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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF CENTRAL JERSEY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 210 32 FORD AVE

City or town, state or country, and ZIP + 4
MILLTOWN, NJ 08850

D Employer identification number
22-1520408

E Telephone number
(732) 247-3727

G Gross receipts $ 6,244,545

F Name and address of principal officer
GLORIA AFTANSKI
PO BOX 210 32 FORD AVE
MILLTOWN, NJ 08850

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 UWCJ ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1930 | **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE LEADERSHIP TO IMPROVE THE WELL-BEING OF PEOPLE LIVING OR WORKING IN OUR COMMUNITY WHO ARE NEEDY, AT RISK AND VULNERABLE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	23
6	Total number of volunteers (estimate if necessary)	**6**	750
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,228,724	4,506,937
	9 Program service revenue (Part VIII, line 2g)	26,663	51,001
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,325	67,531
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,266	78,745
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,417,978	4,704,214
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,749,773	1,608,800
	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)	819,341	1,219,328
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶264,098		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,069,059	1,932,906
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,638,173	4,761,034
	19 Revenue less expenses Subtract line 18 from line 12	-220,195	-56,820

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	5,884,859	5,127,403
	21 Total liabilities (Part X, line 26)	1,991,082	1,321,878
	22 Net assets or fund balances Subtract line 21 from line 20	3,893,777	3,805,525

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

****** | 2012-11-15
Signature of officer | Date

STUART GRANT SENIOR VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARTIN MAUCH	Date 2012-11-15	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00764633
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TAIT WELLER & BAKER LLP 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103			EIN ▶ 23-1144520 Phone no ▶ (215) 979-8800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE UNITED WAY OF CENTRAL JERSEY FOCUSES ON OUTCOMES THAT WILL BRING ABOUT LASTING CHANGE IN COMMUNITY CONDITIONS IN THREE KEY AREAS 'CHILDREN READY TO SUCCEED', WHICH ENSURES HEALTHY DEVELOPMENT AND SCHOOL READINESS OF CHILDREN FROM NEO-NATAL TO 5 YEARS OLD, 'KIDS ON TRACK', DESIGNED TO PREPARE YOUTH AGES 6-18 TO BECOME ACCOUNTABLE ADULTS, AND, 'FAMILIES LIVING WELL', ENSURING THAT FAMILIES ARE SAFE AND PROTECTED, HEALTHY AND ECONOMICALLY SELF SUFFICIENT WITHIN THESE CORE AREAS UNITED WAY SUPPORTS EVIDENCE-BASED, OUTCOME MEASURABLE PROGRAMS DESIGNED TO ACHIEVE MAXIMUM IMPACT IN THE HEALTHY DEVELOPMENT OF YOUNG CHILDREN, PREPARING YOUTH TO SUCCEED IN SCHOOL AND IN LIFE AND ENSURING THAT FAMILIES ARE HEALTHY AND STABLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,357,024 including grants of $ 451,537) (Revenue $)

CHILDREN READY TO SUCCEED - UNITED WAY OF CENTRAL JERSEY ACTIVELY WORKS WITH THE COMMUNITY TO ENSURE THAT CHILDREN BEGIN SCHOOL HEALTHY, READY AND ABLE TO LEARN EFFECTIVELY WE ACHIEVE THIS BY INVESTING IN EVIDENCE-BASED PROGRAMS THAT ARE MEASURED ANNUALLY AGAINST ONE OR MORE OF THE FOLLOWING OUTCOMES 1 BABIES ARE BORN HEALTHY INTO A SUPPORTIVE ENVIRONMENT, 2 CHILDREN ARE DEVELOPMENTALLY ON TRACK AND READY TO SUCCEED IN SCHOOL AMONG THE STRATEGIES WE USE TO ACHIEVE THESE OUTCOMES ARE OUR QUALITY INITIATIVE, WHICH WORKS WITH EARLY CHILDHOOD CENTERS TO ASSIST THEM IN ATTAINING NATIONAL ACCREDITATION TO ENSURE THAT THEY OPERATE ACCORDING TO THE HIGHEST STANDARDS IN PREPARING CHILDREN TO START SCHOOL ANOTHER IS THE NURSE FAMILY PARTNERSHIP, AN EVIDENCE-BASED HOME VISITATION PROGRAM THAT PAIRS SKILLED NURSES WITH FIRST TIME, HIGH RISK MOTHERS AND THEIR INFANTS TO ENSURE A SUCCESSFUL BIRTH AS WELL AS HEALTHY PHYSICAL AND COGNITIVE DEVELOPMENT, INCLUDING HEALTH AND DEVELOPMENTAL SCREENINGS UNITED WAY'S PARENT CHILD HOME PROGRAM, ALSO AN EVIDENCE-BASED HOME VISITATION PROGRAM, TEACHES PARENTS OF TODDLERS THE MOST EFFECTIVE WAY TO READ TO THEIR CHILDREN, STIMULATING THE CHILDS INTEREST IN BOOKS AND AND INCREASING THEIR WORD KNOWLEDGE

4b (Code) (Expenses $ 603,734 including grants of $ 25,000) (Revenue $)

KIDS ON TRACK - UNITED WAY OF CENTRAL JERSEY UNDERSTANDS THAT YOUTH AGES 6-18 FACE A VARIETY OF CHALLENGES, BOTH ACADEMICALLY AND AT HOME, AS THEY PROGRESS THROUGH SCHOOL WE ADDRESS THESE ISSUES BY PARTNERING WITH ORGANIZATIONS THAT WORK TOWARDS ONE OR MORE OF THE FOLLOWING OUTCOMES 1 YOUTH HAVE ENHANCED PERSONAL AND ACADEMIC SUCCESS, 2 CHILDREN ARE HEALTHY, 3 CHILDREN LIVE IN A SAFE AND NURTURING ENVIRONMENT, 4 YOUTH ARE SAFE IN THEIR HOMES AND COMMUNITIES, 5 YOUTH HAVE AT LEAST ONE CARING ADULT IN THEIR LIVES SERVICES THAT UNITED WAY HELPS TO PROVIDE INCLUDE QUALITY AFTER-SCHOOL PROGRAMS, HOMEWORK HELP AND TUTORING, MENTORING, FAMILY COUNSELING, ACADEMIC ENRICHMENT, EDUCATION AND PREVENTION FOR SUBSTANCE ABUSE, DOMESTIC VIOLENCE EDUCATION AND PREVENTION, WORKSHOPS FOR CHILDREN WITH AUTISM, PROGRAMS FOR THE DISABLED, JOB TRAINING AND PLACEMENT, HEALTH INFORMATION AND MENTAL HEALTH COUNSELING FOR YOUTH IN FOSTER CARE

4c (Code) (Expenses $ 1,558,299 including grants of $ 989,771) (Revenue $)

FAMILIES LIVING WELL UNITED WAY OF CENTRAL JERSEY IS WORKING TO MAKE OUR COMMUNITY STRONGER ENSURING THAT FAMILIES ARE SAFE AND PROTECTED, HEALTHY AND ECONOMICALLY SELF-SUFFICIENT WE DO THIS BY WORKING WITH PARTNERS THAT ADDRESS ONE OR MORE OF THE FOLLOWING OUTCOMES 1 FAMILIES ARE SAFE IN THEIR HOMES AND COMMUNITIES 2 FAMILIES HAVE THE ABILITY TO MAINTAIN SOCIAL AND ECONOMIC INDEPENDENCE 3 FAMILIES HAVE ACCESS TO GOOD NUTRITION AND HEALTH CARE PROGRAMS INCLUDE PARENTING SKILL TRAINING, HOUSING AND HOMELESSNESS PREVENTION INCLUDING FORECLOSURE REMEDIATION AND RENTAL ASSISTANCE, ACCESS TO HEALTH CARE, IMMUNIZATIONS, AND HEALTH SCREENINGS, LEGAL SERVICES, MENTAL HEALTH CARE INCLUDING TREATMENT FOR SUBSTANCE ABUSE, JOB TRAINING AND PLACEMENT, ESL AND LITERACY TRAINING AND FOOD PROGRAMS THROUGH OUR STATE-WIDE PHONE LINE, 2-1-1, COMPREHENSIVE INFORMATION AND REFERRAL IS PROVIDED TO THOUSANDS OF MIDDLESEX COUNTY RESIDENTS ANNUALLY 2-1-1 IS A FREE, MULTI LINGUAL SERVICE THAT OPERATES 24 HOURS A DAY 365 DAYS A YEAR OUR VITA PROGRAM PROVIDES FREE INCOME TAX PREPARATION FOR LOW INCOME FAMILIES WHO ARE ELIGIBLE FOR THE EARNED INCOME TAX CREDIT HUNDREDS OF LOCAL RESIDENTS ARE HELPED ANNUALLY THROUGH DIFFERENTIAL RESPONSE, A PROGRAM THAT UNITED WAY OF CENTRAL JERSEY EXECUTES ON BEHALF OF THE STATE OF NEW JERSEY, INTENSIVE CASE MANAGEMENT IS PROVIDED TO FAMILIES IN CRISIS WHO ARE FACING NUMEROUS CHALLENGES INCLUDING FINANCIAL STRESS, HOUSING, UNEMPLOYMENT, HEALTH CARE, MENTAL HEALTH CARE, CHILD CARE, SERVICES FOR THE DISABLED AND EDUCATIONAL ADVOCACY

(Code) (Expenses $ 487,665 including grants of $ 4,752) (Revenue $ 51,001)

FOCUSED SERVICE INITIATIVES NEW AMERICANS PROGRAM AN INITIATIVE BY UNITED WAY OF CENTRAL JERSEY TO ASCERTAIN THE NEEDS OF EMERGING IMMIGRANT POPULATIONS IN UWCJ'S CENTRAL NJ SERVICE AREA, AND FURTHER, TO 'CONNECT' THOSE NEEDS TO AVAILABLE RESOURCES IN 2011, UWCJ INITIATED A STRATEGY TO BUILD COLLABORATIONS AMONGST AGENCIES AND ORGANIZATIONS SERVING EMERGING IMMIGRANT POPULATIONS FOSTER CARE AGING-OUT UNITED WAY OF CENTRAL JERSEY PARTNERS WITH LOCAL AGENCIES TO PROVIDE MENTORING AND OTHER SUPPORT SERVICES TO YOUNG ADULTS AGING-OUT OF THE NEW JERSEY FOSTER CARE SYSTEM UWCJ ANNUALLY HOSTS AN 'AGING-OUT' EVENT THAT RECOGNIZES THIS TRANSITION AND CONNECTS 'AGING-OUT' YOUNG ADULTS WITH ONGOING SUPPORT SERVICES OTHER INITIATIVES STUFF-THE-BUS SCHOOL SUPPLY COLLECTION UNITED WAY OF CENTRAL JERSEY COLLECTS AND DISTRIBUTES BACKPACKS AND SCHOOL SUPPLIES TO ENABLE LOWER-INCOME CHILDREN BEGIN THE SCHOOL YEAR EQUIPPED FOR SCHOOL SUCCESS IN 2011, UWCJ DISTRIBUTED SCHOOL SUPPLIES VALUED AT $54,480 HOLIDAY GIFTS-OF-THE-SEASON WORKING WITH SUPPORTIVE LOCAL CORPORATIONS AND CHARITABLE ORGANIZATIONS, UNITED WAY OF CENTRAL JERSEY COLLECTS AND DISTRIBUTES 'WISH-LIST' HOLIDAY GIFTS TO LOW-INCOME CHILDREN IN OUR COMMUNITIES IN 2011, THE GIFT DISTRIBUTION WAS VALUED AT $109,470, WHICH BENEFITTED 1,230 INDIVIDUALS IN 353 FAMILIES SUMMER EVENTS TICKETS DISTRIBUTION WORKING ON BEHALF OF A LOCAL MINOR-LEAGUE PROFESSIONAL BASEBALL CLUB, UWCJ DISTRIBUTES DONATED BALLGAME TICKETS TO LOCAL YOUTH & CHILDREN'S ORGANIZATIONS IN 2011, DISTRIBUTED TICKETS WERE VALUED AT $70,689FOUNDING SPONSOR, MIDDLESEX COUNTY HOMELESSNESS INITIATIVE UNITED WAY OF CENTRAL JERSEY, A FOUNDING SPONSOR OF A LOCAL 501 (C)3 NONPROFIT AGENCY ORGANIZED TO OVERSEE IMPLEMENTATION OF THE MIDDLESEX COUNTY 10-YEAR PLAN TO END HOMELESSNESS, CONTINUES TO SUPPORT THIS ORGANIZATION BY PROVIDING LEADERSHIP AND PRO-BONO FINANCIAL MANGEMENT SERVICES VITA TAX ASSISTANCE PROGRAM UNITED WAY OF CENTRAL JERSEY TRAINS VOLUNTEERS TO PREPARE INCOME TAX RETURNS FOR LOW-INCOME HOUSEHOLDS/RESIDENTS IN MIDDLESEX COUNTY & FRANKLIN TOWNSHIP PARTNERING WITH OTHER NONPROFIT SERVICE PROVIDERS SERVING THIS POPULATION, UWCJ FACILITATED APPROXIMATELY $350,000 IN FEDERAL TAX REFUND DOLLARS BACK INTO THE COMMUNITIES SERVED BY UWCJ, AND WAS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A KEY PARTNER IN PROVIDING THIS FORM OF ECONOMIC ASSISTANCE IN CENTRAL NEW JERSEY FOOD COLLECTIONS & DISTRIBUTION DURING THE COURSE OF THE YEAR, UWCJ COLLECTS NON-PERISHABLE FOOD ITEMS COLLECTED DURING 'FOOD DRIVES' AT VARIOUS SUPPORTING LOCAL CORPORATE AND BUSINESS PARTNERS THESE NON-PERISHABLE FOOD ITEMS ARE DELIVERED TO MIDDLESEX COUNTY'S CENTRALIZED FOOD BANK, MC FOODS, WHICH SUPPLIES OVER 75 LOCAL FOOD PANTRIES DONATED APPAREL & TOILETTRIES ARE ALSO COLLECTED AND DISTRIBUTED TO LOCAL ORGANIZATIONS VALUE OF THESE DISTRIBUTIONS IN 2011 $82,368ADDITIONAL SERVICES TO THE NON-PROFIT COMMUNITY DONOR-CHOICE DESIGNATION FUND-RAISING IN ADDITION TO PROGRAMS AND SERVICES FUNDED THROUGH UNITED WAY OF CENTRAL JERSEY'S COMMUNITY INVESTMENT ALLOCATION PROCESS, UWCJ PROVIDES INDIRECT ASSISTANCE TO THE NONPROFIT COMMUNITY VIA DONOR DESIGNATIONS MADE VIA UWCJ'S ANNUAL WORKPLACE DONOR CAMPAIGNS IN 2011, UWCJ'S FUNDRAISING EFFORTS PROVIDED $460,300 DONOR DESIGNATIONS TO THE LOCAL NONPROFIT COMMUNITY SPECIAL AND EMERGENCY REQUESTS UNITED WAY OF CENTRAL JERSEY PROVIDES SPECIAL GRANTS TO NOT FOR PROFITS IN TIMES OF EMERGENCY OR TO ALLOW THEM TO TAKE ADVANTAGE OF A SPECIFIC OPPORTUNITY TO EXPAND OR PROVIDE ADDITIONAL SERVICES FOR INSTANCE, IN 2011,'SPECIAL'AND/OR 'EMERGENCY' GRANTS WERE MADE THAT PROVIDED ADDITIONAL IMMIGRATION SERVICES AND A FAMILY LAW SPECIALIST FOR DOMESTIC ABUSE VICTIMS FACILITIES & OTHER SERVICES UNITED WAY OF CENTRAL JERSEY PROVIDES TECHNICAL ASSISTANCE, NO-COST MEETING FACILITIES, AND 'IN-KIND' SERVICES TO LOCAL NON-PROFIT AGENCIES AND ORGANIZATIONS UWCJ ALSO PROVIDES BELOW-MARKET-RATE OFFICE SPACE TO ANOTHER COMMUNITY PARTNER NON-PROFIT AGENCY

4d Other program services (Describe in Schedule O)

(Expenses $ 487,665 including grants of $ 4,752) (Revenue $ 51,001)

4e Total program service expenses ▶ $ 4,006,722

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

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

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**	1		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

UNITED WAY OF CENTRAL JERSEY
PO BOX 210 32 FORD AVE
MILLTOWN, NJ 08850
(732) 247-3727

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAWRENCE P O'CONNELL CHIEF VOLUNTEER OFFICER	3 00	X		X				0	0	0
(2) JANE LEAL VICE CHAIR, BRAND STRATEGY	3 00	X		X				0	0	0
(3) CAMILLA LAURICELLA VICE CHAIR, COMMUNITY INVESTMENT	3 00	X		X				0	0	0
(4) CHRIS VAN DER STAD TREASURER	3 00	X		X				0	0	0
(5) RICHARD WILDNAUER SECRETARY	3 00	X		X				0	0	0
(6) ALKA AGRAWAL TRUSTEE	1 00	X						0	0	0
(7) AGNES BARENTI TRUSTEE	2 00	X						0	0	0
(8) LEE F LIVINGSTON FIRST VICE CHAIR	3 00	X		X				0	0	0
(9) NATALIA ARMSTRONG TRUSTEE	1 00	X						0	0	0
(10) JUSTIN J FOOTERMAN TRUSTEE	2 00	X						0	0	0
(11) BRUCE GANDARILLAS TRUSTEE	1 00	X						0	0	0
(12) MURIEL GRIMMETT TRUSTEE	1 00	X						0	0	0
(13) GEORGE HEINZE TRUSTEE	1 00	X						0	0	0
(14) LOUIS KILIAN TRUSTEE	2 00	X						0	0	0
(15) ANA MONROY TRUSTEE	2 00	X						0	0	0
(16) BRIAN MORIARTY TRUSTEE	1 00	X						0	0	0
(17) ROBERT TAGLIENTE TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MAURICE WILLIAMS TRUSTEE	1 00	X						0	0	0
(19) MARK T ZENZ TRUSTEE	1 00	X						0	0	0
(20) GLORIA AFTANSKI PRESIDENT, CPO	35 00			X				137,874	0	11,169
(21) STUART GRANT SENIOR VP, COMM INV	35 00			X				119,521	0	7,957

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	257,395	0	19,126

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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 1,985,215				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,521,722				
	g Noncash contributions included in lines 1a-1f $ 317,007					
	h **Total.** Add lines 1a-1f		4,506,937			
Program Service Revenue		Business Code				
	2a COMMUNITY PROGRAM INCO	624200	51,001	51,001		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		51,001			
	3 Investment income (including dividends, interest and other similar amounts)		39,899			39,899
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	52,800				
	b Less rental expenses	38,478				
	c Rental income or (loss)	14,322				
	d Net rental income or (loss)		14,322			14,322
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,529,485				
	b Less cost or other basis and sales expenses	1,501,853				
	c Gain or (loss)	27,632				
	d Net gain or (loss)		27,632			27,632
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 4,228				
	b Less direct expenses	b 0				
	c Net income or (loss) from fundraising events		4,228			4,228
	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 ADMINISTRATIVE FEE	900099	60,195	60,195		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		60,195			
	12 **Total revenue.** See Instructions		4,704,214	111,196	0	86,081

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	1,608,800	1,608,800		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	276,521	144,143	83,065	49,313
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	727,577	378,014	223,180	126,383
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,261	14,442	6,067	5,752
9	Other employee benefits	98,363	52,443	17,893	28,027
10	Payroll taxes	90,606	40,108	35,922	14,576
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,000	2,000	18,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	5,499		5,499	
g	Other	15,345	2,556	2,876	9,913
12	Advertising and promotion	6,212		2,423	3,789
13	Office expenses	60,701	41,992	14,529	4,180
14	Information technology	16,664	7,967	6,283	2,414
15	Royalties . .				
16	Occupancy	21,305	5,801	13,537	1,967
17	Travel	19,273	12,817	2,965	3,491
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	56,494	20,023	29,320	7,151
22	Depreciation, depletion, and amortization	40,455	23,315	13,406	3,734
23	Insurance	20,613	13,038	4,692	2,883
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	COMMUNITY PROGRAM EXPEN	1,621,097	1,621,097		
b	REPAIRS AND MAINTENANCE	22,303	18,166	3,612	525
c	MISCELLANEOUS	6,945		6,945	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	4,761,034	4,006,722	490,214	264,098
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		358,843	1	330,675
	2	Savings and temporary cash investments		3,277,950	2	2,748,666
	3	Pledges and grants receivable, net		540,874	3	364,533
	4	Accounts receivable, net		14,053	4	5,073
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		46,546	9	111,746
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,688,180			
	b	Less accumulated depreciation	10b 849,352	872,927	10c	838,828
	11	Investments—publicly traded securities		497,471	11	468,520
	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		276,195	15	259,362
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,884,859	16	5,127,403
Liabilities	17	Accounts payable and accrued expenses		256,005	17	187,142
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,735,077	25	1,134,736
	26	**Total liabilities.** Add lines 17 through 25		1,991,082	26	1,321,878
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,686,312	27	2,699,374
	28	Temporarily restricted net assets		939,097	28	853,212
	29	Permanently restricted net assets		268,368	29	252,939
		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		3,893,777	33	3,805,525
	34	Total liabilities and net assets/fund balances		5,884,859	34	5,127,403

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,704,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,761,034
3	Revenue less expenses Subtract line 2 from line 1	3	-56,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,893,777
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,432
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	3,805,525

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,967,926	5,119,708	3,503,631	4,228,724	4,506,937	21,326,926
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	-7,485	89,143	53,109	37,520	55,229	227,516
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	3,960,441	5,208,851	3,556,740	4,266,244	4,562,166	21,554,442
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						21,554,442

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,960,441	5,208,851	3,556,740	4,266,244	4,562,166	21,554,442
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,743	148,599	120,901	95,079	92,698	637,020
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	179,743	148,599	120,901	95,079	92,698	637,020
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)	25,349	54,479	83,148	68,818	60,195	291,989
13 **Total support** (Add lines 9, 10c, 11 and 12)	4,165,533	5,411,929	3,760,789	4,430,141	4,715,059	22,483,451

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	95 870 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	95 520 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 830 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	3 030 %

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-1520408
Name: UNITED WAY OF CENTRAL JERSEY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 487,665 including grants of $ 4,752) (Revenue $ 51,001)

FOCUSED SERVICE INITIATIVES NEW AMERICANS PROGRAM AN INITIATIVE BY UNITED WAY OF CENTRAL JERSEY TO ASCERTAIN THE NEEDS OF EMERGING IMMIGRANT POPULATIONS IN UWCJ'S CENTRAL NJ SERVICE AREA, AND FURTHER, TO 'CONNECT' THOSE NEEDS TO AVAILABLE RESOURCES IN 2011, UWCJ INITIATED A STRATEGY TO BUILD COLLABORATIONS AMONGST AGENCIES AND ORGANIZATIONS SERVING EMERGING IMMIGRANT POPULATIONS FOSTER CARE AGING-OUT UNITED WAY OF CENTRAL JERSEY PARTNERS WITH LOCAL AGENCIES TO PROVIDE MENTORING AND OTHER SUPPORT SERVICES TO YOUNG ADULTS AGING-OUT OF THE NEW JERSEY FOSTER CARE SYSTEM UWCJ ANNUALLY HOSTS AN 'AGING-OUT' EVENT THAT RECOGNIZES THIS TRANSITION AND CONNECTS 'AGING-OUT' YOUNG ADULTS WITH ONGOING SUPPORT SERVICES OTHER INITIATIVES STUFF-THE-BUS SCHOOL SUPPLY COLLECTION UNITED WAY OF CENTRAL JERSEY COLLECTS AND DISTRIBUTES BACKPACKS AND SCHOOL SUPPLIES TO ENABLE LOWER-INCOME CHILDREN BEGIN THE SCHOOL YEAR EQUIPPED FOR SCHOOL SUCCESS IN 2011, UWCJ DISTRIBUTED SCHOOL SUPPLIES VALUED AT $54,480 HOLIDAY GIFTS-OF-THE-SEASON WORKING WITH SUPPORTIVE LOCAL CORPORATIONS AND CHARITABLE ORGANIZATIONS, UNITED WAY OF CENTRAL JERSEY COLLECTS AND DISTRIBUTES 'WISH-LIST' HOLIDAY GIFTS TO LOW-INCOME CHILDREN IN OUR COMMUNITIES IN 2011, THE GIFT DISTRIBUTION WAS VALUED AT $109,470, WHICH BENEFITTED 1,230 INDIVIDUALS IN 353 FAMILIES SUMMER EVENTS TICKETS DISTRIBUTION WORKING ON BEHALF OF A LOCAL MINOR-LEAGUE PROFESSIONAL BASEBALL CLUB, UWCJ DISTRIBUTES DONATED BALLGAME TICKETS TO LOCAL YOUTH & CHILDREN'S ORGANIZATIONS IN 2011, DISTRIBUTED TICKETS WERE VALUED AT $70,689FOUNDING SPONSOR, MIDDLESEX COUNTY HOMELESSNESS INITIATIVE UNITED WAY OF CENTRAL JERSEY, A FOUNDING SPONSOR OF A LOCAL 501 (C)3 NONPROFIT AGENCY ORGANIZED TO OVERSEE IMPLEMENTATION OF THE MIDDLESEX COUNTY 10-YEAR PLAN TO END HOMELESSNESS, CONTINUES TO SUPPORT THIS ORGANIZATION BY PROVIDING LEADERSHIP AND PRO-BONO FINANCIAL MANGEMENT SERVICES VITA TAX ASSISTANCE PROGRAM UNITED WAY OF CENTRAL JERSEY TRAINS VOLUNTEERS TO PREPARE INCOME TAX RETURNS FOR LOW-INCOME HOUSEHOLDS/RESIDENTS IN MIDDLESEX COUNTY & FRANKLIN TOWNSHIP PARTNERING WITH OTHER NONPROFIT SERVICE PROVIDERS SERVING THIS POPULATION, UWCJ FACILITATED APPROXIMATELY $350,000 IN FEDERAL TAX REFUND DOLLARS BACK INTO THE COMMUNITIES SERVED BY UWCJ, AND WAS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A KEY PARTNER IN PROVIDING THIS FORM OF ECONOMIC ASSISTANCE IN CENTRAL NEW JERSEY FOOD COLLECTIONS & DISTRIBUTION DURING THE COURSE OF THE YEAR, UWCJ COLLECTS NON-PERISHABLE FOOD ITEMS COLLECTED DURING 'FOOD DRIVES' AT VARIOUS SUPPORTING LOCAL CORPORATE AND BUSINESS PARTNERS THESE NON-PERISHABLE FOOD ITEMS ARE DELIVERED TO MIDDLESEX COUNTY'S CENTRALIZED FOOD BANK, MC FOODS, WHICH SUPPLIES OVER 75 LOCAL FOOD PANTRIES DONATED APPAREL & TOILETTRIES ARE ALSO COLLECTED AND DISTRIBUTED TO LOCAL ORGANIZATIONS VALUE OF THESE DISTRIBUTIONS IN 2011 $82,368ADDITIONAL SERVICES TO THE NON-PROFIT COMMUNITY DONOR-CHOICE DESIGNATION FUND-RAISING IN ADDITION TO PROGRAMS AND SERVICES FUNDED THROUGH UNITED WAY OF CENTRAL JERSEY'S COMMUNITY INVESTMENT ALLOCATION PROCESS, UWCJ PROVIDES INDIRECT ASSISTANCE TO THE NONPROFIT COMMUNITY VIA DONOR DESIGNATIONS MADE VIA UWCJ'S ANNUAL WORKPLACE DONOR CAMPAIGNS IN 2011, UWCJ'S FUNDRAISING EFFORTS PROVIDED $460,300 DONOR DESIGNATIONS TO THE LOCAL NONPROFIT COMMUNITY SPECIAL AND EMERGENCY REQUESTS UNITED WAY OF CENTRAL JERSEY PROVIDES SPECIAL GRANTS TO NOT FOR PROFITS IN TIMES OF EMERGENCY OR TO ALLOW THEM TO TAKE ADVANTAGE OF A SPECIFIC OPPORTUNITY TO EXPAND OR PROVIDE ADDITIONAL SERVICES FOR INSTANCE, IN 2011,'SPECIAL'AND/OR 'EMERGENCY' GRANTS WERE MADE THAT PROVIDED ADDITIONAL IMMIGRATION SERVICES AND A FAMILY LAW SPECIALIST FOR DOMESTIC ABUSE VICTIMS FACILITIES & OTHER SERVICES UNITED WAY OF CENTRAL JERSEY PROVIDES TECHNICAL ASSISTANCE, NO-COST MEETING FACILITIES, AND 'IN-KIND' SERVICES TO LOCAL NON-PROFIT AGENCIES AND ORGANIZATIONS UWCJ ALSO PROVIDES BELOW-MARKET-RATE OFFICE SPACE TO ANOTHER COMMUNITY PARTNER NON-PROFIT AGENCY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000		40,000
b Buildings		1,396,357	667,681	728,676
c Leasehold improvements				
d Equipment		223,682	181,671	42,011
e Other		28,141		28,141
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				838,828

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) INVESTMENTS - BENEFICIAL INTEREST IN PERPETUAL TRUST	252,939
(2) ACCRUED INTEREST	6,423
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	259,362

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS PAYABLE	785,806
DESIGNATIONS PAYABLE	140,754
REFUNDABLE ADVANCE FOR CONTRACTS WITH NEW JERSEY STATE	208,176
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,134,736

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,704,214
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,761,034
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-56,820
4	Net unrealized gains (losses) on investments	4	-31,432
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-31,432
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-88,252

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	4,711,260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-31,432		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-31,432
3	Subtract line **2e** from line **1**			3	4,742,692
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	-38,478		
c	Add lines **4a** and **4b**			4c	-38,478
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,704,214

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

1	Total expenses and losses per audited financial statements			1	4,799,512
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,799,512
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	-38,478		
c	Add lines **4a** and **4b**			4c	-38,478
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,761,034

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2008-2010) OR EXPECTED TO BE TAKEN IN UNITED WAY'S 2011 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
PART XII, LINE 4B - OTHER ADJUSTMENTS		BUILDING RELATED EXPENDITURES -38,478
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BUILDING RELATED EXPENDITURES -38,478

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 31

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AT MINIMUM, AGENCIES PROVIDE SEMI-ANNUAL DETAILED FINANCIAL AND PROGRAM REPORTS, MORE FREQUENT REPORTS MAY BE REQUIRED WHEN INDICATED SITE VISITS OCCUR ON A SELECTED BASIS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1520408
Name: UNITED WAY OF CENTRAL JERSEY INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJ 2-1-1C/O UNITED MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE,NJ 07727	37-1446108	501(C)(3)	28,050				24/7/365 INFORMATION & REFERRAL HOTLINE
ANSHE EMETH COMM DEV CORP 222 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3625904	501(C)(3)	17,700				HEALTH SUPPORT SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF MIDDLESEX COUNTY219 BLACKHORSE LANE NORTH BRUNSWICK,NJ 08902	22-1695038	501(C)(3)	17,926				VOCATIONAL & IN-HOME RESPITE SERVICES
CATHOLIC CHARITIES319 MAPLE STREET PERTH AMBOY,NJ 08861	22-2423496	501(C)(3)	519,027				YOUTH, HEALTH, VOCATIONAL & HOMELESS ASSISTANCE

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

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CENTRAL JERSEY LEGAL SERVCIES 317 GEORGE STREET SUITE 201 NEW BRUNSWICK, NJ 08901	21-0684259	501(C)(3)	108,900				LEGAL SERVICES TO LOW-INCOME POPULATION
CEREBRAL PALSY ASSOCIATIONOAK DRIVE ROOSEVELT PARK EDISON,NJ 08837	22-1554528	501(C)(3)	89,888				TRANSPORTATION & REHAB SERVICES TO THE DISABLED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY CHID CARE SOLUTIONS 103 CENTER STREET PERTH AMBOY, NJ 08861	27-0649636	501(C)(3)	94,000				QUALITY INITIATIVE - CHILD DEVELOPMENT & SCHOOL READINESS SERVICES
ELIJAH'S PROMISE 211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501(C)(3)	53,075				FOOD SERVICES TO THE NEEDY & SUPPORT CULINARY JOB TRAINING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY & COMMUNITY SERVICE SOMERSET339 WEST SECOND STREET BOUND BROOK,NJ 08805	22-1508565	501(C)(3)	8,169				PROFESSIONAL COUNSELING SERVICES
FISH HOSPITALITY PROGRAMPO BOX 170 DUNELLEN,NJ 08812	22-3174032	501(C)(3)	9,150				SHELTER CARE FOR FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOODWORX244 PARK AVENUE MANALAPAN,NJ 07720	20-3174937	501(C)(3)	16,380				AFTER SCHOOL PROGRAMMING FOR SCHOOL-AGED YOUTH
JEWISH FAMILY & VOCATIONAL SERVICES32 FORD AVE MILLTOWN,NJ 08850	22-2281774	501(C)(3)	81,010				HEALTH, HOUSING, MEALS & JOB-TRAINING SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MC CHILD ASSAULT PREVENTION11 ELY AVE LAURENCE HARBOR, NJ 08879	22-2764504	501(C)(3)	16,870				PRE-SCHOOL PROGRAM
MIPH (MAKING IT POSSIBLE TO END HOMELESSNESS)60 KILMER ROAD EDISON,NJ 08817	22-2931870	501(C)(3)	30,550				TRANSITIONAL HOUSING PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW HOPE FOUNDATION80 CONOVER ROAD MARLBORO, NJ 07746	22-2116914	501(C)(3)	12,630				OUTPATIENT SUBSTANCE-ABUSE TREATMENT
NEW JERSEY WOMEN & AIDS NETWORK103 BAYARD STREET NEW BRUNSWICK, NJ 08901	22-3004419	501(C)(3)	15,000				HIV-AIDS EDUCATION, PREVENTION & SUPPORT SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLANNED PARENTHOOD69E NEWMANN SPRINGS RD SHREWSBURY,NJ 07702	21-0658062	501(C)(3)	70,000				WOMEN'S HEALTH SERVICES & TEEN-PREGNANCY PREVENTION PROGRAM
PUERTO RICAN ACTION BOARD90 JERSEY AVE PO BOX 240 NEW BRUNSWICK, NJ 08903	22-1944440	501(C)(3)	41,690				YOUTH, DAY CARE SERVICES, HOUSING COUNSELING SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT100 FIRST STREET PERTH AMBOY,NJ 08861	22-2026610	501(C)(3)	53,258				DAY CARE, HEALTH & INDEPENDENT LIVING PROGRAMS
RUTGERS UNIVERSITY CENTER FOR APPLIED PHSYCHOLOGY41 GORDON ROAD PISCATAWAY,NJ 08854	23-7318742	501(C)(3)	47,694				FOSTER CARE COUNSELING PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY NEW BRUNSWICK 287 HANDY STREET NEW BRUNSWICK, NJ 08901	13-5562351	501(C)(3)	25,500				AFTER-SCHOOL PROGRAM (CHILD PERSONAL & ACADEMIC SUCCESS)
SOMERSET COUNTY VOCATIONAL HIGH SCHOOL FOUNDATIONPO BOX 6124 BRIDGEWATER, NJ 08807	52-1872198	501(C)(3)	12,224				VOCATION TRAINING FOR YOUTH (SUMMER & AFTER-SCHOOL)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH COUNTY DAY CARE56 MAIN STREET HELMETTA,NJ 08828	22-2165899	501(C)(3)	27,315				PRE-SCHOOL & SUMMER-CARE PROGRAM
VISITING NURSE ASSOCIATION NJ 176 RIVERSIDE AVE RED BANK,NJ 07701	21-0639369	501(C)(3)	40,875				HEALTH-CARE FOR LOW-INCOME RESIDENTS, NURSE-FAMILY PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VSA ARTS OF NEW JERSEY703 JERSEY AVENUE NEW BRUNSWICK, NJ 08901	22-2336037	501(C)(3)	21,575				EDUCATION SERVICES FOR AUTISTIC POPULATION
WOMEN AWAREPO BOX 312 NEW BRUNSWICK, NJ 08902	22-2374378	501(C)(3)	100,386				BATTERED WOMEN'S SHELTER, LEGAL ADVOCACY SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN HELPING WOMEN224 MAIN STREET METUCHEN,NJ 08840	22-2180775	501(C)(3)	15,572				INDIVIDUALS, COUPLES & GROUP COUNSELING SERVICES
YMCA RARITAN BAY365 NEW BRUNSWICK AVENUE PERTH AMBOY,NJ 08861	22-1487390	501(C)(3)	25,886				FAMILIES FIT TOGETHER' PROGRAM - CHILD FITNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERBIG SISTERS MONMOUTH & MIDDLESEX305 BROAD STREET ASBURY PARK,NJ 07712	22-2115416	501(C)(3)	8,500		FMV		MENTORING PROGRAM

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		317,007	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL JERSEY INC

Employer identification number
22-1520408

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF CENTRAL JERSEY ADHERES TO AN ADOPTED 'CODE OF ETHICS' FOR VOLUNTEERS AND STAFF, WHICH POLICY INCLUDES PROVISIONS FOR FULL AND FAIR DISCLOSURE. BOARD AND STAFF MEMBERS ANNUALLY VERIFY REVIEW AND COMPLIANCE WITH THE CODE-OF-ETHICS POLICY. UWCJ PRACTICE REQUIRES BOARD AND PROFESSIONAL STAFF TO DISCLOSE POTENTIAL CONFLICTS AND/OR THE POTENTIAL APPEARANCE OF CONFLICT, AND RECUSE THEMSELVES FROM DISCUSSION AND VOTE ON ANY SUCH MATTERS
	FORM 990, PART VI, SECTION B, LINE 15A	EACH MEMBER OF THE UNITED WAY OF CENTRAL JERSEY STAFF RECEIVES AN ANNUAL PERFORMANCE REVIEW PREPARED BY THE SUPERVISORY STAFF, APPROVED BY THE PRESIDENT AND PROVIDED TO THE OFFICERS OF THE BOARD WHO CONSTITUTE THE PERSONNEL COMMITTEE. THE PRESIDENT'S PERFORMANCE REVIEW IS CONDUCTED BY THE CHAIR/CVO AND REVIEWD BY THE PERSONNEL COMMITTEE. THE PRESIDENT PREPARES SALARY INCREMENT RECOMMENDATIONS WHICH ARE SHARED WITH THE CVO FOR GUIDANCE AND INPUT PRIOR TO SUBMISSION OF RECOMMENDATIONS TO THE PERSONNEL COMMITTEE.
	FORM 990, PART VI, SECTION C, LINE 18	UNITED WAY OF CENTRAL JERSEY'S 990 IS AVAIALABLE THROUGH GUIDESTAR ORG TO REGISTERED MEMBERS AND UPON REQUEST AT UNITED WAY OF CENTRAL JERSEY'S OFFICE. A PDF OF THE PUBLIC PORTION OF THE UWCJ 990 IS ALSO POSTED ON THE UWCJ WEBSITE.
	FORM 990, PART VI, SECTION C, LINE 19	UNITED WAY OF CENTRAL JERSEY MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST FOR SAME. UWCJ'S WEBSITE ALSO PROVIDES LINKS TO UWCJ'S PUBLIC DOCUMENTS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -31,432
AUDIT COMMITTEE AND SELECTION OF INDEPENDENT ACCOUNTANT	PART XI, LINE 2C	THE UWCJ FINANCE COMMITTEE SELECTS AND PROVIDES OVERSIGHT OVER THE INDEPENDENT ACCOUNTING FIRM THAT CONDUCTS THE ANNUAL INDEPENDENT AUDIT. THE FINANCE COMMITTEE RECEIVES AND REVIEWS MONTHLY FINANCIAL REPORTS. ADDITIONALLY, THE FINANCE COMMITTEE MEETS WITH REPRESENTATIVES OF THE INDEPENDENT ACCOUNTING FIRM TO REVIEW THE ANNUAL AUDIT REPORT