See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
UNITED WAY OF NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
222 RIDGEDALE AVENUE

City or town, state or country, and ZIP + 4
CEDAR KNOLLS, NJ 07927

F Name and address of principal officer JOHN FRANKLIN
SAME AS C ABOVE

D Employer identification number
22-1487247

E Telephone number
973-993-1160

G Gross receipts $ 11,995,680.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDWAYNNJ.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1950 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE COMMON	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	26
	6	Total number of volunteers (estimate if necessary)	3500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,526,342.	11,158,021.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,588.	394,843.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,674.	323,252.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,620,604.	11,876,116.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,996,082.	3,535,898.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,431,335.	2,473,604.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 996,936.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	373,059.	3,988,735.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,800,476.	9,998,237.
	19	Revenue less expenses Subtract line 18 from line 12	-179,872.	1,877,879.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,995,305.	14,916,825.
	21	Total liabilities (Part X, line 26)	1,211,932.	3,153,926.
	22	Net assets or fund balances Subtract line 21 from line 20	3,783,373.	11,762,899.

RECEIVED
MAY 17 2012
OGDEN, UT
IRS-OSC

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

▶ X _____ Signature of officer — Date: X 5-14-12

▶ JOHN FRANKLIN, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TODD POLYNIAK		5/10/12	☐	

Firm's name ▶ SAX MACY FROMM & CO., PC — Firm's EIN ▶

Firm's address ▶ 855 VALLEY ROAD
CLIFTON, NJ 07013-2483

Phone no. 973-472-6250

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

616

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE COMMON GOOD.
THE VISION FOR UNITED WAY OF NORTHERN NEW JERSEY IS TO IMPROVE PEOPLES LIVES AND STRENGTHEN COMMUNITIES ACROSS THE REGION BY ENSURING ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 3,019,530. including grants of $ 801,028.) (Revenue $ _____)
EDUCATION: HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
TODAY'S YOUTH ARE ENTERING A COMPLEX AND COMPETITIVE WORLD THAT REQUIRES BOTH SHARP ACADEMIC AND PRACTICAL LIFE SKILLS, SUCH AS TEAMWORK, COMMUNICATION, AND CRITICAL THINKING SAVVY. UNITED WAY OF NORTHERN NEW JERSEY IS PREPARING YOUTH IN MORRIS, NORTH ESSEX, SOMERSET, SUSSEX, AND WARREN COUNTIES TO STAY SAFE AND HEALTHY, AND TO THRIVE BY GIVING THEM THE BASIC TOOLS FOR LIFELONG SUCCESS FIRST IN SCHOOL AND LATER IN THE WORKPLACE. FROM THE NOTEBOOKS AND PENCILS THEY NEED TO WRITE THEIR FIRST WORDS TO THE GUIDANCE OF MENTORS WHO HELP THEM WEATHER THE CHALLENGES OF ADOLESCENCE, UNITED WAY PROVIDES THE FOUNDATION, FROM BIRTH THROUGH HIGH SCHOOL - THAT MAKES IT POSSIBLE FOR THE REGION'S YOUTH TO REACH THEIR FULL POTENTIAL.

4b (Code _____) (Expenses $ 2,303,025. including grants of $ 610,952.) (Revenue $ _____)
UNITED WAY AND INCOME: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
FINANCIAL PRESSURES CREATE STRESS FOR MANY FAMILIES WHOSE INCOMES BARELY PAY FOR LIFE'S NECESSITIES. THESE FAMILIES AND INDIVIDUALS ARE WALKING THE FINANCIAL TIGHT ROPE AS THEY STRUGGLE TO MAKE HOUSEHOLD PAYMENTS, PROVIDE ADEQUATE MEDICAL COVERAGE, AND KEEP FOOD ON THE TABLE. THESE HARDWORKING FRIENDS AND NEIGHBORS ARE ESSENTIAL TO OUR COMMUNITY. THESE ARE PEOPLE WE DEPEND ON EVERY DAY - CASHIERS, CHILD CARE PROVIDERS, HEALTH AIDES, AUTO MECHANICS, AND MORE. UNITED WAY OF NORTHERN NEW JERSEY IS WORKING TO ENSURE EVERYONE IN MORRIS, NORTH ESSEX, SOMERSET, SUSSEX, AND WARREN COUNTIES HAS THE ABILITY TO BE FINANCIALLY INDEPENDENT. WE TACKLE THIS PROBLEM THROUGH UNITED WAY DEVELOPED INITIATIVES AND WITH THE HELP OF OUR COMMUNITY AGENCIES.

4c (Code _____) (Expenses $ 3,134,527. including grants of $ 831,535.) (Revenue $ _____)
UNITED WAY AND HEALTH: BUILDING HEALTHIER COMMUNITIES
OUR COMMUNITIES IN MORRIS, NORTH ESSEX, SOMERSET, SUSSEX, AND WARREN COUNTIES ARE SIMILAR TO MANY OTHERS IN AMERICA WHERE CHRONIC ILLNESSES SUCH AS DIABETES AND HYPERTENSION HAVE BECOME MORE COMMON. MORE OF OUR RESIDENTS ALSO FIND THEMSELVES CARING FOR THEIR LOVED ONES WHO ARE EXPERIENCING THESE AND OTHER HEALTH ISSUES. UNITED WAY KNOWS THAT MANY HEALTH PROBLEMS ARE PREVENTABLE OR MANAGEABLE WITH DIET, PROPER MEDICAL CARE, EXERCISE, AND INCREASED ACCESS TO INFORMATION AND SUPPORT. UNFORTUNATELY, SOME FAMILIES IN NORTHERN NEW JERSEY HAVE LIMITED ACCESS TO HEALTH SERVICES AND NUTRITIOUS FOODS, AND FIND THE COST OF MEDICAL INSURANCE TOO MUCH FOR THEIR MONTHLY BUDGETS.
WE ARE WORKING TO ENSURE RESIDENTS OF OUR COMMUNITIES HAVE ACCESS TO

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 8,457,082.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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		X
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		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
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	X	
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements 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)*

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

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	6		
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	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		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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		X
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 line 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 [X]

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 16		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

BONNIE O'NEILL - 973-993-1160
222 RIDGEDALE AVENUE, CEDAR KNOLLS, NJ 07927

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. 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			
SUSAN WETZEL BOARD CHAIR	1.00	X						0.	0.	0.
THEODORE ODELL BOARD TREASURER	1.00	X						0.	0.	0.
HELEN ONG BOARD SECRETARY	1.00	X						0.	0.	0.
FRANK ABLESON BOARD MEMBER	1.00	X						0.	0.	0.
JOHN BOLICH BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL BREZNAK BOARD MEMBER	1.00	X						0.	0.	0.
JORGE CABALLERO BOARD MEMBER	1.00	X						0.	0.	0.
DAN FETE BOARD MEMBER	1.00	X						0.	0.	0.
RON HARDING BOARD MEMBER	1.00	X						0.	0.	0.
MIKE MILLEGAN VICE CHAIR	1.00	X						0.	0.	0.
ALISON MILLER BOARD MEMBER	1.00	X						0.	0.	0.
ELIN MUELLER BOARD MEMBER	1.00	X						0.	0.	0.
MARILYN PRIESTLEY BOARD MEMBER	1.00	X						0.	0.	0.
BILL RODGERS BOARD MEMBER	1.00	X						0.	0.	0.
DON SHERIDAN BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA WHITE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN FRANKLIN CEO	40.00			X				141,287.	0.	15,471.

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

(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			
CONSTANCE READ CONTROLLER	37.50			X				90,900.	0.	15,754.
BONNIE ONEILL CFO	40.00			X				0.	90,055.	23,591.
1b Sub-total						▶		232,187.	90,055.	54,816.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		232,187.	90,055.	54,816.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	9,500.				
	c Fundraising events	1c	196,389.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,952,132.				
	g Noncash contributions included in lines 1a-1f $ 9,958.						
	h **Total.** Add lines 1a-1f ▶			11,158,021.			
Program Service Revenue		Business Code					
	2a						
	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) ▶			394,843.			394,843.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents	187087.					
	b Less rental expenses						
	c Rental income or (loss)	187087.					
	d Net rental income or (loss) ▶			187,087.	187,087.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ 196,389. of contributions reported on line 1c) See Part IV, line 18	a	217691.				
	b Less direct expenses	b	119564.				
	c Net income or (loss) from fundraising events ▶			98,127.			98,127.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a SERVICE FEE INCOME	561000		38,038.	38,038.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			38,038.			
	12 **Total revenue.** See instructions. ▶			11,876,116.	225,125.	0.	492,970.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,535,898.	3,535,898.		
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	387,879.	87,693.	236,988.	63,198.
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	1,566,473.	962,605.	91,992.	511,876.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	344,466.	214,051.	15,843.	114,572.
10 Payroll taxes	174,786.	96,132.	26,218.	52,436.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	245,801.	125,359.	71,282.	49,160.
12 Advertising and promotion	18,926.	11,356.	1,892.	5,678.
13 Office expenses				
14 Information technology	30,095.	16,552.	4,514.	9,029.
15 Royalties				
16 Occupancy	242,206.	133,213.	36,331.	72,662.
17 Travel	28,556.	15,706.	4,283.	8,567.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,252.	11,689.	3,187.	6,376.
20 Interest	23,757.	13,066.	3,564.	7,127.
21 Payments to affiliates	96,230.	52,927.	14,434.	28,869.
22 Depreciation, depletion, and amortization	65,535.	36,044.	9,830.	19,661.
23 Insurance	12,403.	6,822.	1,860.	3,721.
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 SHARING WITH UNITED WAY	2,967,631.	2,967,631.		
b EVENTS FRIENDRAISING	87,408.	87,408.		
c EQUIPMENT MAINTENANCE A	84,327.	46,380.	12,649.	25,298.
d SUPPLIES	33,430.	19,402.	4,676.	9,352.
e POSTAGE	21,373.	11,755.	3,206.	6,412.
f All other expenses	9,805.	5,393.	1,470.	2,942.
25 **Total functional expenses.** Add lines 1 through 24f	9,998,237.	8,457,082.	544,219.	996,936.
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		300.	1	1,285,392.
	2	Savings and temporary cash investments		1,579,232.	2	4,384,341.
	3	Pledges and grants receivable, net		1,165,294.	3	3,575,732.
	4	Accounts receivable, net			4	23,882.
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		34,548.	9	47,486.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,696,838.			
	b	Less accumulated depreciation	10b 2,772,254.	319,327.	10c	924,584.
	11	Investments - publicly traded securities		1,896,604.	11	4,618,661.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.	15	56,747.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,995,305.	16	14,916,825.
Liabilities	17	Accounts payable and accrued expenses		90,764.	17	328,179.
	18	Grants payable		1,105,568.	18	2,289,127.
	19	Deferred revenue		15,600.	19	474,847.
	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		0.	25	61,773.
	26	**Total liabilities.** Add lines 17 through 25		1,211,932.	26	3,153,926.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,046,714.	27	8,012,759.
	28	Temporarily restricted net assets		736,659.	28	1,734,376.
	29	Permanently restricted net assets			29	2,015,764.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,783,373.	33	11,762,899.
	34	Total liabilities and net assets/fund balances		4,995,305.	34	14,916,825.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,876,116.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,998,237.
3	Revenue less expenses Subtract line 2 from line 1	3	1,877,879.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,783,373.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,101,647.
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	11,762,899.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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 [X] 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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	Employer identification number
UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY	22-1487247

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in 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 ")	6,271,250.	5,903,790.	5,274,150.	4,526,342.	11,158,021.	33,133,553.
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	6,271,250.	5,903,790.	5,274,150.	4,526,342.	11,158,021.	33,133,553.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						33,133,553.

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	6,271,250.	5,903,790.	5,274,150.	4,526,342.	11,158,021.	33,133,553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,619.	147,851.	75,556.	57,588.	394,843.	852,457.
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						33,986,010.

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.49 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.80 %

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 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 ▶ ☐

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

2010

Open to Public Inspection

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	2,316,885.				
c Net investment earnings, gains, and losses	55,791.				
d Grants or scholarships					
e Other expenditures for facilities and programs	108,718.				
f Administrative expenses					
g End of year balance	2,263,958.				

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 89.04 %
c Term endowment ▶ 10.96 %

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)	X
(ii) related organizations	3a(ii)	X

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 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		36,200.		36,200.
b Buildings		2,026,451.	1,752,504.	273,947.
c Leasehold improvements		909,213.	385,958.	523,255.
d Equipment		653,923.	571,273.	82,650.
e Other		71,051.	62,519.	8,532.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	924,584.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	Federal income taxes	
(2)	DEFERRED LEASE PAYABLE	61,773.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		61,773.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	11,876,116.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,998,237.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,877,879.
4	Net unrealized gains (losses) on investments	4	119,278.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	5,982,369.
9	Total adjustments (net). Add lines 4 through 8	9	6,101,647.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,979,526.

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	7,909,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	119,278.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	119,564.		
e	Add lines 2a through 2d			2e	238,842.
3	Subtract line 2e from line 1			3	7,670,452.
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	4,205,664.		
c	Add lines 4a and 4b			4c	4,205,664.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	11,876,116.

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

1	Total expenses and losses per audited financial statements			1	5,912,137.
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	119,564.		
e	Add lines 2a through 2d			2e	119,564.
3	Subtract line 2e from line 1			3	5,792,573.
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	4,205,664.		
c	Add lines 4a and 4b			4c	4,205,664.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	9,998,237.

Part XIV Supplemental Information

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

PART X, LINE 2: H.INCOME TAXES ØUNITED WAY OF NORTHERN NEW JERSEY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ADOPTED THIS NEW

Part XIV Supplemental Information *(continued)*

GUIDANCE FOR THE PERIOD FROM INCEPTION [JANUARY 1, 2011] THROUGH JUNE 30, 2011. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XII & PART XII LINE 2D - SPECIAL EVENT EXPENSES 119,564

PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND SHARED WITH PARTICIPATING UNITED WAYS IN THE UNITED WAY WORLDWIDE TRI STATE REGION - 2,967,631

PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND DESIGNATED TO NON PROFIT AGENCIES BY DONORS - 1,238,033

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: UNITED WAY OF NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number: 22-1487247

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 CRE NETWORK LUNCHEON (event type)	(b) Event #2 GOLF - HELP FOR CHILDREN (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	140,250.	155,560.	118,270.	414,080.
	2 Less Charitable contributions	115,523.	60,722.	20,144.	196,389.
	3 Gross income (line 1 minus line 2)	24,727.	94,838.	98,126.	217,691.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	19,453.	82,385.		101,838.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,274.	12,453.		17,727.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(119,565.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	98,126.

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

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

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ $ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

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 NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number: 22-1487247

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

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5 000 Check this box if no one recipient received more than $5,000 Part II can be duplicated 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
ABILITIES OF NORTHWEST JERSEY INC. PO BOX 251 WASHINGTON, NJ 07882	22-2053518	501C(3)	6,070.	0.			DONOR DESIGNATION
ANCHOR HOUSE INC. 482 CENTRE STREET TRENTON, NJ 08611	22-2229995	501C(3)	5,224.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF WARREN COUNTY, INC. - 2 W WASHINGTON STREET - WASHINGTON, NJ 07882	22-2313175	501C(3)	5,000.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES DIOCESE OF METUCHEN - 319 MAPLE STREET - PERTH AMBOY, NJ 08861	22-2423496	501C(3)	7,130.	0.			DONOR DESIGNATION
CENTER FOR PREVENTION 61 SPRING STREET NEWTON, NJ 07860	23-7387757	501C(3)	27,500.	0.			DONOR DESIGNATION
COLLEGE SUMMITT 1763 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-2007028	501C(3)	20,000.	0.			DONOR DESIGNATION

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

3 Enter total number of other organizations ▶

Part II 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
CREATIVE HEARTWORK 5 DRAKE CT BOONTON, NJ 07005	22-3827909	501C(3)	5,000.	0.			DONOR DESIGNATION
DOMESTIC ABUSE & SEXUAL ASSAULT CRISIS CENTER - PO BOX 88 - WASHINGTON, NJ 07882	22-2357790	501C(3)	7,400.	0.			DONOR DESIGNATION
FAMILY GUIDANCE CENTER OF WARREN COUNTY - 492 ROUTE 57 WEST - WASHINGTON, NJ 07882	22-1622427	501C(3)	10,011.	0.			DONOR DESIGNATION
HOPES AND HEROES CANCER FUND 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032	74-3066193	501C(3)	10,000.	0.			DONOR DESIGNATION
JAPAN DISASTER FUND VIA UW WORLDWIDE - 701 NORTH FAIRFAX STREET - ALEXANDRIA, VA 22314	13-1635294	501C(3)	128,598.	0.			DONOR DESIGNATION
LEGAL SERVICES OF NORTHWEST JERSEY, INC. - 34 WEST MAIN STREET - SOMERVILLE, NJ 08876	22-2092489	501C(3)	8,800.	0.			DONOR DESIGNATION
MATHENY MEDICAL AND EDUCATIONAL CENTER - PO BOX 339 - PEAPACK, NJ 07977	22-1482276	501C(3)	16,831.	0.			DONOR DESIGNATION
MIDLAND SCHOOL PO BOX 5026 NORTH BRANCH, NJ 08876	22-1666121	501C(3)	16,833.	0.			DONOR DESIGNATION
NORWESCAP 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	22-1777156	501C(3)	7,850.	0.			DONOR DESIGNATION

Part II **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
NORWESCAP 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	22-1777156	501C(3)	13,000.	0.			DONOR DESIGNATION
PEOPLE HELP PO BOX 202 SPARTA, NJ 07871	22-2388699	501C(3)	11,000.	0.			DONOR DESIGNATION
SAMARITAN INN 48 WYKER ROAD FRANKLIN, NJ 07416	22-2332307	501C(3)	14,150.	0.			DONOR DESIGNATION
SAVE THE CHILDREN FEDERATION INC 54 WILTON RD WESTPORT, CT 06880	06-0726487	501C(3)	10,050.	0.			DONOR DESIGNATION
SCARC 11 US ROUTE 206 AUGUSTA, NJ 07822	22-1775304	501C(3)	5,550.	0.			DONOR DESIGNATION
SOMERSET HILLS HANDICAPPED RIDING CENTER - 83 OLD TURNPIKE ROAD - OLDWICK, NJ 08858	23-7377601	501C(3)	16,837.	0.			DONOR DESIGNATION
SOMERSET HILLS LEARNING INSTITUTE 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	22-3593804	501C(3)	16,703.	0.			DONOR DESIGNATION
THE ARC OF SOMERSET COUNTY 141 SOUTH MAIN STREET MANVILLE, NJ 08835	22-1968555	501C(3)	19,598.	0.			DONOR DESIGNATION
UNITED WAY OF BERGEN COUNTY 6 FOREST AVE PARAMUS, NJ 07652	22-6028959	501C(3)	8,955.	0.			DONOR DESIGNATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER UNION COUNTY INC - 33 WEST GRAND STREET - ELIZABETH, NJ 07202	22-1904427	501C(3)	11,247.	0.			DONOR DESIGNATION
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD FLEMINGTON, NJ 08822	22-2431065	501C(3)	15,197.	0.			DONOR DESIGNATION
UNITED WAY OF NEW YORK CITY 2 PARK AVE NEW YORK, NY 10016	13-2617681	501C(3)	5,170.	0.			DONOR DESIGNATION
UNITED WAY OF ROCKLAND COUNTY 135 MAIN STREET NYACK, NY 10960	13-2535262	501C(3)	5,114.	0.			DONOR DESIGNATION
UNITED WAY OF THE OZARKS 320 N JEFFERSON AVE SPRINGFIELD, MO 65806	44-0552047	501C(3)	23,029.	0.			DONOR DESIGNATION
YMCA OF GREATER NEW YORK 5 WEST 63RD STREET 6TH FLR NEW YORK, NY 10023	13-1624228	501C(3)	37,500.	0.			DONOR DESIGNATION
ABILITIES OF NORTHWEST JERSEY, INC. - PO BOX 251 - WASHINGTON, NJ 07882	22-2053518	501C(3)	15,000.	0.			FUNDED PARTNER DISTRIBUTION
ADULT DAY CARE CENTER OF SOMERSET CTY, INC. - 120 FINDERNE AVE - BRIDGEWATER, NJ 08807	22-2111573	501C(3)	26,000.	0.			FUNDED PARTNER DISTRIBUTION
BIG BROTHERS BIG SISTERS OF HUNTERDON SOMERSET & WARREN - PO BOX 123 - WASHINGTON, NJ 07882	22-2313175	501C(3)	10,000.	0.			FUNDED PARTNER DISTRIBUTION

Part II **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
CATHOLIC CHARITIES, DIOCESE OF METUCHEN - PO BOX 191 - METUCHEN, NJ 08840	22-2423496	501C(3)	64,500.	0.			FUNDED PARTNER DISTRIBUTION
CATHOLIC FAMILY & COMMUNITY SERVICES - 48 WYKER ROAD - FRANKLIN, NJ 07416	22-1487121	501C(3)	18,050.	0.			FUNDED PARTNER DISTRIBUTION
CENTER FOR PREVENTION AND COUNSELING - 61 SPRING ST - NEWTON, NJ 07860	23-7387757	501C(3)	29,750.	0.			FUNDED PARTNER DISTRIBUTION
CENTRAL JERSEY HOUSING RESOURCE CENTER - 600 FIRST AVE, SUITE 3 - RARITAN, NJ 08869	22-2928661	501C(3)	37,000.	0.			FUNDED PARTNER DISTRIBUTION
COPE CENTER 14 BLOOMFIELD AVE MONTCLAIR, NJ 07042	22-1968536	501C(3)	20,000.	0.			FUNDED PARTNER DISTRIBUTION
DASI PO BOX 805 NEWTON, NJ 07860	22-2955702	501C(3)	14,250.	0.			FUNDED PARTNER DISTRIBUTION
DOMESTIC ABUSE & SEXUAL ASSAULT CRISIS CENTER - PO BOX 423 - BELVIDERE, NJ 07823	22-2357790	501C(3)	14,800.	0.			FUNDED PARTNER DISTRIBUTION
ELIJAH'S PROMISE 211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501C(3)	13,000.	0.			FUNDED PARTNER DISTRIBUTION
FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY - 339 WEST SECOND ST - BOUND BROOK, NJ 08805	22-1508565	501C(3)	17,000.	0.			FUNDED PARTNER DISTRIBUTION

Part II 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
FAMILY GUIDANCE CENTER OF WARREN COUNTY - 492 ROUTE 57 WEST - WASHINGTON, NJ 07882	22-1622427	501C(3)	21,000.	0.			FUNDED PARTNER DISTRIBUTION
FOOD BANK NETWORK OF SOMERSET COUNTY - PO BOX 149 - BOUND BROOK, NJ 08805	22-2405550	501C(3)	15,000.	0.			FUNDED PARTNER DISTRIBUTION
FRANKLIN TOWNSHIP FOODBANK PO BOX 333 SOMERSET, NJ 08875	22-2406472	501C(3)	20,000.	0.			FUNDED PARTNER DISTRIBUTION
FREEDOM HOUSE INC. PO BOX 367 GLEN GARDNER, NJ 08826	22-2638093	501C(3)	25,000.	0.			FUNDED PARTNER DISTRIBUTION
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	22-1512252	501C(3)	14,000.	0.			FUNDED PARTNER DISTRIBUTION
HOMECORP 1 WOODLAND AVE MONTCLAIR, NJ 07042	22-2904529	501C(3)	15,000.	0.			FUNDED PARTNER DISTRIBUTION
INTERFAITH HOSPITALITY NETWORK OF SOMERSET COUNTY - 98 WEST END AVE - SOMERVILLE, NJ 08876	52-1752472	501C(3)	24,838.	0.			FUNDED PARTNER DISTRIBUTION
LEGAL SERVICES OF NORTHWEST JERSEY 34 WEST MAIN ST, SUITE 301 SOMERVILLE, NJ 08876	22-2092489	501C(3)	108,033.	0.			FUNDED PARTNER DISTRIBUTION
MARTIN LUTHER KING YOUTH CENTER 1298 PRINCE ROGERS AVE BRIDGEWATER, NJ 08807	22-2043677	501C(3)	40,000.	0.			FUNDED PARTNER DISTRIBUTION

Part II **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
MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC. - 33 SOUTH FULLERTON AVE - MONTCLAIR, NJ 07042	22-1568147	501C(3)	10,000.	0.			FUNDED PARTNER DISTRIBUTION
MENTAL HEALTH ASSOCIATION OF MORRIS COUNTY - 100 ROUTE 46 EAST, BUILDING C - MOUNTAIN LAKES, NJ 07046	22-1544375	501C(3)	23,647.	0.			FUNDED PARTNER DISTRIBUTION
MIDDLE EARTH PO BOX 8045 BRIDGEWATER, NJ 08807	22-1976521	501C(3)	17,500.	0.			FUNDED PARTNER DISTRIBUTION
MONTCLAIR NEIGHBORHOOD DEVELOPMENT CORP - 228 BLOOMFIELD AVE - MONTCLAIR, NJ 07042	22-1908346	501C(3)	18,000.	0.			FUNDED PARTNER DISTRIBUTION
MORRIS CENTER YMCA 79 HORSE HILL RD CEDAR KNOLLS, NJ 07927	22-1487618	501C(3)	29,500.	0.			FUNDED PARTNER DISTRIBUTION
MORRIS COUNTY ORGANIZATION FOR HISPANIC AFFAIRS - 95-97 BASSETT HIGHWAY - DOVER, NJ 07801	22-2137333	501C(3)	23,703.	0.			FUNDED PARTNER DISTRIBUTION
MORRISTOWN NEIGHBORHOOD HOUSE 12 FLAGLER ST MORRISTOWN, NJ 07960	22-1487584	501C(3)	127,908.	0.			FUNDED PARTNER DISTRIBUTION
MOUNT OLIVE CHILD CARE 150 WOLFE RD BUDD LAKE, NJ 07828	22-2157202	501C(3)	46,400.	0.			FUNDED PARTNER DISTRIBUTION
MRS. WILSON'S HALFWAY HOUSE 56 MT. KEMBLE AVE MORRISTOWN, NJ 07960	51-0195683	501C(3)	5,600.	0.			FUNDED PARTNER DISTRIBUTION

Part II 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
NEIGHBORHOOD CHILD CARE CENTER, INC. - 30 MAPLE AVENUE - MONTCLAIR, NJ 07042	22-2143950	501C(3)	25,000.	0.			FUNDED PARTNER DISTRIBUTION
NEWBRIDGE SERVICES PO BOX 336 POMPTON PLAINS, NJ 07444	22-1725830	501C(3)	20,365.	0.			FUNDED PARTNER DISTRIBUTION
NORWESCAP 350 MARSHALL ST PHILLIPSBURG, NJ 08865	22-1777156	501C(3)	43,900.	0.			FUNDED PARTNER DISTRIBUTION
PARSIPPANY CHILD DAY CARE CENTER 300 BALDWIN ROAD PARSIPPANY, NJ 07054	22-1864906	501C(3)	13,000.	0.			FUNDED PARTNER DISTRIBUTION
PARTNERS FOR WOMEN AND JUSTICE 60 SOUTH FULLERTON AVE, SUITE 211 MONTCLAIR, NJ 07042	22-3825867	501C(3)	15,000.	0.			FUNDED PARTNER DISTRIBUTION
PEOPLE HELP OF SUSSEX COUNTY PO BOX 202 SPARTA, NJ 07871	22-2388699	501C(3)	20,901.	0.			FUNDED PARTNER DISTRIBUTION
PG CHAMBERS EARLY INTERVENTION 15 HALKO RD CEDAR KNOLLS, NJ 07927	22-1551480	501C(3)	29,800.	0.			FUNDED PARTNER DISTRIBUTION
RESOURCE CENTER OF SOMERSET 427 HOMESTEAD ROAD HILLSBOROUGH, NJ 08844	22-2205833	501C(3)	68,375.	0.			FUNDED PARTNER DISTRIBUTION
ROXBURY DAY CARE CENTER 25 RIGHTER RD SUCCASUNNA, NJ 07876	22-1981901	501C(3)	30,475.	0.			FUNDED PARTNER DISTRIBUTION

Part II **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
SALVATION ARMY 13 TRINITY PLACE MONTCLAIR, NJ 07042	13-5562351	501C(3)	16,000.	0.			FUNDED PARTNER DISTRIBUTION
SALVATION ARMY 95 SPRING ST MORRISTOWN, NJ 07960	13-5562351	501C(3)	19,500.	0.			FUNDED PARTNER DISTRIBUTION
SAMARITAN INN 48 WYKER ROAD FRANKLIN, NJ 07416	22-2332307	501C(3)	53,767.	0.			FUNDED PARTNER DISTRIBUTION
SCARC, INC. 11 US ROUTE 206, SUITE 100 AUGUSTA , NJ 07822	22-1775304	501C(3)	11,590.	0.			FUNDED PARTNER DISTRIBUTION
SOMERSET COUNTY VOCATIONAL-TECHNICAL HS [TWILIGHT PROGRAM] - PO BOX 6350 - BRIDGEWATER, NJ 08807	52-1872198	501C(3)	18,000.	0.			FUNDED PARTNER DISTRIBUTION
SOMERSET TREATMENT SERVICES 118 WEST END AVE SOMERVILLE, NJ 08876	22-2526128	501C(3)	15,000.	0.			FUNDED PARTNER DISTRIBUTION
THE ARC OF SOMERSET COUNTY 141 SOUTH MAIN ST MANVILLE, NJ 08835	22-1968555	501C(3)	19,500.	0.			FUNDED PARTNER DISTRIBUTION
THE LEARNING GATE ASSOCIATION INC. 816 OLD YORK ROAD RARITAN, NJ 08869	22-6093681	501C(3)	27,500.	0.			FUNDED PARTNER DISTRIBUTION
TOWNSHIP OF VERONA/VERONA LIONS CLUB - 880 BLOOMFIELD AVE - VERONA, NJ 07044	22-6002360	501C(3)	10,000.	0.			FUNDED PARTNER DISTRIBUTION

Part II 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
UJC OF METROWEST 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981	22-1487222	501C(3)	8,000.	0.			FUNDED PARTNER DISTRIBUTION
UNITED CEREBRAL PALSY OF NORTHERN, CENTRAL AND SOUTHERN NJ, INC. - 245 MAIN ST, SUITE 113 - CHESTER, NJ 07930	22-2830714	501C(3)	14,000.	0.			FUNDED PARTNER DISTRIBUTION
VISITING HOMEMAKER SERVICE OF WARREN COUNTY, INC. - PO BOX 306 - WASHINGTON, NJ 07882	22-1808699	501C(3)	10,000.	0.			FUNDED PARTNER DISTRIBUTION
VISITING NURSE ASSN OF NORTHERN NEW JERSEY - 38 ELM ST - MORRISTOWN, NJ 07960	22-1487368	501C(3)	51,226.	0.			FUNDED PARTNER DISTRIBUTION
WOMEN'S HEALTH AND COUNSELING CENTER - 71 FOURTH ST - SOMERVILLE, NJ 08876	22-2389503	501C(3)	22,000.	0.			FUNDED PARTNER DISTRIBUTION
ADA BUDRICK 220 VREELAND AVE BOONTON, NJ 07005	22-1863337	501C(3)	21,500.	0.			FUNDED PARTNER DISTRIBUTION
AMERICAN RED CROSS - NORTHERN NEW JERSEY - 29 ELM ST - MORRISTOWN, NJ 07960	53-0196605	501C(3)	33,655.	0.			FUNDED PARTNER DISTRIBUTION
BIG BROTHERS/BIG SISTERS 1259 US HWY 46E, BLDG. 3 PARSIPPANY, NJ 07054	22-2450889	501C(3)	27,200.	0.			FUNDED PARTNER DISTRIBUTION
CHILDREN ON THE GREEN 50 PARK PLACE MORRISTOWN, NJ 07960	22-3256124	501C(3)	25,800.	0.			FUNDED PARTNER DISTRIBUTION

Part II 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
COLLINSVILLE CHILD CARE CENTER 901 ROUTE 10 WHIPPANY, NJ 07981	22-1899892	501C(3)	21,043.	0.			FUNDED PARTNER DISTRIBUTION
DAWN CENTER FOR INDEPENDENT LIVING INC. - 30 BROAD ST, UNIT 5 - DENVILLE, NJ 07834	22-3496995	501C(3)	16,794.	0.			FUNDED PARTNER DISTRIBUTION
DEIRDRE'S HOUSE 8 COURT ST MORRISTOWN, NJ 07960	22-3308574	501C(3)	6,500.	0.			FUNDED PARTNER DISTRIBUTION
DOVER CHILD CARE CENTER, INC. 50 N MORRIS ST DOVER, NJ 07801	23-7032636	501C(3)	35,000.	0.			FUNDED PARTNER DISTRIBUTION
DRESS FOR SUCCESS 25 COOK AVE MADISON, NJ 07940	22-3661183	501C(3)	10,815.	0.			FUNDED PARTNER DISTRIBUTION
EL PRIMER PASO 29 SEGUR ST. DOVER, NJ 07801	22-2124259	501C(3)	20,017.	0.			FUNDED PARTNER DISTRIBUTION
EMPLOYMENT HORIZONS 10 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	22-1612741	501C(3)	21,672.	0.			FUNDED PARTNER DISTRIBUTION
FAMILY SERVICE OF MORRIS COUNTY 62 ELM ST MORRISTOWN, NJ 07960	22-1489900	501C(3)	191,884.	0.			FUNDED PARTNER DISTRIBUTION
HEAD START 18 THOMPSON AVE DOVER, NJ 07801	22-2507286	501C(3)	66,039.	0.			FUNDED PARTNER DISTRIBUTION

Part II 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
HOMELESS SOLUTIONS 6 DUMONT PLACE, 3RD FLOOR MORRISTOWN, NJ 07801	22-2491675	501C(3)	58,017.	0.			FUNDED PARTNER DISTRIBUTION
HOPE HOUSE PO BOX 851, 19-21 BELMONT AVE. DOVER, NJ 07801	22-2921100	501C(3)	29,319.	0.			FUNDED PARTNER DISTRIBUTION
HOUSING PARTNERSHIP FOR MORRIS COUNTY - 2 EAST BLACKWELL ST, SUITE 12 - DOVER, NJ 07801	22-3194848	501C(3)	5,747.	0.			FUNDED PARTNER DISTRIBUTION
INTERFAITH COUNCIL FOR HOMELESS FAMILIES - PO BOX 1494 - MORRISTOWN, NJ 07962	52-1572014	501C(3)	9,502.	0.			FUNDED PARTNER DISTRIBUTION
JEFFERSON CHILD CARE PO BOX 527, NOLANS POINT RD LAKE HOPATCONG, NJ 07849	22-2047663	501C(3)	27,800.	0.			FUNDED PARTNER DISTRIBUTION
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN, NJ 07960	22-2170048	501C(3)	76,331.	0.			FUNDED PARTNER DISTRIBUTION
JEWISH FAMILY SERVICE OF METROWEST 256 COLUMBIA TURNPIKE, SUITE 105 FLORHAM PARK, NJ 07932	22-1687995	501C(3)	9,000.	0.			FUNDED PARTNER DISTRIBUTION
LAKELAND HILLS FAMILY YMCA 100 FANNY ROAD MOUNTAIN LAKES, NJ 07046	22-1559438	501C(3)	5,750.	0.			FUNDED PARTNER DISTRIBUTION
LITERACY VOLUNTEERS OF MORRIS COUNTY - 10 PINE ST - MORRISTON, NJ 07960	22-2815591	501C(3)	13,725.	0.			FUNDED PARTNER DISTRIBUTION

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
Part III can be duplicated 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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: UNITED WAY OF NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number: 22-1487247

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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 JOHN FRANKLIN	(i)	141,287.	0.	0.	0.	15,471.	156,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 990-EZ 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 NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number: 22-1487247

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

GOOD.

THE VISION FOR UNITED WAY OF NORTHERN NEW JERSEY IS TO IMPROVE PEOPLE'S LIVES AND STRENGTHEN COMMUNITIES ACROSS THE REGION BY ENSURING ALL CITIZENS HAVE ACCESS TO THE BASIC BUILDING BLOCKS OF A GOOD LIFE - EDUCATION, INCOME, AND HEALTH.

FORM 990, PAGE 1, PART I, LINE 5

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2010.

THE NUMBER OF EMPLOYEES FOR 2010 DOES NOT INCLUDE ENTITIES MERGED INTO THE UNITED WAY OF NORTHERN NEW JERSEY ON JANUARY 1, 2011.

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

CITIZENS HAVE ACCESS TO THE BASIC BUILDING BLOCKS OF A GOOD LIFE - EDUCATION, INCOME, AND HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ARE WORKING TO ENSURE CHILDREN'S BASIC NEEDS ARE BEING MET, THEIR EXPERIENCE AT CHILD CARE CENTERS AND SCHOOLS IS POSITIVE AND INSTRUCTIVE, AND PARENTS ARE ACTIVELY INVOLVED IN THEIR DEVELOPMENT. THE FOLLOWING INITIATIVES AND PROJECTS ARE DEDICATED TO THE SUCCESS OF OUR CHILDREN.

PROMOTING SCHOOL SUCCESS: ENSURING CHILDREN ARE READY TO LEARN

UNITED WAY OF NORTHERN NEW JERSEY IS WORKING TO ENSURE THAT CHILDREN, FROM INFANCY THROUGH PRESCHOOL, RECEIVE A QUALITY FOUNDATION TO PREPARE

THEM TO ENTER KINDERGARTEN READY TO LEARN, SAVING OUR COMMUNITIES THE COSTLY GAME OF CATCH-UP LATER IN LIFE. THE INTERACTIONS CHILDREN HAVE WITH THEIR PARENTS, CAREGIVERS, AND TEACHERS IN THEIR FIRST YEARS ARE CRITICAL TO THEIR SOCIAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT.

SUPPORTING EARLY LITERACY: AT-RISK CHILDREN NEED ADULTS TO READ TO THEM EARLY AND OFTEN IN ORDER TO BUILD THEIR VOCABULARY AND HAVE THEM ENTER KINDERGARTEN ON TRACK WITH THEIR PEERS. THE UNITED WAY READY TO LEARN INITIATIVE AND OUR PARTNERSHIP WITH DOLLY PARTON'S IMAGINATION LIBRARY PROVIDE FAMILIES WITH AGE-APPROPRIATE CHILDREN'S BOOKS FROM BIRTH THROUGH PRESCHOOL TO HELP GUIDE PARENTS ON HOW TO MAKE READING AN INTEGRAL PART OF CHILDREN'S EARLY EXPERIENCES.

PROVIDING CHILD CARE SCHOLARSHIPS: MORE THAN 800 CHILDREN FROM LOW-INCOME FAMILIES ARE GIVEN A SOLID FOUNDATION FOR KINDERGARTEN THROUGH OPPORTUNITIES TO ATTEND QUALITY CHILD CARE CENTERS THROUGH UNITED WAY SUCCESS BY 6'S CHILD CARE SCHOLARSHIP PROGRAM.

IMPROVING CLASSROOM QUALITY: TO COMBAT HIGH TURNOVER AMONG EARLY CHILDHOOD EDUCATORS, UNITED WAY SUCCESS BY 6'S CHILD DEVELOPMENT ASSOCIATE TRAINING PROVIDES TEACHERS WITH PROFESSIONAL DEVELOPMENT TO REFINE THEIR SKILLS AND ENHANCE CLASSROOM QUALITY. IN ADDITION, SUCCESS BY 6 HELPS CHILD CARE CENTERS IMPLEMENT BEST PRACTICES TO ACHIEVE ACCREDITATION FROM THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN.

MEETING BASIC NEEDS: INFANTS CANNOT FOCUS THEIR ENERGIES ON LEARNING IF THEY ARE COLD OR UNCOMFORTABLE. UNTIL LONG-TERM SOLUTIONS CAN BE IMPLEMENTED TO HELP STRUGGLING FAMILIES ADDRESS SELF-SUFFICIENCY, THE UNITED WAY BABY STEPS CLOTHING DRIVE MEETS ONE OF THE MOST BASIC NEEDS FOR AN INFANT - THE NEED TO BE PROPERLY CLOTHED.

SUPPORTING PARENTS: PARENTS LEARN ACCURATE CHILD DEVELOPMENT STANDARDS

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY | Employer identification number 22-1487247

AND SUCCESSFUL STRATEGIES FOR HELPING THEIR CHILDREN ACHIEVE THEIR POTENTIAL THROUGH UNITED WAY FAMILY SUCCESS CENTER'S FATHERHOOD SEMINARS, SUCCESS BY 6 PARENTING WORKSHOPS AND OTHER EDUCATIONAL INFORMATION SESSIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ARE WORKING TO ENSURE RESIDENTS OF OUR COMMUNITIES HAVE THE ABILITY TO BUILD AND SUSTAIN ASSETS, AND AFFORD THE BASIC NECESSITIES. THE FOLLOWING INITIATIVES AND PROJECTS HELP FAMILIES AND INDIVIDUALS BUILD THE FOUNDATION FOR A SAFE AND STABLE LIFE.

I.FINANCIAL STABILITY: STRENGTHENING THE FINANCIAL FOUNDATION FOR ALL

FINANCIAL PRESSURES CREATE DAILY CHALLENGES FOR MANY FAMILIES, MAKING IT DIFFICULT TO MAINTAIN SELF-SUFFICIENCY AND SAVE FOR THE FUTURE. THROUGH UNITED WAY OF NORTHERN NEW JERSEY DEVELOPED INITIATIVES AND THE SUPPORT OF OUR COMMUNITY AGENCIES, WE ARE HELPING FAMILIES ACHIEVE FINANCIAL INDEPENDENCE.

SUPPORTING FINANCIAL EDUCATION: MANY FAMILIES AND INDIVIDUALS SIMPLY DO NOT HAVE THE TOOLS TO BECOME FINANCIALLY STABLE. THE UNITED WAY FAMILY SUCCESS CENTER SUPPORTS HARD-WORKING FAMILIES AND INDIVIDUALS THROUGH LOCAL SOCIAL SERVICES AND EDUCATIONAL PROGRAMS TO HELP THEM ACHIEVE FINANCIAL STABILITY. THE CENTER'S FINANCIAL LITERACY SEMINARS OFFER CLASSES FOR CHILDREN AGES THREE THROUGH ADULTHOOD THAT FOCUS ON BUDGETING, SAVING, BUILDING CREDIT, AND MORE.

INCREASING HOUSEHOLD INCOME: EACH YEAR, NEW JERSEY RESIDENTS MISS OUT ON THOUSANDS OF DOLLARS BY NOT CLAIMING CRITICAL TAX CREDITS ON THEIR FEDERAL AND STATE TAX RETURNS. OTHERS LOSE MUCH OF THEIR RETURN TO HIGH COMMERCIAL PREPARATION FEES BECAUSE THEY SIMPLY DO NOT KNOW WHERE TO TURN FOR RELIABLE AND AFFORDABLE HELP. UNITED WAY COLLABORATES WITH

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY | Employer identification number 22-1487247

COMMUNITY PARTNERS TO HELP RESIDENTS WITH FREE TAX PREPARATION AND EDUCATION ABOUT TAX CREDITS THAT CAN LEAD THEM ON THE PATH TO FINANCIAL INDEPENDENCE. THESE MUCH-NEEDED EXTRA FUNDS CAN BE THE FIRST STEP ON THE ROAD TO FINANCIAL STABILITY, CREATING SAVINGS FOR EMERGENCIES OR SERVING AS A DOWN PAYMENT ON A HOME.

MEETING BASIC NEEDS: WE ARE ALL STRUGGLING WITH THE NATIONS ECONOMIC DOWNTURN, BUT IT IS ESPECIALLY HARD FOR LOW-INCOME FAMILIES AND INDIVIDUALS IN OUR COMMUNITIES. UNITED WAY ADDRESSES EMERGENCY NEEDS THROUGH THE UNITED WAY HOLIDAY FUND, GIFTS OF THE SEASON, FRONT LINE FUND, AND GIFT OF WARMTH NEW COAT DRIVE TO HELP STRUGGLING FAMILIES AND INDIVIDUALS WITH BASIC NEEDS UNTIL LONG-TERM SOLUTIONS ARE ESTABLISHED.

IMPROVING JOB OPPORTUNITIES: EVEN DURING A HEALTHY ECONOMY, JOB OPPORTUNITIES THAT PAY ENOUGH TO SUPPORT A FAMILY CAN BE DIFFICULT TO OBTAIN IN OUR COMPETITIVE REGION. THE UNITED WAY WORKFORCE DEVELOPMENT INITIATIVE IS WORKING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IDENTIFY THE ROOT CAUSES OF UNEMPLOYMENT AND LOW-WAGE JOBS TO FIND SOLUTIONS FOR A MORE ECONOMICALLY HEALTHY AND VIBRANT NORTHERN NEW JERSEY. ADDITIONALLY, UNITED WAY FAMILY SUCCESS CENTER HAS AN EMPLOYMENT CENTER TO HELP RESIDENTS OBTAIN JOBS BY OFFERING CAREER COUNSELING, RESUME WRITING AND INTERVIEW PREPARATION WORKSHOPS, AND CAREER SUPPORT GROUPS.

PROVIDING FINANCIAL MENTORS: MENTORING CHANGES LIVES. INDIVIDUALS BUILD CONFIDENCE, DEVELOP STRONGER INTERPERSONAL SKILLS, SET GOALS, AND ACHIEVE HIGHER STANDARDS. THE UNITED WAY CENTER FOR FINANCIAL GROWTH PAIRS FAMILIES AND INDIVIDUALS WITH FINANCIAL MENTORS TO DEVELOP A PERSONALIZED PLAN TO MEET THEIR FINANCIAL GOALS. THESE MENTORS MONITOR FAMILIES' PROGRESS AND PROVIDE SUPPORT AND COUNSELING ALONG THE WAY.

II. HOUSING FOR ALL: BUILDING THE FOUNDATION FOR A SAFE AND STABLE LIFE

HOUSING COSTS CAN BE OVERWHELMING TO ALREADY TIGHT BUDGETS. AS A RESULT, FAMILIES MAY BE FORCED TO MAKE TOUGH DECISIONS BETWEEN PAYING FOR HOUSING OR NECESSITIES LIKE MEDICINE AND NUTRITIOUS MEALS. THROUGH LOCAL UNITED WAY DEVELOPED INITIATIVES AND THE SUPPORT OF OUR COMMUNITY AGENCIES, WE ARE HELPING FAMILIES AND INDIVIDUALS FIND AFFORDABLE HOUSING SOLUTIONS.

CREATING LONG-TERM SOLUTIONS TO END HOMELESSNESS: IN ORDER TO SOLVE A CRITICAL COMMUNITY PROBLEM, WE MUST FIRST IDENTIFY THE ROOT CAUSES OF THE ISSUE. IN AN EFFORT TO PREVENT HOMELESSNESS FROM HAPPENING IN THE FIRST PLACE, UNITED WAY, ALONG WITH OTHER LOCAL COMMUNITY PARTNERS, IS WORKING WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT TO EXAMINE WHY HOMELESSNESS OCCURS IN OUR COMMUNITIES. FROM THESE FINDINGS, WE WILL WORK TOGETHER TO DEVELOP AND IMPLEMENT 10 YEAR PLANS TO END HOMELESSNESS IN NORTHERN NEW JERSEY.

PREVENTING HOMELESSNESS: LOW-INCOME WORKING FAMILIES WHO ARE ALREADY STRUGGLING TO PROVIDE FOR THEIR FAMILIES OFTEN HAVE NO BACK-UP RESOURCES TO PAY THE RENT WHEN FACED WITH SUDDEN UNEXPECTED EXPENSES, LIKE MEDICAL EMERGENCIES OR A CAR IN NEED OF REPAIRS. THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) IS A FEDERAL PROGRAM THAT MEETS THE NEEDS OF HUNGRY AND HOMELESS PEOPLE AND THOSE AT RISK OF BECOMING HOMELESS DUE TO EMERGENCY AND/OR ECONOMIC DOWNTURN. THROUGH THIS PROGRAM, THE GOVERNMENT ALLOCATES FEDERAL FUNDS TO SUPPLEMENT THE WORK OF LOCAL AGENCIES PROVIDING FOOD, SHELTER, AND UTILITY ASSISTANCE. UNITED WAY OF NORTHERN NEW JERSEY LEADS THE LOCAL EFSP BOARD, WHICH ANNUALLY REVIEWS THE CURRENT NEEDS AND ALLOCATES FUNDING ACCORDINGLY.

INCREASING ACCESS TO AFFORDABLE HOUSING: FOR YEARS, HOUSING COSTS IN OUR REGION HAVE RISEN MORE THAN THE HOUSEHOLD ANNUAL INCOME. AS A RESULT, LOW-INCOME FAMILIES AND INDIVIDUALS OF THE ALICE POPULATION (AN

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

ACRONYM FOR ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED INDIVIDUALS) FIND IT INCREASINGLY DIFFICULT TO FIND AND MAINTAIN HOUSING THAT IS AFFORDABLE. THE UNITED WAY HOUSING ALLIANCE STRIVES TO MAKE AFFORDABLE HOUSING ACCESSIBLE FOR ALL FAMILIES AND INDIVIDUALS IN MORRIS COUNTY. THE ALLIANCE WORKS TOGETHER TO RAISE AWARENESS ABOUT THIS CRITICAL NEED AND ADDRESSES MORRIS COUNTY'S UNIQUE HOUSING CHALLENGES.

MEETING BASIC NEEDS: FAMILIES AND INDIVIDUALS CANNOT BREAK THE CYCLE OF HOMELESSNESS WITHOUT THE HELPING HANDS OF THE COMMUNITY. UNITED WAY OF NORTHERN NEW JERSEY SUPPORTS ANNUAL PROJECT HOMELESS CONNECT EVENTS - ONE-DAY, ONE-STOP COMMUNITY EVENTS TO HELP INDIVIDUALS WHO ARE HOMELESS ACCESS SERVICES WHILE INCREASING PUBLIC AWARENESS OF THIS CRITICAL ISSUE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH CARE, HEALTHY FOOD ALTERNATIVES, SUPPORT FOR UNPAID FAMILY CAREGIVERS, AND KNOWLEDGE OF POSITIVE LIFESTYLE CHOICES. THE FOLLOWING INITIATIVES AND PROJECTS ARE DEDICATED TO BUILDING HEALTHIER COMMUNITIES:

I. HEALTHY LIVING: INCREASING ACCESS TO HEALTH CARE OPTIONS

UNITED WAY OF NORTHERN NEW JERSEY IS BUILDING A HEALTHIER COMMUNITY BY ENSURING THAT ALL PEOPLE RECEIVE THE CARE AND SUPPORT THEY NEED FOR A HEALTHY LIFE. WE WORK TO GUARANTEE THAT EVERYONE HAS ACCESS TO INFORMATION ON HEALTH SERVICES, EDUCATION ON GOOD HEALTH PRACTICES, AND OPTIONS FOR AFFORDABLE QUALITY CARE.

PROVIDING SUPPORT FOR CAREGIVERS: THOUSANDS OF AREA RESIDENTS ARE CARING FOR LOVED ONES WHO SUFFER FROM A PHYSICAL, MENTAL OR DEVELOPMENTAL DISABILITY, CHRONIC ILLNESS, OR ISSUES OF AGING. UNITED WAY CAREGIVERS COALITION WORKS TO ENSURE THAT THESE UNPAID FAMILY

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

CAREGIVERS HAVE ACCESS TO THE SUPPORT NEEDED TO SUSTAIN THEM IN THIS ROLE. THE COALITION PROVIDES SERVICES, EDUCATIONAL PROGRAMS, AND RESOURCES TO IMPROVE THE LIVES OF CAREGIVERS.

INCREASING ACCESS TO HEALTHY LIVING SUPPORT SYSTEMS: PATRONS OF AREA FOOD PANTRIES AND SOUP KITCHENS OFTEN STRUGGLE IN OTHER AREAS OF THEIR LIVES AND NEED SUPPORT AND REFERRALS TO AVAILABLE COMMUNITY RESOURCES. UNITED WAY PANTRY PARTNERS PRODUCES A "RESOURCE GUIDE FOR SUBURBAN ESSEX COUNTY" TO PROVIDE COMMUNITY MEMBERS WITH INFORMATION ON THE VARIOUS SERVICES AVAILABLE TO HELP NEEDY FAMILIES AND INDIVIDUALS IN OUR AREA.

MAKING AFFORDABLE HEALTH CARE OPTIONS AVAILABLE: OFTEN STRUGGLING FAMILIES DO NOT HAVE PRESCRIPTION DRUG INSURANCE COVERAGE AND ARE FORCED TO MAKE TOUGH CHOICES BETWEEN PAYING FOR NEEDED MEDICATION AND PUTTING FOOD ON THE TABLE. UNITED WAY WORKS TO DISTRIBUTE DISCOUNT PRESCRIPTION CARDS TO COMMUNITY MEMBERS SO THEY CAN TAKE ADVANTAGE OF SAVINGS OF UP TO 30 PERCENT AND DO NOT HAVE TO MAKE THIS DIFFICULT CHOICE.

SUPPLYING REASONABLE MEDICAL INSURANCE OPTIONS: UNFORTUNATELY, THERE ARE A NUMBER OF HOUSEHOLDS IN OUR AREA THAT STILL DO NOT HAVE ADEQUATE MEDICAL INSURANCE. UNITED WAY FAMILY SUCCESS CENTER INCREASES ACCESS TO LOW COST MEDICAL INSURANCE BY PROVIDING A BIMONTHLY LOCATION FOR AREA FAMILIES TO SIGN UP FOR NJ FAMILY CARE OR SYMBEO INSURANCE.

EDUCATING ON GOOD HEALTH PRACTICES: OUR COMMUNITY MEMBERS WITH LOW-PAYING JOBS CAN BARELY SURVIVE THE HIGH COST OF LIVING IN OUR AREA. THEY ARE OFTEN FORCED TO MAKE POOR HEALTH CHOICES DUE TO THE ADDED EXPENSE OF LIVING HEALTHY. UNITED WAY WORKS TO HELP THESE PEOPLE LIVE A HEALTHIER LIFE BY PRESENTING HEALTH FAIRS AND HEALTHY LIVING SEMINARS DESIGNED TO INCREASE ACCESS TO HEALTH CARE PROVIDERS, DIAGNOSTIC TESTS,

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

AND HEALTHY LIVING INFORMATION. SERVICES RANGE FROM FREE MAMMOGRAMS FOR THE UNINSURED, TO FREE DENTAL SCREENINGS FOR CHILDREN, TO FREE NUTRITION AND HEALTHY EATING INFORMATION.

II. HEALTHY START FOR KIDS: MAKING HEALTHY LIFE CHOICES

UNITED WAY LEADS EFFORTS TO PROVIDE CHILDREN WITH SUPPORT IN LIVING A HEALTHY LIFE. BY OFFERING A VARIETY OF PROGRAMS THAT INCREASE ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY AND REDUCE USE OF ILLEGAL SUBSTANCES, WE ARE WORKING TO ENSURE EMOTIONAL AND PHYSICAL HEALTH OF OUR CHILDREN.

PROVIDING CHILDREN WITH A STRONG SUPPORT SYSTEM: TO SUCCEED IN LIFE, CHILDREN NEED GUIDANCE AND SUPPORT FROM POSITIVE, CARING INDIVIDUALS. UNITED WAY YOUTH EMPOWERMENT ALLIANCE CONNECTS YOUNG PEOPLE WITH PEERS AND MENTORS TO HELP GUIDE THE DEVELOPMENT OF STRONG INTERPERSONAL SKILLS (E.G. PROBLEM-SOLVING, CONFLICT RESOLUTION, SELF-CONTROL, COMMUNICATION, NEGOTIATION, ETC.) THAT HAVE PROVEN TO BE ESSENTIAL TO LONG TERM SUCCESS. UNITED WAY CAMP FUND WORKS TO ENSURE AREA CHILDREN DO NOT SPEND THEIR SUMMERS ALONE, INACTIVE, AND INDOORS. UNITED WAY PARTNERS WITH SUMMER CAMPS SO THAT THESE CHILDREN ENJOY THE PHYSICAL AND MENTAL BENEFITS OF AN OUTDOOR SUMMER CAMP EXPERIENCE.

ENSURING CHILDREN ARE ADEQUATELY NOURISHED: HUNGER AND FOOD INSUFFICIENCY IN CHILDREN ARE ASSOCIATED WITH POOR BEHAVIOR AND DEFICITS IN DEVELOPMENT. UNITED WAY SUMMER BACKPACK PROGRAM WORKS TO ENSURE THAT ALL CHILDREN HAVE THE FOOD NECESSARY TO BE WELL-NOURISHED DURING THE SUMMER. THESE CHILDREN RECEIVE SUPPLEMENTAL FOOD DURING THE SCHOOL YEAR VIA A GOVERNMENT PROGRAM, BUT ARE LEFT ON THEIR OWN WHEN SCHOOL IS OUT. UNITED WAY ENSURES THAT THEY RECEIVE A BACKPACK OF HEALTHY FOOD AND SNACKS THROUGH THE SUMMER MONTHS.

SUPPLYING SUPPORT FOR CHILDREN FROM ABUSIVE HOMES: WHEN CHILDREN

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

EXPERIENCE A TRAGEDY THAT PLACES THEM IN FOSTER CARE, THEY OFTEN HAVE NOTHING MORE THAN THE CLOTHES ON THEIR BACKS. UNITED WAY CARING CONNECTIONS PARTNERS LOCAL ROTARY CLUBS AND DYFS TO PROVIDE BACKPACKS FILLED WITH PERSONAL CARE ITEMS TO CHILDREN REMOVED FROM ABUSIVE HOMES. HAVING THEIR OWN POSSESSIONS PROVIDES A SENSE OF SELF AND SECURITY THAT EASES THE TRANSITION INTO THEIR NEW HOME.

INCREASING ACCESS TO HEALTHY FOODS: MANY AREA FAMILIES HAVE THEIR OWN GARDENS IN THE SUMMER. OTHER FAMILIES HAVE LITTLE ACCESS TO FRESH PRODUCE DUE TO HIGH COST & LIMITED ACCESSIBILITY. UNITED WAY PANTRY PARTNERS WORKS TO INCREASE ACCESS TO HEALTHY FOODS BY COORDINATING FRESH PRODUCE DONATIONS FROM AREA FARMERS MARKETS AND COMMUNITY GARDENS TO LOCAL FOOD PANTRIES AND SOUP KITCHENS. IN ADDITION, PANTRY PARTNERS WORKS TO OBTAIN FUNDING FOR COMMUNITY GARDENS AND FARMS IN AREAS WHERE RESIDENTS HAVE LIMITED ACCESS TO FRESH PRODUCE.

FORM 990, PART VI, SECTION A, LINE 4: THE UNITED WAY OF NORTHERN NEW JERSEY BEGAN OPERATIONS ON JANUARY 1, 2011 AS THE RESULT OF A MERGER OF FIVE LOCAL UNITED WAYS Ø THE UNITED WAY OF MORRIS COUNTY; UNITED WAY OF NORTH ESSEX; UNITED WAY OF SOMERSET COUNTY; UNITED WAY OF SUSSEX COUNTY, AND UNITED WAY OF WARREN COUNTY. ALL FIVE ENTITIES SHARED THE COMMON MISSION OF BEING A CATALYST FOR POSITIVE CHANGE AND THROUGH THEIR MERGER, SOUGHT TO FURTHER THAT MISSION BY SUBSTANTIALLY IMPROVING THEIR CAPABILITY TO PROVIDE SERVICES AS ONE ENTITY. THE ORGANIZATION ALSO SOUGHT TO ACHIEVE ECONOMIES OF SCALE AND OTHER SYNERGIES THROUGH INTEGRATING THEIR SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS AND COMMUNITY VOLUNTEERS. THE DRAFT FORM 990 IS CIRCULATED VIA E-MAIL TO THE FINANCE/AUDIT COMMITTEE

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

FOR REVIEW, WHERE FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS. AFTER FILING, THE 990 IS MADE AVAILABLE TO THE BOARD AND THE PUBLIC TO VIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY. THIS COMPREHENSIVE DOCUMENT OUTLINES ALL PARAMETERS UNDER WHICH BOARD MEMBERS SHOULD ACT. IT IS INTENDED TO SERVE THE BEST INTERESTS OF THE ORGANIZATION. IN ADDITION TO THE SELF-GOVERNING PURPOSE OF THE DOCUMENT, MATTERS WHICH COME TO THE ATTENTION OF THE BOARD OR MANAGEMENT AT UNITED WAY OF NORTHERN NEW JERSEY THAT MAY BE IN CONFLICT WITH THE GUIDING PRINCIPLES ARE REVIEWED AND DISCUSSED AT GOVERNANCE COMMITTEE TO DETERMINE WHETHER FURTHER ACTION NEEDS TO BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO. THE CEO EVALUATION AND COMPENSATION COMMITTEE IS CHARGED WITH REVIEWING PERFORMANCE AGAINST DESIRED METRICS, DISCUSSING THE RESULTS WITH THE CEO AND REPORTING THE RESULTS TO THE BOARD. IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO EVALUATION AND COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER SIMILAR SCOPED NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES. THE INCREASE IN COMPENSATION IS PROPOSED AND APPROVED AT BOARD LEVEL. DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES.

ON AN ANNUAL BASIS, ALL STAFF, INCLUDING SENIOR AND KEY STAFF, UNDERGO A PERFORMANCE REVIEW BY THE CEO AND WHERE APPROPRIATE, COMMITTEE MEMBERS. THEIR PERFORMANCE IS MEASURED AGAINST DESIRED OUTCOMES, RESULTS ARE

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

DISCUSSED WITH THEM. IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO WILL REVIEW DATA FROM COMPARABLE NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES. THE INCREASE IN COMPENSATION IS APPROVED BY THE CEO. DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES.

FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	119,278.
TRANSFER OF ASSETS FROM MERGED ENTITIES	5,982,369.
TOTAL TO FORM 990, PART XI, LINE 5	6,101,647.

FORM 990 PAGE 12 PART XII LINE 2C

THE FINANCE COMMITTEE REVIEWS THE FINANCIAL STATEMENTS.

FORM 990

EXPLANATION OF MERGER

ON DECEMBER 21, 2010, THE UNITED WAY OF MORRIS, INC ENTERED INTO A PLAN OF MERGER WITH UNITED WAY OF NORTH ESSEX INC, UNITED WAY OF WARREN INC, UNITED WAY OF SUSSEX INC AND SOMERSET COUNTY UNITED WAY INC. THE SURVIVING CORPORATION, UNITED WAY OF MORRIS, CHANGED ITS NAME TO UNITED WAY OF NORTHERN NEW JERSEY INC AND, RETAINED ITS EIN 22-1487247. ALL OF THE ASSETS WHERE TRANSFERED TO THE UNITED WAY OF NORTHERN NEW JERSEY INC ON DECEMBER 31, 2010. COPIES OF THE CERTIFICATE OF MERGER AND AGREEMENT AND PLAN OF MERGER HAVE BEEN ATTACHED.

Name of the organization UNITED WAY OF NORTHERN NEW JERSEY INC
FORMERLY UNITED WAY OF MORRIS COUNTY

Employer identification number 22-1487247

UMC-3 11/03

FILED
DEC 28 2010
STATE TREASURER

New Jersey Division of Revenue
Certificate of Merger/Consolidation
(Non-Profit Corporations)

This form may be used to record the merger or consolidation of a corporation with or into another business entity or entities, pursuant to NJSA 15A. Applicants must insure strict compliance with the requirements of State law and insure that all filing requirements are met. This form is intended to simplify filing with the State Treasurer. Applicants are advised to seek out private legal advice before submitting filings to the Treasurer's office.

1. Type of Filing (check one): ☒ Merger ☐ Consolidation
2. Name of Surviving Corporation: United Way of Morris County, which will change its name to: United Way of Northern New Jersey, Inc.
3. Name(s)/Jurisdiction(s) of All Participating Corporations:

Name	Jurisdiction	Identification # Assigned By Treasurer (if applicable)
SEE ANNEX A		

4. Date Merger/Consolidation approved: 12/21/10
5. Voting: (all corporations involved; attach additional sheets if necessary)

Corp. Name SEE ANNEX B (check one) ☐ Has ☐ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class.

Members Voting For ____ Members Voting Against ____ Total number of Trustees at the meeting ____ ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check) ☐

If there are no voting members:

Trustees Voting For ____ Trustees Voting Against ____ Total number of Trustees at the meeting ____ ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meetmg (check) ☐

Corp. Name ____ (check one) ☐ Has ☐ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:

Members Voting For ____ Members Voting Against ____ Total number of Trustees at the meeting ____ ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check) ☐

If there are no voting members·

Trustees Voting For ____ Trustees Voting Against ____ Total number of Trustees at the meeting ____ ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meeting (check) ☐

6. Service of Process Address (For use if the surviving business entity is not authorized or registered by the State Treasurer):

The surviving business entity agrees that it may be served with process in this State in any action, suit or proceeding for the enforcement of any obligation of a merging or consolidating domestic or foreign business entity. The Treasurer is hereby appointed as agent to accept service of process in any such action, suit, or proceeding which shall be forwarded to the surviving business entity at the Service of Process address stated above.

7. Effective Date (see inst.): 1/1/11

Signature	Name	Title	Date
John Franklin	John Franklin	CEO	12-22-10
		United Way of Morris County	

**Remember to attach the plan of merger or consolidation.

UMC-3 11/03

New Jersey Division of Revenue
Certificate of Merger/Consolidation
(Non-Profit Corporations)

This form may be used to record the merger or consolidation of a corporation with or into another business entity or entities, pursuant to NJSA 15A. Applicants must insure strict compliance with the requirements of State law and insure that all filing requirements are met. This form is intended to simplify filing with the State Treasurer. Applicants are advised to seek out private legal advice before submitting filings to the Treasurer's office.

1. Type of Filing (check one): ☒ Merger ☐ Consolidation
2. Name of Surviving Corporation: United Way of Morris County which will change its name to: United Way of Northern New Jersey, Inc.
3. Name(s)/Jurisdiction(s) of All Participating Corporations:

Name	Jurisdiction	Identification # Assigned By Treasurer (if applicable)
SEE ANNEX A		

4. Date Merger/Consolidation approved: 12/21/10
5. Voting: (all corporations involved; attach additional sheets if necessary)

Corp. Name SEE ANNEX B (check one) Has Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class.

Members Voting For Members Voting Against Total number of Trustees at the meeting ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check)

If there are no voting members:

Trustees Voting For Trustees Voting Against Total number of Trustees at the meeting ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meeting (check)

Corp. Name (check one) Has Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:

Members Voting For Members Voting Against Total number of Trustees at the meeting ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check)

If there are no voting members:

Trustees Voting For Trustees Voting Against Total number of Trustees at the meeting ; OR
Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meeting (check)

6. Service of Process Address (For use if the surviving business entity is not authorized or registered by the State Treasurer):

The surviving business entity agrees that it may be served with process in this State in any action, suit or proceeding for the enforcement of any obligation of a merging or consolidating domestic or foreign business entity. The Treasurer is hereby appointed as agent to accept service of process in any such action, suit, or proceeding which shall be forwarded to the surviving business entity at the Service of Process address stated above.

7. Effective Date (see inst.): 1/1/11

Signature	Name	Title	Date
	John Franklin	CEO	
William M. Rodgers, III	William M. Rodgers, III	Chair, Board of Trustees	12/21/10

**Remember to attach the plan of merger or consolidation.

United Way of Somerset County, Inc.

NJ Division of Revenue, PO Box 308, Trenton, NJ 08646

ANNEX A

NAME	JURISDICTION	IDENTIFICATION #
United Way of Morris County	New Jersey	0900064925
United Way of Somerset County, Inc.	New Jersey	0900064930
United Way of Sussex County	New Jersey	0100169252
United Way of North Essex	New Jersey	0900064926
United Way of Warren County, Inc.	New Jersey	0100710113

ANNEX B

Corp. Name: **United Way of Morris County** (check one) __X__ Has ___ Does not Have Members Eligible to Vote

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:
Members Voting For ___10___ Members Voting Against ___0___ Total *number of Trustees at the meeting* ___10___ ;

Corp. Name: **United Way of North Essex** (check one) __X__ Has ___ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class.
Members Voting For ___14___ Members Voting Against ___0___ Total number of Trustees at the meeting ___14___ ;

Corp. Name: **United Way of Warren County, Inc.** (check one) X Has ___ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class
Members Voting For ___11___ Members Voting Against ___0___ Total number of Trustees at the meeting ___11___ :

Corp. Name: **United Way of Sussex County** (check one) __X__ Has ___ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:
Members Voting For ___30___ Members Voting Against ___0___ Total number of Trustees at the meeting ___21___ .

Corp Name. **United Way of Somerset County, Inc.** (check one) ___ Has __X__ Does not Have Members Eligible to Vote

If there are no voting members:
Trustees Voting For ___15___ Trustees Voting Against ___0___ Total number of Trustees at the meeting ___15___.

ANNEX C

Additional Signatures

Name: Bruce Tomlinson
Title: President
Date: 12/22/10

United Way of Sussex County

Name:
Title:

United Way of North Essex

Name:
Title:

United Way of Warren County, Inc.

ANNEX C

Additional Signatures

_____ United Way of Sussex County
Name:
Title:

Joyce Michaelson United Way of North Essex
Name: Joyce Michaelson
Title: Vice President
Date: 12/22/10

_____ United Way of Warren County, Inc.
Name:
Title:

ANNEX C

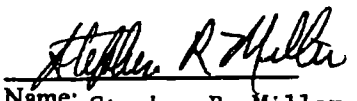
Additional Signatures

_____ United Way of Sussex County

Name:
Title:

_____ United Way of North Essex

Name:
Title:

 United Way of Warren County, Inc.

Name: Stephen R. Miller
Title: Chairman/ President/ CEO
Date: 12/22/10

AGREEMENT AND PLAN OF MERGER

This Agreement and Plan of Merger (this "**Agreement**") is entered into as of December 21, 2010, by and among United Way of North Essex, United Way of Somerset County, Inc., United Way of Sussex County, United Way of Warren County, Inc. (collectively referred to as the "**United Ways**") and United Way of Morris County (the "**Surviving Corporation**") (the Surviving Corporation, together with the United Ways, are sometimes referred to as the "**Merging United Ways**"), all New Jersey nonprofit corporations.

W I T N E S S E T H :

WHEREAS, the Merging United Ways are local United Ways situated in counties across northern New Jersey, each recognized as an organization exempt from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "**Code**");

WHEREAS, the Merging United Ways deem it to be in their best interests to create the "United Way of Northern New Jersey, Inc.";

WHEREAS, it is intended that the Surviving Corporation shall succeed to the rights of the United Ways to any gifts or bequests and all other sources of income, which shall continue to be used in conformity with the express written intent of the donors, if any such intent has been so expressed, and otherwise in accordance with the charter of the Surviving Corporation;

WHEREAS, the Surviving Corporation shall continue, as appropriate and pursuant to its authorized purposes, the charitable work currently being performed by the Merging United Ways;

WHEREAS, a committee was created, consisting of the board chairs or proxies and the Chief Executive Officers of each of the Merging United Ways (the "**Design Team**"), to negotiate this Agreement and to conduct a search for, and evaluate candidates for the position of Chief Executive Officer of the Surviving Corporation prior to the Effective Date (as defined in Section 1.3);

WHEREAS, a committee was created, consisting of representatives from the Merging United Ways (the "**Nominating Committee**") to conduct a search for and evaluate candidates for the board of trustees of the Surviving Corporation;

NOW, THEREFORE, the Merging United Ways hereby covenant and agree as follows:

ARTICLE I: THE MERGER

Section 1.1 Merger; Surviving Corporation. In accordance with and subject to the terms, provisions and conditions of this Agreement, at the Effective Date (as defined in Section 1.3), each of the United Ways shall be merged with and into the Surviving Corporation, and the separate corporate existence of each of the United Ways

shall thereupon cease (the "**Merger**"). At the Effective Date, the name of the Surviving Corporation shall be changed to "United Way of Northern New Jersey, Inc." and it shall be governed by the laws of the State of New Jersey as a New Jersey nonprofit corporation.

Section 1.2 Closing. The closing of the Merger (the "**Closing**") shall take place at the offices of Dechert LLP, 902 Carnegie Center, Suite 500, Princeton, NJ 08540, at 10:00 a.m., Eastern Standard Time, on the second Business Day following the satisfaction or, to the extent permitted by applicable statute, law, ordinance, regulation, rule, code, executive order, injunction, judgment, decree or order ("**Law**"), waiver of all conditions to the obligations of the parties set forth in Article IV (other than such conditions as may, by their terms, only be satisfied at the Closing or on the Closing Date), or at such other place or at such other time or on such other date as the parties mutually may agree in writing. The day on which the Closing takes place is referred to as the "**Closing Date.**" "**Business Day**" means any day that is not a Saturday, a Sunday or other day on which banks are required or authorized by Law to be closed in the City of New York.

Section 1.3 Effective Date. The Effective Date of the Merger (the "**Effective Date**") shall occur following the satisfaction of all conditions set forth in Article III hereto and the filing of the Certificate of Merger with the office of the State of New Jersey Department of the Treasury in accordance with Section 15A:10-5 of the New Jersey Nonprofit Corporation Act (the "**Act**") or such other State office as required by law, which Certificate of Merger may, by its terms, specify the Effective Date.

Section 1.4 Certificate of Incorporation; By-laws. The Certificate of Incorporation of the Surviving Corporation as in effect immediately prior to the Effective Date (except as amended in Section 1.1 and Section 2.1 hereof) shall be the Certificate of Incorporation of the Surviving Corporation and shall continue in full force and effect until altered, amended or repealed as provided in the Certificate of Incorporation or as provided by Law. The By-laws of the Surviving Corporation are attached hereto as Appendix A. These By-laws shall be the By-laws of the Surviving Corporation as of the Effective Date. The By-laws of the Surviving Corporation that were in effect immediately prior to the Effective Date shall be null and void upon the Effective Date and shall have no further effect following the Effective Date.

Section 1.5 Trustees; Officers. (a) The persons who are trustees of the Board of Trustees of the Surviving Corporation immediately prior to the Effective Date shall each have submitted a letter of resignation as required by Section 4.1 herein to be effective immediately prior to the Effective Date.

(b) From and after the Effective Date, the persons listed below shall be the trustees of the Board of Trustees of the Surviving Corporation, until their respective successors shall have been duly elected or appointed and qualified or until their earlier death, resignation or removal in accordance with the Certificate of Incorporation and the By-laws of the Surviving Corporation.

1. Susan Wetzel
2. Michael Breznak
3. William Rodgers, III
4. Ron Harding
5. Don Sheridan
6. Barbara White
7. John Bolich
8. Elin Mueller
9. Theodore O'Dell
10. Frank Ableson

(c) After the Effective Date, the officers of the Surviving Corporation shall be elected in accordance with the By-laws of the Surviving Corporation.

Section 1.6 Effect of the Merger. Pursuant to Section 15A:10-6 of the Act and as otherwise provided herein, at the Effective Date (i) all of the real property and personal property, tangible and intangible, including all assets, rights, privileges, prerogatives, powers, immunities, purposes and franchises, both public and private, of the Merging United Ways shall vest in the Surviving Corporation, without further act or deed, and the title to any real estate or any interest therein, vested in any of the corporations shall not revert or be in any way impaired by reason of the Merger; *provided, however*, any such real and personal property shall be and remain subject to any trusts on which it may have been theretofore held; (ii) all debts, liabilities and obligations of the Merging United Ways shall become the debts, liabilities and obligations of the Surviving Corporation; and (iii) any claim existing or action or proceeding pending by or against any of the Merging United Ways may be enforced as if the Merger had not taken place, and neither the rights of creditors nor any liens upon, or security interests in, the property of any of the Merging United Ways shall be impaired by the Merger, and any claim existing or action or proceeding pending by or against the Merging United Ways may be prosecuted to judgment as if the Merger had not taken place or the Surviving Corporation may be proceeded against or substituted in its place.

Section 1.7 Written Policies of the "United Way of Northern New Jersey, Inc." On or immediately after the Effective Date, the trustees named in Section 1.5(b) herein shall adopt written policies for the Surviving Corporation.

ARTICLE II: CESSATION OF INTERESTS

Section 2.1 Cessation of Membership Interests. (a) At the Effective Date, each member of United Way Morris County, United Way of North Essex, United Way of Sussex County and United Way of Warren County, Inc. (the "**Member United Ways**") shall cease to be members of each of the respective Member United Ways and shall not become members of the Surviving Corporation.

(b) At the Effective Date, the Surviving Corporation shall have no members.

ARTICLE III: COVENANTS OF THE MERGING UNITED WAYS

Section 3.1 Access. From the date of this Agreement through the Effective Date, each Merging United Way shall give to the other Merging United Ways and their respective advisors, legal counsel, independent accountants and other representatives full access during normal business hours to all properties, documents, contracts, employees and records and will furnish copies of such documents (certified, if so requested) and with such information with respect to the Merging United Ways as the other Merging United Ways from time to time reasonably may request.

Section 3.2 Conduct of Operations. From the date of this Agreement through the Effective Date, except as consented to in writing by the Merging United Ways, each Merging United Way shall continue the operation of its nonprofit organization in compliance with all applicable Laws and in the ordinary course, and shall maintain its assets, properties and rights in at least as good order and condition as exists on the date of this Agreement, subject to ordinary wear and tear.

Section 3.3 Notice of Default of the Merging United Ways. From the date of this Agreement through the Effective Date, each Merging United Way shall promptly give notice to each other Merging United Way of the occurrence of any event, or the failure of any event to occur, that would result in a failure by the Merging United Way to comply with any covenant, condition or agreement contained herein. From the date of this Agreement through the Effective Date, each Merging United Way shall disclose to each other Merging United Way all information that comes to its attention that in its reasonable judgment is material to an understanding of the nonprofit activities, operations, assets, condition (financial or otherwise) or prospects of the Merging United Way.

Section 3.4 CEO of the Surviving Corporation. The Design Team shall conduct a search for and make a recommendation to hire a Chief Executive Officer of the Surviving Corporation (the "**CEO of the Surviving Corporation**"). In the event the CEO of the Surviving Corporation is hired prior to the Effective Date, payment of salary and benefits of the CEO of the Surviving Corporation shall be made by United Way of Morris County; *provided, however*, that should this Agreement be terminated with respect to any United Way pursuant to Article V, such United Way shall promptly reimburse United Way of Morris County or the Surviving Corporation for its *pro rata* portion of the CEO of the Surviving Corporation's salary paid by United Way of Morris County or the Surviving Corporation prior to such termination. For the purposes of the previous sentence, each *pro rata* portion shall be determined by comparing the total gross annual revenues of such United Way as reported on its 2009 IRS Form 990 with the aggregate gross annual revenues of all of the Merging United Ways as reported on such Forms 990.

Section 3.5 Nominating Committee. The Nominating Committee shall conduct a search for and evaluate up to nine candidates for the board of trustees of the Surviving Corporation and shall make a recommendation to the Merging United Ways for the appointment of trustees as named in Section 1.5(b) herein. The members of the

Nominating Committee shall keep the boards of trustees of each of their respective Merging United Ways informed on the progress of their search for such candidates.

ARTICLE IV: CONDITIONS TO CLOSING

The obligations of the Merging United Ways hereunder shall be subject to the satisfaction, as of the Closing Date, of the following conditions (any of which may be waived, in whole or in part, by any or all of the Merging United Ways, unless otherwise specified):

Section 4.1 Certain Documents. Each Merging United Way shall have furnished to each other the following documents, as applicable:

(a) the Organizational Documents of such Merging United Way and all amendments thereto, duly certified by the proper officials of the jurisdiction in which such company is organized and duly certified by the State of New Jersey Department of the Treasury as being in full force and effect on the Closing Date;

(b) long-form certificates as to the good standing of such Merging United Way, issued by State of New Jersey Department of the Treasury;

(c) the corporate minute books and similar records and corporate seals of such Merging United Way;

(d) copies of such Merging United Way's audited financial statements for the fiscal years ended December 31, 2007, 2008 and 2009, if any, and unaudited financial statements for the nine month period ended September 30, 2010, if any;

(e) copies of all leases respecting any real property to which such Merging United Way is a lessee, lessor, sublessee or sublessor and all deeds, title insurance policies, surveys, mortgages and accompanying loan documentation and other documents granting to such Merging United Way title to or an interest in or otherwise affecting any real property;

(f) copies of the resolutions of the board of trustees (or comparable governing body) and members, if applicable, of such Merging United Way authorizing and approving this Agreement, the Merger and the transactions contemplated by this Agreement (the "**Transactions**") and ratifying all actions of the Design Team made on behalf of the Merging United Way; and

(g) such other documents that the other Merging United Ways may reasonably request.

In addition, the persons who are then trustees of the Surviving Corporation shall each have submitted a letter of resignation effective immediately prior to the Effective Date.

Section 4.2 Legal Proceedings. No action, arbitration, suit, proceeding, claim, inquiry or investigation shall be pending or threatened before or by any United

States or non-United States federal, national, supranational, state, provincial, local or similar government, governmental regulatory or administrative authority, branch, agency, department, commission, board, bureau, instrumentality or any court, tribunal, or arbitral or judicial body (each, a "**Governmental Authority**") (a) challenging the Merger or any of the Transactions or otherwise seeking damages arising out of the Merger or the Transactions, or (b) seeking to restrain or prevent the carrying out of the Merger or the Transactions or to prohibit or limit the ability of the Surviving Corporation to operate or control the assets, property and business of the Surviving Corporation after the Closing Date.

Section 4.3 Third Party Consents. The United Ways shall have obtained (and shall have delivered to the Surviving Corporation) all consents, waivers, approvals, amendments and authorizations, including, without limitation, any and all necessary consents and/or approvals of any of the members of the Merging United Ways (as applicable), that are reasonably necessary under applicable Law, agreement, or otherwise to be obtained by the United Ways in connection with the consummation of the Transactions, or to enable the Surviving Corporation to conduct its nonprofit activities and operations after the Closing in all material respects in the same manner as such nonprofit activities and operations are being conducted on the date of this Agreement.

Section 4.4 Due Diligence. The Surviving Corporation shall have completed to its reasonable satisfaction its due diligence investigation of the nonprofit activities and operations, assets, properties, financial condition, contingent liabilities, prospects and material agreements of the United Ways in all respects. The requirements of this Section 4.4 may be waived only by the Surviving Corporation in its sole discretion with respect to any United Way or all of the United Ways.

Section 4.5 Employee Benefit Obligations. As of the Closing Date, each United Way shall have fully satisfied from its assets all liabilities and obligations with respect to severance, pensions, retirement benefits or other similar obligations whether amounts due under such liabilities or obligations are otherwise payable (or contributions are required to be made) prior to or following the Closing Date. Each United Way shall provide the Surviving Corporation documentation of its compliance with this Section 4.5 reasonably satisfactory to the Surviving Corporation. The requirements of this Section 4.5 may be waived only by the Surviving Corporation in its sole discretion with respect to any United Way or all of the United Ways.

ARTICLE V: TERMINATION

Section 5.1 Termination. This Agreement may be terminated at any time prior to the Effective Date:

(a) with respect to any United Way by mutual written consent of the Surviving Corporation and such United Way;

(b) with respect to all Merging United Ways, by any United Way or the Surviving Corporation if the Merger shall not have been consummated on or before January [1], 2011 (or such later date agreed to by the Merging United Ways) (the "**Termination Date**"); *provided*, that the right to terminate this Agreement under this

Section 5.1(b) shall not be available if the failure of the party so requesting termination to fulfill any obligation under this Agreement shall have been the cause of, or shall have resulted in, the failure of the Merger to be consummated on or prior to such date;

(c) by any Merging United Way or the Surviving Corporation if any Governmental Authority shall have issued an order, decree or ruling or taken any other action restraining, enjoining or otherwise prohibiting the Merger and such order, decree, ruling or other action shall have become final and nonappealable; and

(d) with respect to any Merging United Way or all of the Merging United Ways by the Surviving Corporation in its sole discretion if an event or condition occurs or has occurred and comes to the attention of the Surviving Corporation that is, or is reasonably likely to be, materially adverse to (i) the nonprofit activities, operations, assets, financial condition, results of operations, liabilities or prospects of any Merging United Way or the Merging United Ways taken as a whole or (ii) the ability of any Merging United Way or the Merging United Ways to perform its or their obligations under this Agreement or to consummate the Transactions, including as a consequence of any material impediment, interference or delay; *provided, however*, that general nonprofit activities or economic conditions and events that do not materially disproportionately affect any Merging United Way or the Merging United Ways taken as a whole, as compared to other nonprofit corporations engaged in the nonprofit activities in which the Merging United Ways operate shall not be deemed to constitute, and shall not be taken into account in determining whether there has been, any such materially adverse event or condition.

The party or parties seeking to terminate this Agreement pursuant to this Section 5.1 (other than Section 5.1(a)) shall give prompt written notice of such termination to the other party.

Section 5.2 Effect of Termination. In the event of termination of this Agreement as provided in Section 5.1, this Agreement shall forthwith become void and there shall be no liability on the part of the parties except (a) for the provisions of Section 3.4 relating to the CEO of the Surviving Corporation, Section 5.3 relating to filing a certificate of abandonment, Section 6.1 relating to fees and expenses, Section 6.2 relating to notices, Section 6.3 relating to submission to jurisdiction, Section 6.5 relating to assignment, Section 6.10 relating to governing law, Section 6.13 relating to third-party beneficiaries, and this Section 5.2 and (b) that nothing herein shall relieve the parties from liability for any breach of this Agreement or any agreement made as of the date of this Agreement or subsequent thereto pursuant to this Agreement. For the avoidance of doubt, in the event this Agreement is terminated by or with respect to any one or more United Ways, this Agreement shall not be terminated as to the other United Ways that remain a party hereto.

Section 5.3 Certificate of Abandonment. In the event this Agreement is terminated and the Merger abandoned after the filing of a Certificate of Merger with the office of the State of New Jersey Department of the Treasury or such other State office as required by law (but before the Effective Date), the Merging United Ways electing or consenting to the termination and abandonment will immediately cause to be filed with the

office of the State of New Jersey Department of the Treasury or such other State office as required by law a certificate of abandonment pursuant to Section 15A:10-8 of the Act.

ARTICLE VI: MISCELLANEOUS

Section 6.1 Expenses. Except as otherwise provided in this Agreement, each party shall pay its own expenses in connection with the preparation and performance of this Agreement and the consummation of the Transactions, including without limitation all fees and expenses of consultants, advisors, legal counsel, independent accountants and actuaries; *provided, however*, the reasonable fees and expenses (which shall be determined by the Surviving Corporation in its sole discretion) relating to the Design Team, including such fees and expenses incurred in connection with a search for candidates for the position of CEO of the Surviving Corporation and the Nominating Committee, shall be paid by the Surviving Corporation; *provided further, however*, that should this Agreement be terminated with respect to any Merging United Way pursuant to Article V, such Merging United Way shall promptly reimburse the Surviving Corporation for its *pro rata* portion of the expenses related to the Design Team paid by the Surviving Corporation prior to such termination. For the purposes of the previous sentence, each *pro rata* portion shall be determined by comparing the total gross annual revenues of such United Way as reported on its 2008 IRS Form 990 with the aggregate gross annual revenues of all of the Merging United Ways as reported on such Forms 990.

Section 6.2 Notices. All notices, consents, requests, instructions, approvals and other communications provided for herein shall be deemed validly given, made or served if in writing and delivered personally or sent by certified mail, postage prepaid, or by overnight courier, or by facsimile, charges prepaid:

(a) if to the Surviving Corporation, addressed to:

United Way of Morris County
222 Ridgedale Avenue
Morristown, NJ 07927
Attention: John Franklin
Facsimile: (973) 993-5807

with copies to:

Dechert LLP
2929 Arch Street
Philadelphia, PA 19104
Attention: Christopher G. Karras
Facsimile: (215) 655-6412
Attention: Ella DeTrizio
Facsimile: (609) 873-9127
Attention: Alexander D. Gonzalez
Facsimile: (215) 655-2148

(b) if to United Way of North Essex, addressed to:

Cynthia Villarosa
United Way of North Essex
60 South Fullerton
Montclair, NJ 07042
Facsimile: (973) 746-6207

with copies to:

Theodore O'Dell
675 Ridgewood Avenue
Upper Montclair, NJ 07043
Facsimile: (973) 746-6207

(c) if to United Way of Somerset County, Inc., addressed to:

Philip Brown
United Way of Somerset County
1011 US Route 22
Bridgewater, NJ 08807
Facsimile: (908) 725-5598

with copies to:

William M. Rodgers III
120 Southfield Road
Belle Mead, NJ 08502
Facsimile: (732) 932-3454

(d) if to United Way of Sussex County, addressed to:

Mary Emilius
United Way of Sussex County
120 Hampton House Road
Newton, NJ 07860

with copies to:

Newton Memorial Hospital
175 High Street
Newton, NJ 07860
Attention: James Furgeson
Facsimile: 973-383-5374

(e) if to United Way of Warren County, Inc., addressed to:

Sarah Brelvi
United Way of Warren County
37 Belvidere, Avenue
Washington, NJ 07882
Facsimile: (908) 852-3551

with copies to:

Skylands Community Bank
425 Main Street
Chester, NJ 07930
Attention: Stephen R. Miller
Facsimile: (908) 879-5533

or such other address as shall be furnished in writing by any party to the others.

Section 6.3 Jurisdiction; Agent for Service; Waiver of Jury Trial. Legal proceedings commenced by the parties hereto arising out of any of the Transactions shall be brought exclusively in state courts in the State of New Jersey. The parties hereto irrevocably and unconditionally submit to the jurisdiction of such courts and agree to take any and all future action necessary to submit to the jurisdiction of such courts. The parties hereto irrevocably waive any objection that they now have or hereafter may have to the laying of venue of any suit, action or proceeding brought in any such court and further irrevocably waive any claim that any such suit, action or proceeding brought in any such court has been brought in an inconvenient forum. Final judgment against the parties hereto in any such suit shall be conclusive and may be enforced in other jurisdictions by suit on the judgment, a certified or true copy of which shall be conclusive evidence of the fact and the amount of any indebtedness or liability of the parties hereto therein described, or by appropriate proceedings under any applicable treaty or otherwise.

EACH OF THE PARTIES TO THIS AGREEMENT HEREBY IRREVOCABLY WAIVES ALL RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS.

Section 6.4 Attorney's Fees. In the event that any action or proceeding, including arbitration, is commenced by any party hereto for the purpose of enforcing any provision of this Agreement, the parties to such action, proceeding or arbitration may receive as part of any award, judgment, decision or other resolution of such action, proceeding or arbitration their costs and reasonable attorneys' fees as determined by the person or body making such award, judgment, decision or resolution.

Section 6.5 Assignment. Neither this Agreement nor any right, remedy, obligation or liability arising hereunder or by reason hereof nor any of the documents executed in connection herewith may be assigned by any party hereto without the consent of the other parties hereto.

Section 6.6 Amendments; Waivers. Any provision of this Agreement may be amended or waived if acting pursuant to the advice and recommendation of the Design Team, and only if, such amendment or waiver is in writing and signed, in the case of an amendment, by the Merging United Ways, or in the case of a waiver, by the party against whom the waiver is sought.

Section 6.7 Further Assurances. The Merging United Ways agree that from time to time, as and when requested by the Surviving Corporation or by its successors or assigns, it will execute and deliver or cause to be executed and delivered all deeds and other instruments. The Merging United Ways further agree to take or cause to be taken any further or other actions as the Surviving Corporation may deem necessary or desirable to vest in, to perfect in, or to conform of record or otherwise to the Surviving Corporation title to and possession of all the property, rights, privileges, powers, and franchises referred to in Article I of this Agreement, and otherwise to carry out the intent and purposes of this Agreement.

Section 6.8 Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the respective successors and assigns of the Merging United Ways.

Section 6.9 Entire Agreement. This Agreement sets forth the entire understanding of the Merging United Ways with respect to the Merger and supersedes all prior agreements, arrangements and communications, whether oral or written, with respect to such subject matter. The parties hereto have voluntarily agreed to define their rights, liabilities and obligations respecting the Transactions exclusively in the express terms and provisions of this Agreement; and the parties hereto expressly disclaim that they are owed any duties or are entitled to any remedies not expressly set forth in this Agreement other than implied duties that may not be waived under applicable Law. The sole and exclusive remedies for any breach of the terms and provisions of this Agreement (including any representations and warranties set forth herein) or any claim or cause of action otherwise arising out of or related to the Transactions shall be those remedies available at law or in equity for breach of contract only (as such contractual remedies have been further limited or excluded pursuant to the express terms of this Agreement); and the parties hereby agree that neither party hereto shall have any remedies or cause of action (whether in contract or in tort) for any statements, communications, disclosures, failures to disclose, representations or warranties not set forth in this Agreement. Captions appearing in this Agreement are for convenience only and shall not be deemed to explain, limit or amplify the provisions hereof.

Section 6.10 Governing Law. This Agreement, and all claims or causes of action (whether in contract or tort) that may be based upon, arise out of or relate to this Agreement or the negotiation, execution or performance of this Agreement (including any claim or cause of action based upon, arising out of or related to any representation or warranty made in or in connection with this Agreement or as an inducement to enter into this Agreement), shall be governed by the internal, substantive laws of the State of New Jersey, without giving effect to the conflict of laws rules thereof that would apply the law of another state.

Section 6.11 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original and all of which together shall be deemed to be one and the same instrument, and shall become effective when one or more counterparts have been signed by each of the parties. This Agreement may be executed by facsimile signature and a facsimile signature shall constitute an original signature for all purposes.

Section 6.12 Severability. If any term or other provision of this Agreement is invalid, illegal or incapable of being enforced by any Law or public policy, all other terms and provisions of this Agreement shall nevertheless remain in full force and effect so long as the economic or legal substance of the Transactions is not affected in any manner materially adverse to the Merging United Ways. If any term or other provision of this Agreement is held to be so broad as to be unenforceable, such term or other provision shall be interpreted to be only so broad as is necessary for it to be enforceable. Upon such determination that any term or other provision is invalid, illegal or incapable of being enforced, the Merging United Ways hereto shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Merging United Ways as closely as possible in an acceptable manner in order that the Transactions are consummated as originally contemplated to the greatest extent possible.

Section 6.13 No Third-Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to or shall confer upon any person, entity, company, partnership, limited liability company or other unincorporated association other than the parties and their respective successors and permitted assigns any legal or equitable right, benefit or remedy of any nature under or by reason of this Agreement.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and Plan of Merger as of the day and year first written above.

UNITED WAY OF MORRIS COUNTY

By: Elizabeth Paul
Name: Elizabeth Paul
Title: Chair, Board of Trustees

UNITED WAY OF NORTH ESSEX

By: _____
Name: Theodore O'Dell
Title: Chair, Board of Trustees

UNITED WAY OF SOMERSET COUNTY

By: _____
Name: Michael Breznak
Title: Secretary, Board of Trustees

UNITED WAY OF SUSSEX COUNTY

By: _____
Name: Bruce Tomlinson
Title: President, Board of Directors

UNITED WAY OF WARREN COUNTY, INC.

By: _____
Name: Stephen R. Miller
Title: Chair, Board of Trustees

[Signature page to Merger Agreement]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and Plan of Merger as of the day and year first written above.

UNITED WAY OF MORRIS COUNTY

By: _____
Name: Elizabeth Paul
Title: Chair, Board of Trustees

UNITED WAY OF NORTH ESSEX

By: 
Name: Theodore O'Dell
Title: Chair, Board of Trustees

UNITED WAY OF SOMERSET COUNTY

By: _____
Name: Michael Breznak
Title: Secretary, Board of Trustees

UNITED WAY OF SUSSEX COUNTY

By: _____
Name: Bruce Tomlinson
Title: President, Board of Directors

UNITED WAY OF WARREN COUNTY, INC.

By: _____
Name: Stephen R. Miller
Title: Chair, Board of Trustees

[Signature page to Merger Agreement]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and Plan of Merger as of the day and year first written above.

UNITED WAY OF MORRIS COUNTY

By: _____
Name: Elizabeth Paul
Title: Chair, Board of Trustees

UNITED WAY OF NORTH ESSEX

By: _____
Name: Theodore O'Dell
Title: Chair, Board of Trustees

UNITED WAY OF SOMERSET COUNTY

By: Michael Breznak
Name: Michael Breznak
Title: Secretary, Board of Trustees

UNITED WAY OF SUSSEX COUNTY

By: _____
Name: Bruce Tomlinson
Title: President, Board of Directors

UNITED WAY OF WARREN COUNTY, INC.

By: _____
Name: Stephen R. Miller
Title: Chair, Board of Trustees

[Signature page to Merger Agreement]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and Plan of Merger as of the day and year first written above.

UNITED WAY OF MORRIS COUNTY

By: _____
Name: Elizabeth Paul
Title: Chair, Board of Trustees

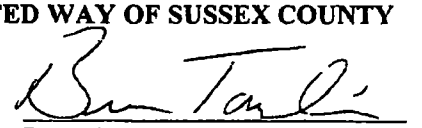
UNITED WAY OF NORTH ESSEX

By: _____
Name: Theodore O'Dell
Title: Chair, Board of Trustees

UNITED WAY OF SOMERSET COUNTY

By: _____
Name: Michael Breznak
Title: Secretary, Board of Trustees

UNITED WAY OF SUSSEX COUNTY

By: 
Name: Bruce Tomlinson
Title: President, Board of Directors

UNITED WAY OF WARREN COUNTY, INC.

By: _____
Name: Stephen R. Miller
Title: Chair, Board of Trustees

[Signature page to Merger Agreement]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and Plan of Merger as of the day and year first written above.

UNITED WAY OF MORRIS COUNTY

By: _____
Name: Elizabeth Paul
Title: Chair, Board of Trustees

UNITED WAY OF NORTH ESSEX

By: _____
Name: Theodore O'Dell
Title: Chair, Board of Trustees

UNITED WAY OF SOMERSET COUNTY

By: _____
Name: Michael Breznak
Title: Secretary, Board of Trustees

UNITED WAY OF SUSSEX COUNTY

By: _____
Name: Bruce Tomlinson
Title: President, Board of Directors

UNITED WAY OF WARREN COUNTY, INC.

By: Stephen R Miller
Name: Stephen R. Miller
Title: Chair, Board of Trustees

[Signature page to Merger Agreement]

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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* 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 NORTHERN NEW JERSEY INC FORMALLY UNITED WAY OF MORRIS COUNTY	22-1487247
	Number, street, and room or suite no. If a P.O. box, see instructions. 222 RIDGEDALE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR KNOLLS, NJ 07927	

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

- The books are in the care of ▶ BONNIE O'NEILL 222 RIDGEDALE AVENUE - CEDAR KNOLLS, NJ 07927
  Telephone No ▶ 973-993-1160 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 FEBRUARY 15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

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	**Balance due.** 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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization UNITED WAY OF NORTHERN NEW JERSEY INC FORMALLY UNITED WAY OF MORRIS COUNTY	Employer identification number 22-1487247
	Number, street, and room or suite no. If a P.O box, see instructions. 222 RIDGEDALE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR KNOLLS, NJ 07927	

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	[redacted]	[redacted]
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ BONNIE O'NEILL 222 RIDGEDALE AVENUE - CEDAR KNOLLS, NJ 07927
  Telephone No. ▶ 973-993-1160 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.

4 I request an additional 3-month extension of time until MAY 15, 2012.

5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension SEE STATEMENT 1

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

Signature and Verification

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

Signature ▶ Title ▶ CPA Date ▶

UNITED WAY OF NORTHERN NEW JERSEY
[a Non-Profit Organization]

Supplemental Information - Income Tax Basis
Financial Statements

United Way of Northern New Jersey
[a Non-Profit Organization]

Table of Contents
June 30, 2011

Independent Auditors' Report on Supplemental Information

To the Board of Directors,
United Way of Northern New Jersey:

We have audited the financial statements of the **United Way of Northern New Jersey [a Non-Profit Corporation]** as of June 30, 2011, the related statements of activities and changes in net assets, cash flows, and functional expenses, for the period from inception [January 1, 2011] through June 30, 2011 and have issued our report thereon, dated January 26, 2012, which contained an unqualified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to January 26, 2012.

The supplemental income tax basis financial statement information is presented for purposes of additional analysis and is not a required part of the financial statements. It provides relevant information that is not provided by the financial statements, and is not intended to be a presentation in conformity with accounting principles generally accepted in the United States of America or a complete presentation in accordance with the accounting basis used for income tax purposes.

Certain related entities were merged into the United Way of Northern New Jersey as of January 1, 2011. The supplemental income tax basis financial statement information for the year ended June 30, 2011, includes the operating results of the legacy Morris location for the six month period ended December 31, 2010. Under accounting principles generally accepted in the United States of America, the operating results reported were only for the six month period ended June 30, 2011.

The supplemental income tax basis financial statement information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and to the records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the income tax basis financial statement presentation is fairly stated in relation to the financial statements as a whole.

Sax Macy Fromm & Co., PC
Sax Macy Fromm & Co., PC
Certified Public Accountants

Clifton, New Jersey
January 26, 2012

United Way of Northern New Jersey
[a Non-Profit Organization]
Statement of Financial Position – Income Tax Basis
June 30, 2011

Assets

Current assets		
Cash and cash equivalents	$	5,669,733
Investments		2,354,703
Pledges receivable (net of allowance for uncollectable)		3,575,732
Other current assets		71,368
Total current assets		11,671,536
Property and equipment, net		924,584
Long term assets		
Investments - endowment		2,263,958
Other assets		56,747
Total long term assets		2,320,705
Total Assets	$	14,916,825

Liabilities and Net Assets

Current liabilities		
Accounts payable and accrued expenses	$	328,179
Distributions, designations, and grants payable		2,289,127
Deferred revenue		474,847
Total current liabilities		3,092,153
Long term liabilities		
Deferred lease payable		61,773
Total liabilities		3,153,926
Net assets		
Unrestricted		8,012,759
Temporarily restricted		1,734,376
Permanently restricted		2,015,764
Net Total net assets		11,762,899
Total Liabilities and Net Assets	$	14,916,825

See Independent Auditors' Report on Supplemental Information.

United Way of Northern New Jersey
[a Non-Profit Organization]
Statement of Activities and Change in Net Assets – Income Tax Basis
Year Ended June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and revenues				
Campaign results	$ 10,616,146	$ 90,412	$ ---	$ 10,706,558
Less Shared with UWW-RO	(2,967,631)	---	---	(2,967,631)
Less Donor designations	(1,238,033)	---	---	(1,238,033)
Plus Prior year campaign collections	37,574	---	---	37,574
Less Allowance for uncollectibles	(352,717)	---	---	(352,717)
Total campaign pledges	6,095,339	90,412	---	6,185,751
Grants and contributions	230,922	123,530	---	354,452
Gifts in kind	9,958	---	---	9,958
Rental income	187,087	---	---	187,087
Interest and investment income	416,540	97,581	---	514,121
Other income (designations in, service fees, etc)	234,345	9,500	---	243,845
Special events	414,080		---	414,080
	7,588,271	321,023	---	7,909.294
Net assets released due to satisfaction of purpose restrictions	358,413	(358,413)	---	---
Total support and revenues	7,946,684	(37,390)	---	7,909,294
Allocations and expenses				
Program services				
Allocations and distributions to agencies	2,300,122	---	---	2,300,122
Program and initiatives expenses	1,951,296	---	---	1,951,296
Total program services	4,251,418	---	---	4,251,418
Support Services				
Administrative	544,222	---	---	544,222
Resource Development	1,116,497	---	---	1,116,497
Total support services	1,660,719	---	---	1,660,719
Total allocations and expenses	5,912,137	---	---	5,912,137
Increase / (decrease) in net assets	2,034,547	(37,390)	---	1,997,157
Net assets, beginning of year (July 1, 2010)	3,046,714	736,659	---	3,783,373
Net assets transferred from merged entities (Jan 1, 2011)	2,931.498	1,035,107	2,015,764	5,982,369
Net assets, end of year (June 30, 2011)	**$ 8,012,759**	**$ 1,734,376**	**$ 2,015,764**	**$ 11,762,899**

See Independent Auditors' Report on Supplemental Information.

United Way of Northern New Jersey
[a Non-Profit Organization]
Statement of Functional Expenses – Income Tax Basis
Year Ended June 30, 2011

	Program Expenses	Support Services			
	Community Impact	Administrative	Resource Development	Total Support Services	Total
Distributions to funded partners	$ 2,243,515	$ ---	$ ---	$ ---	$ 2,243,515
Direct program services	54,350	---	---	---	54,350
Gifts in kind	2,257	---	---	---	2,257
Salaries/wages	1,038,865	283,327	566,654	849,981	1,888,846
Payroll taxes	96,132	26,218	52,436	78,654	174,786
Benefits	225,484	61,496	122,992	184,488	409,972
Conferences	5,711	1,558	3,116	4,674	10,385
Depreciation	36,045	9,830	19,660	29,490	65,535
Equipment maintenance and rental	46,382	12,649	25,297	37,946	84,328
Information technology	16,553	4,514	9,028	13,542	30,095
Insurance	6,822	1,860	3,721	5,581	12,403
Interest and bank fees	13,066	3,564	7,127	10,691	23,757
Meetings	5,977	1,630	3,260	4,890	10,867
Memberships and subscriptions	5,392	1,471	2,942	4,413	9,805
Occupancy	133,213	36,331	72,662	108,993	242,206
Postage	11,754	3,206	6,412	9,618	21,372
Printing and promotional	11,355	1,893	5,678	7,571	18,926
Professional fees	125,359	71,282	49,160	120,442	245,801
Supplies	17,145	4,676	9,352	14,028	31,173
Travel	15,706	4,283	8,567	12,850	28,556
UWW dues/payments to affiliates	52,927	14,434	28,869	43,303	96,230
Events fundraising	---	---	119,564	119,564	119,564
Events friendraising	87,408	---	---	---	87,408
Total Functional Expenses	$ 4,251,418	$ 544,222	$ 1,116,497	$ 1,660,719	$ 5,912,137

See Independent Auditors' Report on Supplemental Information.