 08520	22-1989487	501(C)(3)	117,944				TRIO PROGRAM GRANT
GREATER TRENTON BEHAVIORAL HEALTH CAREPOBOX 1393 TRENTON,NJ 08607	22-2351183	501(C)(3)	109,104				HOUSING FIRST INITIATIVE PROGRAM GRANT
NJ 2-1-1 PARTNERSHIP CO UNITED WAY OF MONMOUTH COUNTY1415 WYCKOFF ROAD FARMINGDALE,NJ 07727	37-1446108	501(C)(3)	36,748				INFORMATION & REFERRAL
VOLUNTEER CONNECT120 JOHN STREET PRINCETON,NJ 08542	22-3595586	501(C)(3)	20,000				VOLUNTEER OPPORTUNITIES PROGRAM GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CRAIG LAFFERTY	(i)	140,831	17,000	2,584	16,042	23,158	199,615	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER MERCER COUNTY

Employer identification number
21-0683073

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		144,950	FMV
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X		52,075	RETAIL PURCHASE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (ADVERTISING) COMPUTER	X		2,673	FMV
26 Other ► (SOFTWARE) STORE GIFT	X		4,117	FMV
27 Other ► (CARDS)	X		275	RETAIL PURCHASE
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNITED WAY OF GREATER MERCER COUNTY	Employer identification number 21-0683073
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY THE AUDITOR AND A DRAFT IS SENT TO THE UWGMC CEO/ CFO FOR A DETAILED REVIEW THE CFO THEN PRESENTS THE 990 TO BOTH THE FINANCE/AUDIT COMMITTEE AND THE BOARD OF TRUSTEES FOR REVIEW WHERE IT IS APPROVED BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE UWGMC CONFLICT OF INTEREST POLICY IS GIVEN TO EACH BOARD OF TRUSTEE MEMBER, FINANCE/ AUDIT COMMITTEE MEMBER AND EACH STAFF ANNUALLY THEY ARE INSTRUCTED TO DECLARE ANY ASSOCIATIONS ON THE POLICY , SIGN AND RETURN IT TO THE UWGMC CEO EACH MEMBER OF THE BOARD OR FINANCE/ AUDIT COMMITTEE DECLARES A CONFLICT AND ABSTAINS FROM VOTING ON ANY ISSUE THAT RELATES TO THE ORGANIZATION WHERE A CONFLICT HAS BEEN DECLARED

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 96,171

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZA TION HAS A FINANCE/ AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR