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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 MONMOUTH COUNTY

Doing Business As

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

1415 WYCKOFF ROAD

City or town, state or country, and ZIP + 4
FARMINGDALE, NJ 077273940

F Name and address of principal officer
TIMOTHY HEARNE
1415 WYCKOFF ROAD
FARMINGDALE, NJ 077273940

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.UWMONMOUTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile NJ

Part I		Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE LIVES OF PEOPLE IN MONMOUTH COUNTY BY MOBILIZING THE CARING POWER OF OUR COMMUNITY			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	8
	6	Total number of volunteers (estimate if necessary)		6	150
	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
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year	
	9	Program service revenue (Part VIII, line 2g)		Current Year	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,547,108	2,592,962
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,530	39,108
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,415	7,935
				0	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,619,053	2,640,005
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,473,080	1,472,460
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		475,832	493,676
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶183,039		0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		696,144	415,923
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,645,056	2,382,059
	19	Revenue less expenses Subtract line 18 from line 12		-26,003	257,946
				Beginning of Current Year	
	20	Total assets (Part X, line 16)		End of Year	
	21	Total liabilities (Part X, line 26)		1,809,718	2,212,067
	22	Net assets or fund balances Subtract line 21 from line 20		377,327	528,582
Part II		Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-03-20 Date		
	TIMOTHY HEARNE CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature MARTIN MAUCH	Date 2013-03-20	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00764633
	Firm's name (or yours if self-employed), address, and ZIP + 4 TAIT WELLER & BAKER LLP 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA19103	EIN ▶ 23-1144520		Phone no ▶ (215) 979-8800
	May the IRS discuss this return with the preparer shown above? (see instructions)			

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

UNITED WAY OF MONMOUTH COUNTY IS WORKING TO CREATE LONG-LASTING CHANGE BY ADDRESSING THE UNDERLYING CAUSES OF THE MOST SIGNIFICANT LOCAL ISSUES WE AIM TO ADVANCE THE COMMON GOOD BY FOCUSING ON THE BUILDING BLOCKS FOR A GOOD LIFE, A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT AND GOOD 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 \$ 185,102 including grants of \$ 129,500) (Revenue \$)

EDUCATION - UNITED WAY OF MONMOUTH COUNTY WORKS TO CLOSE THE SIGNIFICANT ACADEMIC ACHIEVEMENT IN OUR COUNTY BY PARTNERING WITH SCHOOLS AND NONPROFITS TO ENSURE CHILDREN ARE READING AT GRADE LEVEL IN 3RD GRADE AND TO ENSURE THAT HIGH SCHOOL STUDENTS ARE PREPARED TO SUCCEED IN COLLEGE OR IN THE WORKPLACE AFTER HIGH SCHOOL

4b

(Code) (Expenses \$ 245,602 including grants of \$ 190,000) (Revenue \$)

INCOME - UNITED WAY OF MONMOUTH COUNTY WORKS TO PROMOTE FINANCIAL STABILITY AND INDEPENDENCE BY SUPPORTING PROGRAMS THAT CONNECT PEOPLE IN AN EMERGENCY SITUATION WITH THE ASSISTANCE THEY NEED AS WELL AS PROVIDE THE NECESSARY TOOLS TO ACHIEVE FINANCIAL SECURITY AND THAT ASSIST LOWER-INCOME WORKING HOUSEHOLDS AND ADULTS WITH DISABILITIES OVERCOME BARRIERS TO EMPLOYMENT

4c

(Code) (Expenses \$ 191,602 including grants of \$ 136,000) (Revenue \$)

HEALTH - UNITED WAY OF MONMOUTH COUNTY WORKS TO IMPROVE CHILDREN'S HEALTH AND WELL-BEING BY SUPPORTING PROGRAMS THAT PROVIDE PREVENTATIVE DENTAL CARE, SERVICES THAT ENSURE CHILDREN CAN LEAD SAFE, HEALTHY LIVES AND PREVENTION AND TREATMENT PROGRAMS THAT ADDRESS HIGH RISK BEHAVIORS IN ADOLESCENTS

(Code) (Expenses \$ 1,388,386 including grants of \$ 1,016,960) (Revenue \$ 39,108)

IN ADDITION TO THE PROGRAMS LISTED IN 4A, B, AND C ABOVE, UNITED WAY OF MONMOUTH COUNTY ALLOWS DONORS TO DESIGNATE TO ANY 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATION FOR THE CURRENT YEAR, DONOR DESIGNATIONS TOTALED \$1,012,099 TO 324 SELECTED AGENCIES OTHER GRANTS TO MEMBER AGENCIES TO PROVIDE PANTRY ASSISTANCE TO THE NEEDY GIFT OF WARMTH THE UNITED WAY OF MONMOUTH COUNTY IS THE TRUSTEE FOR THE NEW JERSEY RESOURCES GIFT OF WARMTH PROGRAM THE PROGRAM ASSISTS FAMILIES IN PAYING THEIR HEATING BILLS DURING TIMES OF FINANCIAL HARDSHIP NEW JERSEY NATURAL GAS COMPANY MATCHES 100% OF THE DONATIONS MADE UP TO \$80,000 EVERY DOLLAR DONATED GOES DIRECTLY TO THE NEEDY FOR THE CURRENT YEAR, \$35,029 WAS DISTRIBUTED FOR HEATING ASSISTANCE VOLUNTEER CENTER UNITED WAY OF MONMOUTH COUNTY STAFFS AND MAINTAINS A VOLUNTEER CENTER TO PROVIDE VOLUNTEER OPPORTUNITIES IN THE AREA AND TO ADMINISTER THE DONATIONS IN KIND PROGRAMS FOR THE CURRENT YEAR, 155 NONPROFIT AGENCIES AND 749 VOLUNTEERS REGISTERED WITH THE VOLUNTEER CENTER IN THE COUNTY, 203 VOLUNTEER OPPORTUNITIES WERE PRESENTED AND 1,037 VOLUNTEER MATCHES WERE GIVEN TO LOCAL AGENCIES IN ADDITION, 19 DAYS OF CARING WERE PLANNED AND MANAGED IN TOTAL, THE VOLUNTEER CENTER WEBSITE WAS VISITED 113,102 TIMES TOTAL EXPENSES OF THE VOLUNTEER CENTER FOR THE CURRENT YEAR EQUAL \$220,650 DONATIONS IN KIND THE UNITED WAY OF MONMOUTH COUNTY COLLECTS IN KIND DONATIONS IN TWO MAJOR DRIVES A YEAR, SNOWFLAKE WISHES GIFT DRIVE DURING THE HOLIDAY SEASON AND STUFF THE BUS, SCHOOL SUPPLY DRIVE IN AUGUST THESE DONATIONS ARE DISTRIBUTED TO PARTNER AGENCIES IN MONMOUTH COUNTY, WHO DISTRIBUTES THEM TO NEEDY FAMILIES IN THE COUNTY IN ADDITION, THE UNITED WAY RECEIVES VARIOUS OTHER IN KIND DONATIONS THE MAJORITY OF WHICH ARE ALSO DISTRIBUTED TO PARTNER AGENCIES TOTAL IN KIND DONATIONS DISTRIBUTED FOR THE CURRENT YEAR EQUALS \$117,719

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,388,386 including grants of \$ 1,016,960) (Revenue \$ 39,108)

4e

Total program service expenses

\$ 2,010,692

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

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

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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.		
TIMOTHY C HEARNE 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727 (732) 938-5988			

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) BOB ROSONE BOARD MEMBER	1 00	X						0	0	0
(2) WAYNE BOATWRIGHT BOARD MEMBER	1 00	X						0	0	0
(3) WILLIAM BOGLIOLI BOARD MEMBER	1 00	X						0	0	0
(4) ROBERT BONNEY JR CHAIRMAN	4 00	X		X				0	0	0
(5) KATHY ABATEMARCO BOARD MEMBER	1 00	X						0	0	0
(6) ROBERT CLIFTON BOARD MEMBER	1 00	X						0	0	0
(7) GEORGE DESTAFNEY BOARD MEMBER	1 00	X						0	0	0
(8) CURTIS OLSEN BOARD MEMBER	1 00	X						0	0	0
(9) ANTHONY GIORDANO TREASURER	4 00	X		X				0	0	0
(10) ROGER HART BOARD MEMBER	1 00	X						0	0	0
(11) THOMAS HAYES BOARD MEMBER	1 00	X						0	0	0
(12) HENRY HONG BOARD MEMBER	1 00	X						0	0	0
(13) JOHN KIELY BOARD MEMBER	1 00	X						0	0	0
(14) MICHAEL KNECHT BOARD MEMBER	1 00	X						0	0	0
(15) JAMES MARKEY BOARD MEMBER	1 00	X						0	0	0
(16) BRIAN MASSEY BOARD MEMBER	1 00	X						0	0	0
(17) ERIC MENAKER 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) CYNTHIA MOODY-JONATHAN BOARD MEMBER	1 00	X						0	0	0
(19) LOUIS PAPAROZZI VICE CHAIRMAN	4 00	X		X				0	0	0
(20) VIRGINIA PICCOLO BOARD MEMBER	1 00	X						0	0	0
(21) DONALD PIGNATARO BOARD MEMBER	1 00	X						0	0	0
(22) DIANNE TALBOT SECRETARY	4 00	X		X				0	0	0
(23) WEBSTER TRAMMELL BOARD MEMBER	1 00	X						0	0	0
(24) TIMOTHY CHEARNE PRESIDENT & CEO	35 00			X				108,299	0	3,079
(25) CATHERINE ADYCIIEWSKI CFO/COO	35 00			X				84,080	0	3,446
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								192,379	0	6,525

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▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	142,508				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	43,395				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,407,059				
	g	Noncash contributions included in lines 1a-1f \$ 126,517						
	h	Total. Add lines 1a-1f						2,592,962
Program Service Revenue			Business Code					
	2a	LOCAL CAMP ADMIN FEE -	900099	34,633	34,633			
	b	MCPECC/UWGMC ADMIN FEE	900099	4,475	4,475			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			39,108			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		7,935			7,935	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	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			2,640,005	39,108	0	7,935	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,472,460	1,472,460		
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	160,219	61,705	64,741	33,773
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	257,183	153,636	43,240	60,307
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,765	3,164	561	1,040
9	Other employee benefits	23,911	18,344	592	4,975
10	Payroll taxes	47,598	24,653	12,215	10,730
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,500		10,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	44,165	24,550	11,182	8,433
12	Advertising and promotion	46,054	12,477		33,577
13	Office expenses	38,487	22,851	8,912	6,724
14	Information technology	6,126	3,405	1,551	1,170
15	Royalties				
16	Occupancy	54,600	21,732	18,740	14,128
17	Travel	8,389	4,761	2,068	1,560
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,939	3,662	1,298	979
20	Interest				
21	Payments to affiliates	21,713	17,621	2,333	1,759
22	Depreciation, depletion, and amortization	9,551	5,309	2,418	1,824
23	Insurance	7,749	1,572	6,177	
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	DONATIONS IN-KIND	117,719	117,719		
b	GIFT OF WARMTH PROGRAM	35,029	35,029		
c	MISCELLANEOUS	9,902	6,042	1,800	2,060
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,382,059	2,010,692	188,328	183,039
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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				72,434	1	181,145
	2	Savings and temporary cash investments				834,058	2	1,045,086
	3	Pledges and grants receivable, net				727,154	3	730,761
	4	Accounts receivable, net				31,738	4	106,749
	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				15,738	9	25,017
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	100,040				
	b	Less: accumulated depreciation	10b	78,970		21,823	10c	21,070
	11	Investments—publicly traded securities				104,253	11	99,719
	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				2,520	15	2,520
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,809,718	16	2,212,067
Liabilities	17	Accounts payable and accrued expenses				49,545	17	37,881
	18	Grants payable					18	
	19	Deferred revenue				0	19	54,780
	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				327,782	25	435,921
	26	Total liabilities. Add lines 17 through 25				377,327	26	528,582
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				1,412,110	27	1,483,619
	28	Temporarily restricted net assets				20,281	28	199,866
	29	Permanently restricted net assets					29	
	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				1,432,391	33	1,683,485
	34	Total liabilities and net assets/fund balances				1,809,718	34	2,212,067

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,640,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,382,059
3	Revenue less expenses Subtract line 2 from line 1	3	257,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,432,391
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,852
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	1,683,485

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNITED WAY OF MONMOUTH COUNTY	Employer identification number 22-1828435
---	--

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 Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,790,926	2,673,476	2,477,919	2,547,108	2,592,962	13,082,391
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	2,790,926	2,673,476	2,477,919	2,547,108	2,592,962	13,082,391
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,015,656
6 Public Support. Subtract line 5 from line 4						12,066,735

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	2,790,926	2,673,476	2,477,919	2,547,108	2,592,962	13,082,391
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,398	20,187	9,984	8,415	7,935	96,919
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)						13,179,310

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

12479,282

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	91 560 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	89 380 %
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 IIIPart 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

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 MONMOUTH COUNTY

Employer identification number
22-1828435

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? YesNo	
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 YesNo	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

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)?

YesNo

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

► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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				
b Buildings				
c Leasehold improvements				
d Equipment		100,040	78,970	21,070
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				21,070

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	2,640,005
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,382,059
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	257,946
4	Net unrealized gains (losses) on investments	4	-6,852
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	-6,852
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	251,094

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,642,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,852
b	Donated services and use of facilities	2b	21,760
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,012,099
e	Add lines 2a through 2d	2e	-997,191
3	Subtract line 2e from line 1	3	2,640,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,640,005

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,391,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	21,760
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-1,012,099
e	Add lines 2a through 2d	2e	-990,339
3	Subtract line 2e from line 1	3	2,382,059
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,382,059

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH OF THE OPEN TAX YEARS (2009-2011) OR EXPECTED TO BE TAKEN IN THE UNITED WAY'S 2012 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THERE IS NO INTEREST OR PENALTIES RECORDED IN THE FINANCIAL STATEMENTS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		DONOR DESIGNATIONS -1,012,099
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DONOR DESIGNATIONS -1,012,099

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF MONMOUTH COUNTY

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

Employer identification number
22-1828435

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 ▶

14

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
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Software ID:
Software Version:
EIN: 22-1828435
Name: UNITED WAY OF MONMOUTH COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF MONMOUTH COUNTY1201 MONROE AVENUE ASBURY PARK, NJ 07712	21-0694373	501(C)(3)	58,000				HIGH RISK BEHAVIORS AFTER SCHOOL PROGRAMS
NJ 2-1-1 PARTNERSHIP CO UWMC1415 ALGONQUIN PKWY SUITE 2 WHIPPANY, NJ 07981	37-1446108	501(C)(3)	40,000				INFORMATION AND REFERRAL SERVICE

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 FIRST TEE 1003 WICKAPECKO DRIVE OCEAN, NJ 07712	30-0238834	501(C)(3)	11,000				AFTER-SCHOOL PROGRAMS
CENTER FOR VOCATIONAL REHAB15 MERIDIAN ROAD EATONTOWN, NJ 07724	21-0689134	501(C)(3)	50,000				HIGH SCHOOL ACHIEVEMENT

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 NEIGHBORS810 FOURTH AVENUE ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	93,750				FINANCIAL STABILITY
PROJECT PAUL211 CARR AVENUE KEANSBURG, NJ 07734	22-3067740	501(C)(3)	14,861				EMPLOYMENT BARRIERS, FOOD ASSISTANCE

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
LADACIN NETWORK1703 KNEELEY BOULEVARD WANAMASSA, NJ 07712	21-0674715	501(C)(3)	26,250				SUPPORTED EMPLOYMENT
THE ARC OF MONMOUTH COUNTY1158 WAYSIDE ROAD TINTON FALLS, NJ 07712	21-0657022	501(C)(3)	20,000				SUPPORTED EMPLOYMENT

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 SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33 NEPTUNE,NJ 07753	01-0649794	501(C)(3)	18,000				ACCESS TO DENTAL CARE
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY40 BROAD ST SUITE 202 EATONTOWN,NJ 07724	83-0410778	501(C)(3)	25,000				HIGH RISK BEHAVIORS

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
CHILD ASSAULT PREVENTION OF MONMOUTH COUNTY36 WILLOW AVENUE ABERDEEN, NJ 07747	22-2934773	501(C)(3)	25,000				HIGH RISK BEHAVIORS
BIG BROTHERSBIG SISTERS OF MONMOUTH AND MIDDLESEX COUNTIES305 BOND STREET ASBURY PARK, NJ 07712	22-2115416	501(C)(3)	20,000				HIGH RISK BEHAVIORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY YWCA 166 MAIN STREET MATAWAN, NJ 07747	21- 0635051	501(C)(3)	30,000				HIGH RISK BEHAVIORS
PREVENTION FIRST1405 HIGHWAY 35 N OCEAN,NJ 07712	22- 1841122	501(C)(3)	28,500				AFTER SCHOOL PROGRAMS

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 MONMOUTH COUNTY

Employer identification number
22-1828435

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 ► (VARIOUS IN-KIND GIFTS AND CARDS)	X	3,357	88,346	FMV
26 Other ► (OFFICE EQUIPMENT)	X	2	8,798	FMV
27 Other ► (SCHOOL SUPPLIES)	X	18,113	25,268	FMV
28 Other ► (CHRISTMAS TREET)	X	7	4,105	FMV
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	
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?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization UNITED WAY OF MONMOUTH COUNTY	Employer identification number 22-1828435
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Identifier	Return Reference	Explanation
	FORM 990, PART V, LINES 7A&7B	UNITED WAY OF MONMOUTH COUNTY ISSUES ACKNOWLEDGEMENT AND THANK YOU LETTERS TO ALL PARTICIPANTS AND SPONSORS OF SPECIAL EVENTS THE LETTER INCLUDES CONFIRMATION OF THE AMOUNT RECEIVED, THE PURPOSE AND THE AMOUNT THAT MAY BE CONSIDERED A TAX DEDUCTIBLE CONTRIBUTION THE TERM "NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR YOUR CONTRIBUTION" IS ALSO NOTED IN THE TEXT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR UTILIZING AUDIT WORKPAPERS AS WELL AS CLIENT PREPARED SUPPORTING SCHEDULES. THE FORM 990 IS REVIEWED IN DETAIL WITH THE PRESIDENT/CEO AND FINANCE DIRECTOR. THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE WHO REVIEWS IT IN DETAIL. SUBSEQUENTLY THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. A PERIOD OF TIME IS ALLOTTED FOR QUESTIONS AND COMMENTS PRIOR TO OFFICIALLY FILING THE FORM 990. ONCE FILED, THE FORM 990 IS POSTED TO THE AGENCY WEBSITE AT WWW.UWMONMOUTH.ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, UWMC'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS, STAFF AND VOLUNTEERS. THE CONFLICT OF INTEREST POLICY PROVIDES A SECTION WHEREBY ANY POTENTIAL CONFLICTS AND AFFILIATIONS CAN BE LISTED. THE SIGNED FORM IS RETURNED TO UWMC'S PRESIDENT AND CEO AND A FILE IS MAINTAINED FOR EACH FISCAL YEAR. DURING BOARD AND COMMITTEE MEETINGS, MEMBERS HAVE THE OPPORTUNITY TO DECLARE A CONFLICT AND ABSTAIN FROM VOTING ON ANY ISSUE THAT RELATES TO THE ORGANIZATION WHERE A CONFLICT HAS BEEN DECLARED. ABSTENTIONS AND OBJECTIONS FOR ALL VOTES ARE NOTED IN THE OFFICIAL BOARD MEETING MINUTES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	UNITED WAY OF MONMOUTH COUNTY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT/CEO. THE REVIEW IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. FOLLOWING THE REVIEW, THE EXECUTIVE COMMITTEE PUTS FORTH A SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL. SUBSEQUENTLY, A MEETING IS HELD BETWEEN THE CHAIRS OF THE GOVERNANCE AND EXECUTIVE COMMITTEES AND THE PRESIDENT/CEO TO REVIEW HIS EVALUATION AND THE BOARD SALARY RECOMMENDATION. UWMC'S PRESIDENT AND CEO SETS THE COMPENSATION FOR ALL OTHER STAFF MEMBERS WITHIN THE CONFINES OF THE APPROVED BUDGET FOR THE FISCAL YEAR.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF UWMC'S MOST RECENT AUDITED FINANCIAL STATEMENTS SHALL BE MADE AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO SO REQUESTS. REQUESTS FOR COPIES SHALL BE MADE IN WRITING OR ELECTRONICALLY TO UWMC INDICATING THE NAME AND ADDRESS OF THE REQUESTORS. RESPONSES TO SUCH REQUESTS SHALL BE MADE BY UWMC WITHIN THREE BUSINESS DAYS OF RECEIVING THE REQUEST. UWMC MAY CHARGE A FEE OF \$ 20 PER PAGE TO COVER THE COSTS OF PRINTING AND MAILING THE AUDITED FINANCIAL STATEMENTS. SUCH FEES MAY BE WAIVED AT UWMC'S DISCRETION. IN ADDITION TO WRITTEN REQUESTS, UWMC POSTS ON ITS WEBSITE THE MOST RECENT AUDITED FINANCIAL STATEMENTS, FORM 990, NJ CHARITABLE REGISTRATION, CONFLICT OF INTEREST POLICY, AND OTHER FINANCIAL POLICIES AND DOCUMENTS. UWMC HAS REQUESTED A COPY OF THE ORIGINAL IRS FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UPON RECEIPT, THE FORM WILL BE POSTED TO THE WEBSITE AND WILL BE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,852

Additional Data

Software ID:
Software Version:
EIN: 22-1828435
Name: UNITED WAY OF MONMOUTH COUNTY

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

4d. Other program services			
(Code	) (Expenses \$	1,388,386	including grants of \$ 1,016,960) (Revenue \$ 39,108)
IN ADDITION TO THE PROGRAMS LISTED IN 4A, B, AND C ABOVE, UNITED WAY OF MONMOUTH COUNTY ALLOWS DONORS TO DESIGNATE TO ANY 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATION FOR THE CURRENT YEAR, DONOR DESIGNATIONS TOTALED \$1,012,099 TO 324 SELECTED AGENCIES OTHER GRANTS TO MEMBER AGENCIES TO PROVIDE PANTRY ASSISTANCE TO THE NEEDY GIFT OF WARMTH THE UNITED WAY OF MONMOUTH COUNTY IS THE TRUSTEE FOR THE NEW JERSEY RESOURCES GIFT OF WARMTH PROGRAM THE PROGRAM ASSISTS FAMILIES IN PAYING THEIR HEATING BILLS DURING TIMES OF FINANCIAL HARDSHIP NEW JERSEY NATURAL GAS COMPANY MATCHES 100% OF THE DONATIONS MADE UP TO \$80,000 EVERY DOLLAR DONATED GOES DIRECTLY TO THE NEEDY FOR THE CURRENT YEAR, \$35,029 WAS DISTRIBUTED FOR HEATING ASSISTANCE VOLUNTEER CENTER UNITED WAY OF MONMOUTH COUNTY STAFFS AND MAINTAINS A VOLUNTEER CENTER TO PROVIDE VOLUNTEER OPPORTUNITIES IN THE AREA AND TO ADMINISTER THE DONATIONS IN KIND PROGRAMS FOR THE CURRENT YEAR, 155 NONPROFIT AGENCIES AND 749 VOLUNTEERS REGISTERED WITH THE VOLUNTEER CENTER IN THE COUNTY, 203 VOLUNTEER OPPORTUNITIES WERE PRESENTED AND 1,037 VOLUNTEER MATCHES WERE GIVEN TO LOCAL AGENCIES IN ADDITION, 19 DAYS OF CARING WERE PLANNED AND MANAGED IN TOTAL, THE VOLUNTEER CENTER WEBSITE WAS VISITED 113,102 TIMES TOTAL EXPENSES OF THE VOLUNTEER CENTER FOR THE CURRENT YEAR EQUAL \$220,650 DONATIONS IN KIND THE UNITED WAY OF MONMOUTH COUNTY COLLECTS IN KIND DONATIONS IN TWO MAJOR DRIVES A YEAR, SNOWFLAKE WISHES GIFT DRIVE DURING THE HOLIDAY SEASON AND STUFF THE BUS, SCHOOL SUPPLY DRIVE IN AUGUST THESE DONATIONS ARE DISTRIBUTED TO PARTNER AGENCIES IN MONMOUTH COUNTY, WHO DISTRIBUTES THEM TO NEEDY FAMILIES IN THE COUNTY IN ADDITION, THE UNITED WAY RECEIVES VARIOUS OTHER IN KIND DONATIONS THE MAJORITY OF WHICH ARE ALSO DISTRIBUTED TO PARTNER AGENCIES TOTAL IN KIND DONATIONS DISTRIBUTED FOR THE CURRENT YEAR EQUALS \$117,719			