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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 07-01-2011 and ending 06-30-2012

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

C Name of organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Doing Business As

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

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

D Employer identification number
22-1487247

E Telephone number
(973) 993-1160

G Gross receipts $ 14,627,619

F Name and address of principal officer
JOHN FRANKLIN
222 RIDGEDALE AVENUE
CEDAR KNOLLS, NJ 07927

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYNNJ ORG

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

L Year of formation 1950

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE COMMON GOOD THE VISION FOR UNITED WAY OF NORTHERN NEW JERSEY IS TO IMPROVE PEOPLE'S LIVES AND STRENGTHEN COMMUNITIES ACROSS THE REGION BY ENSURING ALL CITIZENS HAVE ACCESS TO THE BASIC BUILDING BLOCKS OF A GOOD LIFE - EDUCATION, INCOME, AND HEALTH

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	60
6	Total number of volunteers (estimate if necessary)	**6**	6,540
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
8	Contributions and grants (Part VIII, line 1h)	11,158,021	13,908,387
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	394,843	129,088
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,252	368,368
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,876,116	14,405,843
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,535,898	4,774,283
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)	2,473,604	3,357,223
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,475,585		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,988,735	6,137,545
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,998,237	14,269,051
19	Revenue less expenses Subtract line 18 from line 12	1,877,879	136,792

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,916,825	13,732,298
21	Total liabilities (Part X, line 26)	3,153,926	1,928,261
22	Net assets or fund balances Subtract line 21 from line 20	11,762,899	11,804,037

Net Assets or Fund Balances

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

****** | 2013-04-17
Signature of officer | Date

BONNIE O'NEILL CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TODD POLYNIAK	Date 2013-04-17	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00006746
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SAX MACY FROMM & CO PC 855 VALLEY ROAD CLIFTON, NJ 070132483			EIN ▶ 22-3177927 Phone no ▶ (973) 472-6250

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

UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE COMMON GOOD THE VISION FOR UNITED WAY OF NORTHERN NEW JERSEY IS TO IMPROVE PEOPLES LIVES AND STRENGTHEN COMMUNITIES ACROSS THE REGION BY ENSURING ALL CITIZENS HAVE ACCESS TO THE BASIC BUILDING BLOCKS OF A GOOD LIFE - EDUCATION, INCOME, AND HEALTH

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 4,877,979 including grants of $ 1,893,974) (Revenue $)

EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL WHEN CHILDREN AND YOUTH LACK A STIMULATING, SUPPORTIVE ENVIRONMENT, THEY SUFFER IT NEGATIVELY IMPACTS OUR ENTIRE COMMUNITY IF A KINDERGARTEN STUDENT IS ALREADY AVERSE TO LEARNING, A MIDDLE SCHOOL STUDENT ACTS OUT THROUGH BULLYING, OR A YOUNG ADULT IS UNPREPARED FOR THE WORKFORCE UNITED WAY OF NORTHERN NEW JERSEY WORKS TO ADVANCE EDUCATION IN OUR COMMUNITIES BY INVESTING IN CHILDREN AND YOUTH AND PROVIDING WAYS TO ENGAGE THEM SO THEY CAN POSITIVELY CONTRIBUTE TO SOCIETY WE WORK WITH CHILD CARE CENTERS AND SCHOOLS TO SUPPORT CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT FROM BIRTH THROUGH HIGH SCHOOL - GIVING THEM A SOLID FOUNDATION AND THE LIFELONG SKILLS NEEDED TO THRIVE OUR WORK INCLUDES IMPROVING EARLY CHILDHOOD EXPERIENCES AND THE QUALITY OF CHILD CARE, CONNECTING YOUTH TO TRAINED MENTORS, AND WORKING DIRECTLY WITH SCHOOLS TO CREATE A HEALTHY SCHOOL CULTURE THAT ENHANCES STUDENTS' GROWTH UNITED WAY SUCCESS BY 6 A LANDMARK STUDY PUBLISHED IN THE JOURNAL SCIENCE IN 2011 TRACKED MORE THAN 1,000 LOW-INCOME CHILDREN FOR UP TO 25 YEARS IT FOUND THAT CHILDREN WHO HAD ATTENDED QUALITY PRESCHOOL DID BETTER IN SCHOOL, EARNED MORE AS ADULTS, AND COMMITTED FEWER CRIMES ENSURING THAT CHILDREN FROM ALL SOCIOECONOMIC BACKGROUNDS GET A SOLID START IMPROVES THEIR FUTURE - AND OURS UNITED WAY SUCCESS BY 6 WORKS TO CREATE COMMUNITIES WHERE SAFE, EFFECTIVE, AND AFFORDABLE QUALITY PROGRAMS, SERVICES, AND EXPERIENCES ARE AVAILABLE FOR CHILDREN FROM BIRTH TO SIX YEARS OF AGE, ESPECIALLY THOSE FROM LOWER-INCOME AND ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES WORKING DIRECTLY WITH CHILD CARE CENTERS, WE PROVIDE GUIDANCE AND RESOURCES TO IMPROVE QUALITY OF CARE, OPERATE MORE EFFICIENTLY, AND INCREASE PARENT INVOLVEMENT AND THE GOOD NEWS IS WE ARE MAKING PROGRESS THE KINDERGARTEN READINESS RATE AT OUR PARTNER CHILD CARE CENTERS IN 2011 WAS 96 PERCENT VERSUS THE NATIONAL AVERAGE OF 60 PERCENT UNITED WAY YOUTH EMPOWERMENT ALLIANCE FOR YOUTH TO SUCCEED, THEY NEED TO DEVELOP LIFE HABITS THAT INTEGRATE INTELLECTUAL, EMOTIONAL, AND SOCIAL ASPECTS OF LEARNING TODAY'S HEADLINES - FROM COLLEGE TRAGEDIES AND CYBER-BULLYING, TO CASES OF UNETHICAL BUSINESS PRACTICES - REMIND US OF THE CHALLENGES OUR CHILDREN FACE UNITED WAY YOUTH EMPOWERMENT ALLIANCE WORKS TO ENSURE YOUTH HAVE THE LIFELONG SKILLS NEEDED TO ACHIEVE ACADEMICALLY, TACKLE ISSUES AND PROBLEMS WITH RESPONSIBILITY AND INTEGRITY, AND SUCCEED IN THE 21ST CENTURY WORKPLACE THIS STRONG FOUNDATION WILL ALLOW OUR CHILDREN TO THRIVE IN OUR INCREASINGLY COMPLEX WORLD WE SUPPORT SCHOOLS AS THEY IMPROVE THEIR SCHOOL CLIMATE AND CULTURE TO CREATE SAFE, WELL-MANAGED, CARING, AND PARTICIPATORY ENVIRONMENTS RESULTS IN THE LAST YEAR WE - AWARDED MORE THAN 1,000 CHILDREN FROM LOW-INCOME FAMILIES WITH SCHOLARSHIPS TO ATTEND AN ARRAY OF QUALITY CHILD CARE PROGRAMS - TRAINED MORE THAN 60 PRESCHOOL TEACHERS AND 30 PARENTS IN A PEACEMAKING SKILLS PROCESS THAT PROMOTES CONFLICT RESOLUTION TECHNIQUES FOR YOUNG CHILDREN - INVOLVED 13 SCHOOLS IN THE PROCESS TO ASSESS SCHOOL CULTURE AND CLIMATE AND MAKE CHANGES TO IMPROVE THE ENVIRONMENT FOR MORE THAN 6,800 STUDENTS - TRAINED MORE THAN 120 MENTORS TO HELP MORE THAN 50 MIDDLE SCHOOL STUDENTS IN OUR INTERGENERATIONAL MENTORING PROGRAM THAT CONNECTS STUDENTS WITH MULTIPLE MENTORS INCLUDING HIGH SCHOOL AND COLLEGE STUDENTS, PROFESSIONALS, AND SENIORS

4b (Code) (Expenses $ 4,006,635 including grants of $ 1,555,656) (Revenue $)

INCOME PROMOTING FINANCIAL STABILITY AND INDEPENDENCE UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON IMPROVING INCOME OPPORTUNITIES FOR OUR NEIGHBORS IN NEED WE ARE DEVELOPING STRATEGIES TO HELP INDIVIDUALS ATTAIN AND RETAIN JOBS THAT PAY A FAMILY-SUSTAINING WAGE, WHILE ALSO CREATING A COMMUNITY WHERE EVERYONE HAS ACCESS TO AFFORDABLE HOUSING OPPORTUNITIES AND THE SUPPORT NEEDED TO ACHIEVE FINANCIAL STABILITY STREGTHENING THE FINANCIAL FOUNDATION FOR ALL UNITED WAY RESEARCH FOUND MORE THAN HALF OF THE JOBS IN NEW JERSEY PAY LESS THAN $20 PER HOUR, EQUATING TO ONLY $40,000 ANNUALLY IF THE JOB IS FULL-TIME THE REALITY IS MOST OF THESE JOBS PAY FAR LESS AT $10 - $15 PER HOUR MANY OF OUR ALICE NEIGHBORS ARE WORKING IN LOW-PAYING JOBS THAT DO NOT OFFER HEALTH CARE OR OPPORTUNITIES FOR CAREER ADVANCEMENT AS A RESULT, THEY ARE OFTEN FORCED TO CHOOSE BETWEEN PAYING HOUSEHOLD BILLS AND PUTTING FOOD ON THE TABLE THEY LIVE EACH DAY ONE EMERGENCY AWAY FROM FALLING INTO POVERTY AND HAVE NO MEANS TO BUILD SAVINGS UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON ENSURING INDIVIDUALS HAVE THE SKILLS NECESSARY TO MEET THE NEEDS OF AREA EMPLOYERS, AND THE KNOWLEDGE OF WHERE TO FIND JOBS THAT MATCH THEIR ABILITIES AND PAY A FAMILY-SUSTAINING WAGE WE ARE ALSO HELPING ALICE FAMILIES AND INDIVIDUALS GET BACK ON THEIR FEET BY PROVIDING FINANCIAL EDUCATION, FREE SERVICES LIKE TAX PREPARATION AND FINANCIAL AND CAREER MENTORING, AND CONNECTIONS TO COMMUNITY RESOURCES INCREASING ACCESS TO AFFORDABLE HOUSING THE COST OF HOUSING IN NEW JERSEY IS THE FIFTH HIGHEST IN THE NATION THERE ARE FAR TOO FEW AFFORDABLE OPTIONS TO MEET THE NEED OF OUR 1 1 MILLION ALICE AND POVERTY-LEVEL FAMILIES WHILE THESE INDIVIDUALS PERFORM JOBS ESSENTIAL TO OUR COMMUNITIES, MANY ARE FORCED TO MOVE AWAY TO FIND LOWER-COST SOLUTIONS HIGHER TRANSPORTATION COSTS, EXPENSIVE CAR REPAIRS, AND EXTENDED CHILD CARE HOURS PUT MORE STRESS ON ALREADY STRAPPED BUDGETS UNITED WAY OF NORTHERN NEW JERSEY IS COMMITTED TO ENSURING MORE AFFORDABLE HOUSING OPTIONS ARE AVAILABLE IN OUR REGION WE BELIEVE EVERYONE SHOULD HAVE ACCESS TO SAFE, PERMANENT HOUSING WITHIN THEIR BUDGET AS PART OF THIS WORK, WE ARE PARTNERING WITH THE FEDERAL GOVERNMENT TO DEVELOP PLANS TO END HOMELESSNESS AND MEET THE NEEDS OF FAMILIES AND INDIVIDUALS IN OUR COMMUNITIES RESULTS IN THE LAST YEAR WE - HELPED MORE THAN 750 FAMILIES AND INDIVIDUALS WORK TOWARD FINANCIAL STABILITY WITH PROGRAMS LIKE CRISIS MANAGEMENT, FINANCIAL LITERACY CLASSES, FINANCIAL COACHING, AND MORE - PROVIDED MORE THAN 200 RESIDENTS WITH EMPLOYMENT AND CAREER SUPPORT THROUGH FREE ONE-ON-ONE CAREER COACHING, RESUME WRITING WORKSHOPS, AND LOCAL EMPLOYMENT CENTER SERVICES - ADVOCATED TO PRESERVE $1 MILLION MUNICIPAL HOUSING TRUST FUNDS TO ADDRESS CRITICAL SHORTAGES OF AFFORDABLE HOUSING IN OUR LOCAL COMMUNITIES

4c (Code) (Expenses $ 3,411,680 including grants of $ 1,324,653) (Revenue $)

HEALTH BUILDING HEALTHIER COMMUNITIESTHE AMERICAN ACADEMY OF FAMILY PHYSICIANS REPORTS THAT TWO-THIRDS OF ALL DOCTOR VISITS ARE DUE TO STRESS-RELATED AILMENTS AND 80 TO 90 PERCENT OF ALL DISEASES ARE STRESS-RELATED IMAGINE THE STRESS ASSOCIATED WITH PROVIDING CARE FOR AN AILING LOVED ONE WHILE HOLDING DOWN A JOB AND SUPPORTING A FAMILY THEN IMAGINE THE STRESS OF WORKING HARD BUT NOT EARNING ENOUGH TO PUT HEALTHY FOOD ON THE TABLE UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON HELPING AREA RESIDENTS NAVIGATE THESE STRESSES BY CREATING A CULTURE OF SUPPORT FOR UNPAID FAMILY CAREGIVERS SO THEY CAN BETTER MAINTAIN THEIR OWN HEALTH WHILE TENDING TO THE NEEDS OF A LOVED ONE AND IMPROVING ACCESS TO HEALTHY FOODS AND NUTRITION EDUCATION UNITED WAY CAREGIVERS COALITION FAMILIES ARE THE MAINSTAY OF OUR LONG-TERM HEALTH CARE SYSTEM, WITH 80 PERCENT OF LONG-TERM CARE PROVIDED IN THE HOME ACCORDING TO METLIFE AND AARP, THE VALUE OF THE CARE PROVIDED AT HOME BY CAREGIVERS IS AN ESTIMATED $450 BILLION EACH YEAR! IF UNPAID FAMILY CAREGIVERS DID NOT PROVIDE THE BULK OF THE ESSENTIAL, DAY-TO-DAY CARE FOR THESE INDIVIDUALS, OUR HEALTH CARE SYSTEM WOULD BE CRIPPLED BY THE ADDED BURDEN WHEN CAREGIVERS TALK ABOUT THEIR OWN WELL-BEING, STRESS - FINANCIAL, PHYSICAL, AND EMOTIONAL - SEEMS TO BE THE MOST PERVASIVE HEALTH PROBLEM IN THEIR LIVES STUDIES REVEAL THAT CAREGIVERS HAVE HIGHER LEVELS OF STRESS THAN NON-CAREGIVERS, AS WELL AS HIGHER MORTALITY RATES UNITED WAY PROVIDES RELIEF FOR THOSE SHOULDERING THE BURDEN OF PROVIDING CARE FOR THEIR LOVED ONES BY IMPROVING CONDITIONS - IN OUR COMMUNITY AND IN THE WORKPLACE - WE ARE WORKING TO ENSURE THE DEMANDS OF CAREGIVING DO NOT JEOPARDIZE A PERSON'S EMPLOYMENT AND HEALTH UNITED WAY HEALTHY FOODS INITIATIVE ACCORDING TO THE NJ ANTI HUNGER NETWORK, OVER 1 1 MILLION HOUSEHOLDS IN NEW JERSEY ARE CONSIDERED FOOD-INSECURE THESE FAMILIES DO NOT HAVE ACCESS TO SUFFICIENT QUANTITIES OF APPROPRIATE FOODS TO MAINTAIN A NUTRITIOUS DIET NOURISHING FOODS CAN SIGNIFICANTLY IMPROVE ONE'S HEALTH RESULTING IN FEWER DOCTOR VISITS WITH LESS MONEY SPENT ON MEDICINES, IMPROVED SCHOOL PERFORMANCE, AND LESS TIME OFF FROM WORK YET, ACCORDING TO A RECENT STUDY CONDUCTED BY UNITED WAY, NEARLY ONE THIRD OF OUR RESIDENTS STRUGGLE TO AFFORD THE BASICS, INCLUDING THESE HEALTHY FOOD OPTIONS UNITED WAY WORKS TO INCREASE OPPORTUNITIES FOR HEALTHY EATING FOR ALL, PARTICULARLY THOSE MOST IN NEED IN OUR COMMUNITIES GUESTS OF AREA FOOD PANTRIES AND SOUP KITCHENS, LOWER-INCOME AND ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES RESULTS IN THE LAST YEAR WE - PROVIDED NEARLY 700 CAREGIVERS WITH BETTER ACCESS TO THE RESOURCES, SERVICES, EDUCATION, AND SUPPORT THEY NEED TO SUSTAIN THEM IN THIS ROLE - INCREASED ACCESS TO FRESH PRODUCE BY COORDINATING THE DELIVERY OF MORE THAN 2,000 POUNDS OF FRESH VEGETABLES FROM LOCAL FARMS AND PRODUCE MARKETS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 12,296,294

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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *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**	42		
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**	60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**			No
	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**			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
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	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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	Yes	
	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 ▶

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

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) SUSAN WETZEL BOARD CHAIR	1 00	X						0	0	0
(2) THEODORE O'DELL BOARD TREASURER	1 00	X						0	0	0
(3) HELEN ONG BOARD SECRETARY	1 00	X						0	0	0
(4) MARK BODE BOARD MEMBER	1 00	X						0	0	0
(5) JOHN BOLICH BOARD MEMBER	1 00	X						0	0	0
(6) MICHAEL BREZNAK BOARD MEMBER	1 00	X						0	0	0
(7) KIMBERLY BURNETT BOARD MEMBER	1 00	X						0	0	0
(8) JAMES FERGESON BOARD MEMBER	1 00	X						0	0	0
(9) DANIEL FETE BOARD MEMBER	1 00	X						0	0	0
(10) RONALD HARDING BOARD MEMBER	1 00	X						0	0	0
(11) MICHAEL KERWIN BOARD MEMBER	1 00	X						0	0	0
(12) MIKE MILLEGAN BOARD MEMBER	1 00	X						0	0	0
(13) ALISON MILLER BOARD MEMBER	1 00	X						0	0	0
(14) ELIN MUELLER BOARD MEMBER	1 00	X						0	0	0
(15) WILLIAM RODGERS III BOARD MEMBER	1 00	X						0	0	0
(16) DON SHERIDAN BOARD MEMBER	1 00	X						0	0	0
(17) BARBARA WHITE BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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) JOHN FRANKLIN CEO	40 00			X				171,758	0	22,335
(19) BONNIE O'NEILL CFO	40 00			X				87,601	0	18,843

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	259,359	0	41,178

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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *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 289,633				
	b	Membership dues 1b				
	c	Fundraising events 1c 273,305				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 13,345,449				
	g	Noncash contributions included in lines 1a-1f $ 368,072				
	h	**Total.** Add lines 1a-1f	13,908,387			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)	117,632			117,632
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents 342,828				
	b	Less rental expenses 0				
	c	Rental income or (loss) 342,828				
	d	Net rental income or (loss)	342,828	342,828		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 11,456				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 11,456				
	d	Net gain or (loss)	11,456			11,456
Other Revenue	8a	Gross income from fundraising events (not including $ 273,305 of contributions reported on line 1c) See Part IV, line 18 a 247,316				
	b	Less direct expenses b 221,776				
	c	Net income or (loss) from fundraising events	25,540			25,540
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d				
	12	**Total revenue.** See Instructions	14,405,843	342,828	0	154,628

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	4,774,283	4,774,283		
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	322,656	117,178	128,718	76,760
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	2,281,768	1,328,366	177,210	776,192
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	616,238	358,027	48,345	209,866
10	Payroll taxes	136,561	76,474	15,022	45,065
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	56,313	29,500	730	26,083
13	Office expenses				
14	Information technology	67,937	38,045	7,473	22,419
15	Royalties . .				
16	Occupancy	523,532	420,986	21,593	80,953
17	Travel	45,334	28,239	2,810	14,285
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,855	43,795	4,183	12,877
20	Interest	28,302		13,128	15,174
21	Payments to affiliates	106,046	59,386	11,665	34,995
22	Depreciation, depletion, and amortization	124,634	116,556	6,351	1,727
23	Insurance	53,130	29,753	5,844	17,533
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SHARING WITH UNITED WAY	4,418,692	4,418,692	0	0
b	PROFESSIONAL FEES	360,065	240,684	41,598	77,783
c	EVENTS FRIENDRAISING	103,764	103,764	0	0
d	EQUIPMENT MAINTENANCE A	71,772	40,348	7,478	23,946
e					
f	All other expenses	117,169	72,218	5,024	39,927
25	**Total functional expenses.** Add lines 1 through 24f	14,269,051	12,296,294	497,172	1,475,585
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		1,285,392	1	181,999
	2	Savings and temporary cash investments		4,384,341	2	4,810,788
	3	Pledges and grants receivable, net		3,575,732	3	3,149,390
	4	Accounts receivable, net		23,882	4	46,648
	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		47,486	9	76,332
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,901,581			
	b	Less accumulated depreciation	10b 2,895,975	924,584	10c	1,005,606
	11	Investments—publicly traded securities		4,618,661	11	4,400,847
	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		56,747	15	60,688
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,916,825	16	13,732,298
Liabilities	17	Accounts payable and accrued expenses		328,179	17	243,838
	18	Grants payable		2,289,127	18	1,574,798
	19	Deferred revenue		474,847	19	51,173
	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		61,773	25	58,452
	26	**Total liabilities.** Add lines 17 through 25		3,153,926	26	1,928,261
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		8,012,759	27	8,393,862
	28	Temporarily restricted net assets		1,734,376	28	1,394,411
	29	Permanently restricted net assets		2,015,764	29	2,015,764
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,762,899	33	11,804,037
	34	Total liabilities and net assets/fund balances		14,916,825	34	13,732,298

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	14,405,843
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,269,051
3	Revenue less expenses Subtract line 2 from line 1	3	136,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,762,899
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-95,654
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,804,037

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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

1 ☐ A church, convention of churches, or association of churches **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 ")	5,903,790	5,274,150	4,526,342	11,158,021	13,908,387	40,770,690
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	5,903,790	5,274,150	4,526,342	11,158,021	13,908,387	40,770,690
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						40,770,690

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	5,903,790	5,274,150	4,526,342	11,158,021	13,908,387	40,770,690
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	147,851	75,556	57,588	394,843	117,632	793,470
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)						41,564,160

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**	98 090 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	97 490 %

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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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 NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2,263,958				
b	Contributions	122,678	2,316,885			
c	Investment earnings or losses	-9,237	55,791			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	229,033	108,718			
f	Administrative expenses					
g	End of year balance	2,148,366	2,263,958			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 93 820 %
- c Term endowment ▶ 6 180 %

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

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

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		36,200		36,200
b Buildings		2,026,451	1,783,869	242,582
c Leasehold improvements		1,096,936	441,456	655,480
d Equipment		640,154	589,534	50,620
e Other		101,840	81,116	20,724
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,005,606

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED LEASE PAYABLE	58,452
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	58,452

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	14,405,843
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,269,051
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	136,792
4	Net unrealized gains (losses) on investments	4	-95,654
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	-95,654
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	41,138

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	8,949,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-95,654		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	221,776		
e	Add lines **2a** through **2d**			2e	126,122
3	Subtract line **2e** from line **1**			3	8,823,572
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	5,582,271		
c	Add lines **4a** and **4b**			4c	5,582,271
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,405,843

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

1	Total expenses and losses per audited financial statements			1	8,908,556
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	221,776		
e	Add lines **2a** through **2d**			2e	221,776
3	Subtract line **2e** from line **1**			3	8,686,780
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	5,582,271		
c	Add lines **4a** and **4b**			4c	5,582,271
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	14,269,051

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	INCOME TAXES - UNITED WAY OF NORTHERN NEW JERSEY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
		PART XII & PART XII LINE 2D - SPECIAL EVENT EXPENSES 221,776 PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND SHARED WITH PARTICIPATING UNITED WAYS IN THE UNITED WAY WORLDWIDE TRI STATE REGION - 4,418,692 PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND DESIGNATED TO NON PROFIT AGENCIES BY DONORS - 1,163,579

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

Revenue / Direct Expenses		(a) Event #1 CRE NETWORK LUNCHEON (event type)	(b) Event #2 GOLF - HELP FOR CHILDREN CLASSIC (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	148,300	173,500	198,821	520,621
	2 Less Charitable contributions	130,000	65,930	77,375	273,305
	3 Gross income (line 1 minus line 2)	18,300	107,570	121,446	247,316
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	18,190	91,670	51,750	161,610
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,975	5,805	47,386	60,166
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(221,776)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				25,540

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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 NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. 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 . . . ▶

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1487247
Name: UNITED WAY OF NORTHERN NEW 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
UNTED WAY OF GREATER LEHIGH VALLEY1110 AMERICAN PARKWAY NE ALLENTOWN,PA 18109	23-2657933	501C(3)	19,141				DONOR DESIGNATED
SCARC GUARDIAN SERVICES INC10 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822	22-1775304	501C(3)	9,500				FUNDED PARTNER DISTRIBUTION

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
SCARC INC11 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822	22-1775304	501C(3)	11,590				FUNDED PARTNER DISTRIBUTION
DOMESTIC ABUSE & SEXUAL ASSAULT CRISIS CENTERPO BOX 423 BELVIDERE,NJ 07823	22-2357790	501C(3)	14,800				FUNDED PARTNER DISTRIBUTION

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
ADA BUDRICK220 VREELAND AVE BOONTON,NJ 07005	22-1863337	501C(3)	21,500				FUNDED PARTNER DISTRIBUTION
FOOD BANK NETWORK OF SOMERSET COUNTYPO BOX 149 BOUND BROOK, NJ 08805	22-2405550	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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 AND COMMUNITY SERVICES OF SOMERSET COUNTY 339 WEST SECOND ST BOUND BROOK,NJ 08805	22-1508565	501C(3)	17,000				FUNDED PARTNER DISTRIBUTION
SOMERSET COUNTY VOCATIONAL-TECHNICAL HS TWILIGHT PROGRAMPO BOX 6350 BRIDGEWATER,NJ 08807	52-1872198	501C(3)	18,000				FUNDED PARTNER DISTRIBUTION

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
MIDDLE EARTHPO BOX 8045 BRIDGEWATER,NJ 08807	22-1976521	501C(3)	35,000				FUNDED PARTNER DISTRIBUTION
MARTIN LUTHER KING YOUTH CENTER1298 PRINCE ROGERS AVE BRIDGEWATER,NJ 08807	22-2043677	501C(3)	40,000				FUNDED PARTNER DISTRIBUTION

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
ADULT DAY CARE CENTER OF SOMERSET CTY INC 120 FINDERNE AVE BRIDGEWATER,NJ 08807	22-2111573	501C(3)	52,000				FUNDED PARTNER DISTRIBUTION
MOUNT OLIVE CHILD CARE150 WOLFE ROAD BUDD LAKE,NJ 07828	22-2157202	501C(3)	6,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
MOUNT OLIVE CHILD CARE150 WOLFE ROAD BUDD LAKE,NJ 07828	22-2157202	501C(3)	46,400				FUNDED PARTNER DISTRIBUTION
THE BRIDGE14 PARK AVENUE CALDWELL,NJ 07006	22-1947020	501C(3)	6,000				FUNDED PARTNER DISTRIBUTION

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
EMPLOYMENT HORIZONS10 RIDGEDALE AVE CEDAR KNOLLS,NJ 07927	22-1612741	501C(3)	21,672				FUNDED PARTNER DISTRIBUTION
MORRIS CENTER YMCA79 HORSE HILL ROAD CEDAR KNOLLS,NJ 07927	22-1487618	501C(3)	29,500				FUNDED PARTNER DISTRIBUTION

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
PG CHAMBERS EARLY INTERVENTION15 HALKO ROAD CEDAR KNOLLS,NJ 07927	22-1551480	501C(3)	29,800				FUNDED PARTNER DISTRIBUTION
UNITED CEREBRAL PALSY OF NORTHERN CENTRAL AND SOUTHERN NJ INC 245 MAIN ST SUITE 113 CHESTER,NJ 07930	22-2830714	501C(3)	7,000				FUNDED PARTNER DISTRIBUTION

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
DAWN CENTER FOR INDEPENDENT LIVING INC30 BROAD ST UNIT 5 DENVILLE, NJ 07834	22-3496995	501C(3)	16,794				FUNDED PARTNER DISTRIBUTION
HEAD START18 THOMPSON AVE DOVER, NJ 07801	22-2507286	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
HOUSING PARTNERSHIP FOR MORRIS COUNTY2 EAST BLACKWELL ST SUITE 12 DOVER,NJ 07801	22-3194848	501C(3)	5,747				FUNDED PARTNER DISTRIBUTION
MORRIS HABITATY FOR HUMANITY274 SOUTH SALEM STREET DOVER,NJ 07869	22-2675802	501C(3)	17,500				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
EL PRIMER PASO 29 SEGUR ST DOVER, NJ 07801	22-2124259	501C(3)	20,017				FUNDED PARTNER DISTRIBUTION
MORRIS COUNTY ORGANIZATION FOR HISPANIC AFFAIRS 95-97 BASSETT HIGHWAY DOVER, NJ 07801	22-2137333	501C(3)	23,703				FUNDED PARTNER DISTRIBUTION

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
HOPE HOUSEPO BOX 851 19-21 BELMONT AVE DOVER, NJ 07801	22-2921100	501C(3)	29,319				FUNDED PARTNER DISTRIBUTION
DOVER CHILD CARE CENTER INC50 N MORRIS ST DOVER, NJ 07801	23-7032636	501C(3)	30,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
DOVER CHILD CARE CENTER INC 50 N MORRIS ST DOVER,NJ 07801	23-7032636	501C(3)	35,000				FUNDED PARTNER DISTRIBUTION
HEAD START18 THOMPSON AVE DOVER,NJ 07801	22-2507286	501C(3)	66,039				FUNDED PARTNER DISTRIBUTION

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
UNITED WAY OF GREATER UNION COUNTY INC33 WEST GRAND ST ELIZABETH,NJ 07202	22-1904427	501C(3)	6,557				DONOR DESIGNATED
UNITED WAY OF MONMOUTH COUNTY1415 WYCKOFF FARMINGDALE,NJ 07727	22-1828435	501C(3)	7,181				DONOR DESIGNATED

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
UNITED WAY OF HUNTERDON COUNTY4 WALTER FORAN BLVD FLEMINGTON,NJ 08822	22-2431065	501C(3)	12,424				DONOR DESIGNATED
JEWISH FAMILY SERVICE OF METROWEST256 COLUMBIA TURNPIKE SUITE 105 FLORHAM PARK,NJ 07932	22-1687995	501C(3)	9,000				FUNDED PARTNER DISTRIBUTION

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
CATHOLIC FAMILY & COMMUNITY SERVICES48 WYKER ROAD FRANKLIN, NJ 07416	22-1487121	501C(3)	18,050				FUNDED PARTNER DISTRIBUTION
SAMARITAN INN 48 WYKER ROAD FRANKLIN, NJ 07416	22-2332307	501C(3)	53,767				FUNDED PARTNER DISTRIBUTION

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
FREEDOM HOUSE INCPO BOX 367 GLEN GARDNER,NJ 08826	22-2638093	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION
RESOURCE CENTER OF SOMERSET427 HOMESTEAD ROAD HILLSBOROUGH,NJ 08844	22-2205833	501C(3)	136,750				FUNDED PARTNER DISTRIBUTION

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
JEFFERSON CHILD CAREPO BOX 527 NOLANS POINT ROAD LAKE HOPATCONG, NJ 07849	22-2047663	501C(3)	27,800				FUNDED PARTNER DISTRIBUTION
ARC OF ESSEX COUNTY123 NAYLON AVE LIVINGSTON,NJ 07039	52-1939663	501C(3)	6,000				FUNDED PARTNER DISTRIBUTION

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 ESSEX COUNTY123 NAYLON AVE LIVINGSTON,NJ 07039	52-1939663	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
WEST ESSEX YMCA OF THE METRO ORANGES321 S LIVINGSTON AVE LIVINGSTON,NJ 07039	22-1487387	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
DRESS FOR SUCCESS25 COOK AVE MADISON,NJ 07940	22-3661183	501C(3)	10,815				FUNDED PARTNER DISTRIBUTION
THE ARC OF SOMERSET COUNTY141 SOUTH MAIN ST MANVILLE,NJ 08835	22-1968555	501C(3)	39,000				FUNDED PARTNER DISTRIBUTION

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
ST JUDES CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501C(3)	6,458				DONOR DESIGNATED
CATHOLIC CHARITIES DIOCESE OF METUCHENPO BOX 191 METUCHEN,NJ 08840	22-2423496	501C(3)	64,500				FUNDED PARTNER DISTRIBUTION

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
UNITED WAY OF CENTRAL JERSEY 32 FORD AVE MILLTOWN,NJ 08850	22-1520408	501C(3)	5,475				DONOR DESIGNATED
INTERFAITH HOSPITALITY OF ESSEX COUNTY46 PARK ST MONTCLAIR,NJ 07042	22-2841105	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION

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
MONTCLAIR FUND FOR EDUCATIONAL EXCELLENCE22 VALLEY ROAD MONTCLAIR, NJ 07042	06-1320335	501C(3)	8,278				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY INC 33 SOUTH FULLERTON AVE MONTCLAIR, NJ 07042	22-1568147	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION

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
HOMECORP1 WOODLAND AVE MONTCLAIR, NJ 07042	22-2904529	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION
PARTNERS FOR WOMEN AND JUSTICE60 SOUTH FULLERTON AVE SUITE 211 MONTCLAIR, NJ 07042	22-3825867	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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 ARMY13 TRINITY PLACE MONTCLAIR, NJ 07042	13-5562351	501C(3)	16,000				FUNDED PARTNER DISTRIBUTION
MONTCLAIR NEIGHBORHOOD DEVELOPMENT CORP228 BLOOMFIELD AVE MONTCLAIR, NJ 07042	22-1908346	501C(3)	18,000				FUNDED PARTNER DISTRIBUTION

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
COPE CENTER14 BLOOMFIELD AVE MONTCLAIR, NJ 07042	22-1968536	501C(3)	20,000				FUNDED PARTNER DISTRIBUTION
YMCA OF MONTCLAIR25 PARK STREET MONTCLAIR, NJ 07042	22-1487617	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
NEIGHBORHOOD CHILD CARE CENTER INC30 MAPLE AVENUE MONTCLAIR,NJ 07042	22-2143950	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION
LITERACY VOLUNTEERS OF MORRIS COUNTY10 PINE ST MORRISTON,NJ 07960	22-2815591	501C(3)	13,725				FUNDED PARTNER DISTRIBUTION

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
DEIRDRE'S HOUSE8 COURT ST MORRISTOWN,NJ 07960	22-3308574	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
MRS WILSON'S HALFWAY HOUSE56 MT KEMBLE AVE MORRISTOWN,NJ 07960	51-0195683	501C(3)	5,600				FUNDED PARTNER DISTRIBUTION

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
INTERFAITH COUNCIL FOR HOMELESS FAMILIESPO BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501C(3)	5,900				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
HOMELESS SOLUTIONS6 DUMONT PLACE 3RD FLR MORRISTOWN, NJ 07960	22-2491675	501C(3)	5,960				DONOR DESIGNATED

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
DEIRDRE'S HOUSE8 COURT ST MORRISTOWN,NJ 07960	22-3308574	501C(3)	6,500				FUNDED PARTNER DISTRIBUTION
INTERFAITH COUNCIL FOR HOMELESS FAMILIESPO BOX 1494 MORRISTOWN,NJ 07962	52-1572014	501C(3)	9,502				FUNDED PARTNER DISTRIBUTION

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
MORRISTOWN NEIGHBORHOOD HOUSE12 FLAGLER ST MORRISTOWN,NJ 07960	22-1487584	501C(3)	18,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
SALVATION ARMY95 SPRING ST MORRISTOWN,NJ 07960	13-5562351	501C(3)	19,500				FUNDED PARTNER DISTRIBUTION

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
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN, NJ 07960	22-2170048	501C(3)	20,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
CHILDREN ON THE GREEN50 PARK PLACE MORRISTOWN, NJ 07960	22-3256124	501C(3)	25,800				FUNDED PARTNER DISTRIBUTION

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 SERVICE OF MORRIS COUNTY62 ELM ST MORRISTOWN, NJ 07960	22-1489900	501C(3)	26,280				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
AMERICAN RED CROSS - NORTHERN NEW JERSEY29 ELM ST MORRISTOWN, NJ 07960	53-0196605	501C(3)	33,655				FUNDED PARTNER DISTRIBUTION

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
VISITING NURSE ASSN OF NORTHERN NEW JERSEY38 ELM ST MORRISTOWN, NJ 07960	22-1487368	501C(3)	51,226				FUNDED PARTNER DISTRIBUTION
HOMELESS SOLUTIONS6 DUMONT PLACE 3RD FLR MORRISTOWN, NJ 07801	22-2491675	501C(3)	58,017				FUNDED PARTNER DISTRIBUTION

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
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN,NJ 07960	22-2170048	501C(3)	76,331				FUNDED PARTNER DISTRIBUTION
MORRISTOWN NEIGHBORHOOD HOUSE12 FLAGLER ST MORRISTOWN,NJ 07960	22-1487584	501C(3)	127,908				FUNDED PARTNER DISTRIBUTION

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 SERVICE OF MORRIS COUNTY62 ELM ST MORRISTOWN, NJ 07960	22-1489900	501C(3)	191,884				FUNDED PARTNER DISTRIBUTION
LAKELAND HILLS FAMILY YMCA100 FANNY ROAD MOUNTAIN LAKES, NJ 07046	22-1559438	501C(3)	5,750				FUNDED PARTNER DISTRIBUTION

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
MENTAL HEALTH ASSOCIATION OF MORRIS COUNTY 100 ROUTE 46 EAST BLDG C MOUNTAIN LAKES, NJ 07046	22-1544375	501C(3)	23,647				FUNDED PARTNER DISTRIBUTION
ELIJAH'S PROMISE 211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501C(3)	13,000				FUNDED PARTNER DISTRIBUTION

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 HAVEN READS 45 BRISTOL ST NEW HAVEN, CT 06511	76- 0807330	501C(3)	9,984				DONOR DESIGNATED
HEALTHCARE CHAPLAINCY315 EAST 62ND STREET FLR 4 NEW YORK, NY 10065	13- 2634080	501C(3)	15,000				DONOR DESIGNATED

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
SAFE HORIZON2 LAFAYETTE STREET 21ST FLR NEW YORK, NY 10007	13-2946970	501C(3)	16,000				DONOR DESIGNATED
PUBLICOLOR149 MADISON AVE SUITE 1201 NEW YORK, NY 10016	13-3912768	501C(3)	18,805				DONOR DESIGNATED

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
JUVENILE DIABETES RESEARCH FOUNDATION26 BROADWAY 14TH FLR NEW YORK, NY 10004	23-1907729	501C(3)	21,138				DONOR DESIGNATED
UNITED WAY OF NEW YORK CITY2 PARK AVE NEW YORK, NY 10016	13-2617681	501C(3)	21,516				DONOR DESIGNATED

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
CENTER FOR PREVENTION AND COUNSELING61 SPRING ST NEWTON,NJ 07860	23-7387757	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT
DASIPO BOX 805 NEWTON,NJ 07860	22-2955702	501C(3)	14,250				FUNDED PARTNER DISTRIBUTION

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
CENTER FOR PREVENTION AND COUNSELING61 SPRING ST NEWTON,NJ 07860	23-7387757	501C(3)	59,500				FUNDED PARTNER DISTRIBUTION
MIDLAND SCHOOL PO BOX 5026 NORTH BRANCH,NJ 08876	22-1666121	501C(3)	17,912				DONOR DESIGNATED

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
RONALD MCDONALD HOUSE1 KROC DRIVE OAK BROOK,IL 60523	36-2934689	501C(3)	11,844				DONOR DESIGNATED
FAMILY PROMISE OF WARREN COUNTYPO BOX 267 OXFORD,NJ 07863	20-4557357	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION

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
UNITED WAY OF BERGEN COUNTY6 FOREST AVE PARAMUS,NJ 07652	22-6028959	501C(3)	5,880				DONOR DESIGNATED
COMMUNITY HOPE 199 POMEROY ROAD PARSIPPANY,NJ 07054	22-2647038	501C(3)	6,800				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
PARSIPPANY CHILD DAY CARE CENTER300 BALDWIN ROAD PARSIPPANY,NJ 07054	22-1864906	501C(3)	13,000				FUNDED PARTNER DISTRIBUTION
PARSIPPANY CHILD DAY CARE CENTER300 BALDWIN ROAD PARSIPPANY,NJ 07054	22-1864906	501C(3)	23,779				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERSBIG SISTERS OF MORRIS COUNTY 1259 US HWY 46E BLDG 3 PARSIPPANY,NJ 07054	22-2450889	501C(3)	27,200				FUNDED PARTNER DISTRIBUTION
OASIS59 MILL ST PATERSON,NJ 07501	22-3491573	501C(3)	12,000				DONOR DESIGNATED

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
WARREN HOPITAL FOUNDATION185 ROSEBERRY ST PHILLIPSBURG, NJ 08865	22-2522476	501C(3)	8,088				DONOR DESIGNATED
NORWESCAP350 MARSHALL ST PHILLIPSBURG, NJ 08865	22-1777156	501C(3)	37,500				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
NORWESCAP350 MARSHALL ST PHILLIPSBURG, NJ 08865	22-1777156	501C(3)	43,900				FUNDED PARTNER DISTRIBUTION
NEWBRIDGE SERVICESPO BOX 336 POMPTON PLAINS, NJ 07444	22-1725830	501C(3)	20,365				FUNDED PARTNER DISTRIBUTION

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
EDEN AUTISM SERVICES FOUNDATION2 MERWICK ROAD PRINCETON,NJ 08540	22-4215005	501C(3)	16,000				DONOR DESIGNATED
ALTERNATIVES600 FIRST AVE RARITAN,NJ 08869	22-2318999	501C(3)	5,400				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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
ALTERNATIVES600 FIRST AVE RARITAN,NJ 08869	22-2318999	501C(3)	14,325				FUNDED PARTNER DISTRIBUTION
CENTRAL JERSEY HOUSING RESOURCE CENTER 600 FIRST AVE SUITE 3 RARITAN,NJ 08869	22-2928661	501C(3)	37,000				FUNDED PARTNER DISTRIBUTION

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
THE LEARNING GATE ASSOCIATION INC 816 OLD YORK ROAD RARITAN,NJ 08869	22-6093681	501C(3)	55,000				FUNDED PARTNER DISTRIBUTION
GIRL SCOUTS OF NORTHERN NEW JERSEY95 NEWARK POMPTON TURNPIKE RIVERDALE,NJ 07457	22-1512252	501C(3)	14,000				FUNDED PARTNER DISTRIBUTION

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
CRAWFORD HOUSE 362 SUNSET ROAD SKILLMAN,NJ 08558	22- 2184975	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION
SIMUEL WHITFIELD SIMMONS FOUNDATION POBOX 1422 SOMERSET,NJ 08875	26- 0131511	501C(3)	6,000				NON CASH DONATIONS - HOLIDAY GIFTS AND HOUSEHOLD ITEMS FOR STRUGGLING FAMILIES IN SOMERSET AND FRANKLIN

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
FRANKLIN TOWNSHIP FOODBANKPO BOX 333 SOMERSET,NJ 08875	22-2406472	501C(3)	20,000				FUNDED PARTNER DISTRIBUTION
WOMEN'S HEALTH AND COUNSELING CENTER71 FOURTH ST SOMERVILLE,NJ 08876	22-2389503	501C(3)	20,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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'S HEALTH AND COUNSELING CENTER71 FOURTH ST SOMERVILLE,NJ 08876	22-2389503	501C(3)	22,000				FUNDED PARTNER DISTRIBUTION
SOMERSET TREATMENT SERVICES118 WEST END AVE SOMERVILLE,NJ 08876	22-2526128	501C(3)	30,000				FUNDED PARTNER DISTRIBUTION

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
INTERFAITH HOSPITALITY NETWORK OF SOMERSET COUNTY98 WEST END AVE SOMERVILLE,NJ 08876	52-1752472	501C(3)	49,675				FUNDED PARTNER DISTRIBUTION
LEGAL SERVICES OF NORTHWEST JERSEY34 WEST MAIN ST SUITE 301 SOMERVILLE,NJ 08876	22-2092489	501C(3)	108,033				FUNDED PARTNER DISTRIBUTION

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
VISITING NURSE ASSN OF SAINT CLARE'S191 WOODPORT ROAD SPARTA,NJ 07871	22-1768334	501C(3)	7,220				FUNDED PARTNER DISTRIBUTION
PASSITALONG60 BLUE HERON RD SUITE 100 SPARTA,NJ 07871	80-0018706	501C(3)	7,790				FUNDED PARTNER DISTRIBUTION

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
PEOPLE HELP OF SUSSEX COUNTY PO BOX 202 SPARTA,NJ 07871	22-2388699	501C(3)	41,801				FUNDED PARTNER DISTRIBUTION
UNITED WAY OF THE OZARKS320 N JEFFERSON AVE SPRINGFIELD,MO 65806	44-0552047	501C(3)	21,950				DONOR DESIGNATED

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
LIFE SKILLS FOUNDATION 10176 CORP SQUARE SUITE 100 ST LOUIS,MO 63132	20-5576962	501C(3)	7,500				DONOR DESIGNATED
ROXBURY DAY CARE CENTER25 RIGHTER ROAD SUCCASUNNA,NJ 07876	22-1981901	501C(3)	30,475				FUNDED PARTNER DISTRIBUTION

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
EARTH SHARE - NEW JERSEY425 GREENWOOD AVE SUITE 2A TRENTON,NJ 08609	22-3323080	501C(3)	5,837				DONOR DESIGNATED
TOWNSHIP OF VERONAVERONA LIONS CLUB880 BLOOMFIELD AVE VERONA,NJ 07044	22-6002360	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION

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
THE ARC OF WARREN COUNTY PO BOX 389 WASHINGTON, NJ 07882	22-6018015	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION
BIG BROTHERS BIG SISTERS OF HUNTERDON SOMERSET & WARRENPO BOX 123 WASHINGTON, NJ 07882	22-2313175	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION

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
VISITING HOMEMAKER SERVICE OF WARREN COUNTY INCPO BOX 306 WASHINGTON,NJ 07882	22-1808699	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION
ABILITIES OF NORTHWEST JERSEY INCPO BOX 251 WASHINGTON,NJ 07882	22-2053518	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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 GUIDANCE CENTER OF WARREN COUNTY 492 ROUTE 57 WEST WASHINGTON,NJ 07882	22-1622427	501C(3)	21,000				FUNDED PARTNER DISTRIBUTION
SAVE THE CHILDREN FEDERATION INC 54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501C(3)	5,730				DONOR DESIGNATED

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
UJC OF METROWEST901 ROUTE 10 PO BOX 929 WHIPPANY,NJ 07981	22-1487222	501C(3)	8,000				FUNDED PARTNER DISTRIBUTION
COLLINSVILLE CHILD CARE CENTER901 ROUTE 10 WHIPPANY,NJ 07981	22-1899892	501C(3)	21,043				FUNDED PARTNER DISTRIBUTION

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
NJ211114 ALGONQUIN PARKWAY WHIPPANY,NJ 07981	22-3338917	501C(3)	126,027				FUNDED PARTNER DISTRIBUTION
ANDERSON HOUSE 532 RT 523 WHITEHOUSE STATION,NJ 08889	52-1786469	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION - SPECIAL COMMUNITY INVESTMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN FRANKLIN	(i)	171,758	0	0	17,885	4,450	194,093	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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				
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 ▸ (SCHOOL SUPPLIES)	X	6,290	125,800	FMV
26	Other ▸ (HOLIDAY GIFTS)	X	16,151	242,272	FMV
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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE STUFF THE BUS PROGRAM RUNS FROM JULY THROUGH AUGUST AND INVOLVES THE COLLECTION OF SCHOOL SUPPLIES THE ORGANIZATION RECEIVES REQUESTS FROM LOCAL ELEMENTARY AND MIDDLE SCHOOLS FOR SCHOOL SUPPLIES THE SUPPLIES ARE COLLECTED AT VARIOUS LOCATIONS AND BROUGHT TO A CENTRAL LOCATION FOR PROCESSING THE SUPPLIES ARE COUNTED, VALUED AND THEN DISTRIBUTED TO THE REQUESTING SCHOOLS FOR THE STUDENTS IN NEED THE GIFTS OF THE SEASON PROGRAM RUNS IN THE MONTH OF DECEMBER AND INVOLVES THE COLLECTION OF HOLIDAY GIFTS THE ORGANIZATION RECEIVES REQUESTS FROM SOCIAL SERVICES FOR HOLIDAY GIFTS THIS LIST IS COMPILED AND INDIVIDUAL TAGS / REQUESTS ARE PROVIDED TO DONORS THE DONOR PURCHASES THE REQUESTED GIFTS AND RETURNS THE GIFT WITH THE TAG TO THE ORGANIZATION FOR PROCESSING

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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 NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS AND COMMUNITY VOLUNTEERS THE DRAFT FORM 990 IS CIRCULATED VIA E-MAIL TO THE FINANCE/AUDIT COMMITTEE FOR REVIEW, WHERE FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS AFTER FILING, THE 990 IS MADE AVAILABLE TO THE BOARD AND THE PUBLIC TO VIEW
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY THIS COMPREHENSIVE DOCUMENT OUTLINES ALL PARAMETERS UNDER WHICH BOARD MEMBERS SHOULD ACT IT IS INTENDED TO SERVE THE BEST INTERESTS OF THE ORGANIZATION IN ADDITION TO THE SELF-GOVERNING PURPOSE OF THE DOCUMENT, MATTERS WHICH COME TO THE ATTENTION OF THE BOARD OR MANAGEMENT AT UNITED WAY OF NORTHERN NEW JERSEY THAT MAY BE IN CONFLICT WITH THE GUIDING PRINCIPLES ARE REVIEWED AND DISCUSSED AT GOVERNANCE COMMITTEE TO DETERMINE WHETHER FURTHER ACTION NEEDS TO BE TAKEN
	FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO THE CEO EVALUATION AND COMPENSATION COMMITTEE IS CHARGED WITH REVIEWING PERFORMANCE AGAINST DESIRED METRICS, DISCUSSING THE RESULTS WITH THE CEO AND REPORTING THE RESULTS TO THE BOARD IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO EVALUATION AND COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER SIMILAR SCOPED NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS PROPOSED AND APPROVED AT BOARD LEVEL DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES ON AN ANNUAL BASIS, ALL STAFF, INCLUDING SENIOR AND KEY STAFF, UNDERGO A PERFORMANCE REVIEW BY THE CEO AND WHERE APPROPRIATE, COMMITTEE MEMBERS THEIR PERFORMANCE IS MEASURED AGAINST DESIRED OUTCOMES, RESULTS ARE DISCUSSED WITH THEM IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO WILL REVIEW DATA FROM COMPARABLE NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS APPROVED BY THE CEO DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES
	FORM 990, PART VI, SECTION C, LINE 19	THE INFORMATION IS AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -95,654
	FORM 990 PAGE 12 PART XII LINE 2C	THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE WHICH IS A SUBCOMMITTEE OF THE BOARD IT IS RESPONSIBLE FOR THE REVIEW OF THE FINANCIAL STATEMENTS AND 990 RETURN