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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **SEP 1, 2011** and ending **AUG 31, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF HUNTERDON COUNTY**

Doing Business As

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

4 WALTER FORAN BLVDRoom/suite
401

City or town, state or country, and ZIP + 4

FLEMINGTON, NJ 08822**F** Name and address of principal officer **MARIA B. DUNCAN**
same as C above**D** Employer identification number**22-2431065****E** Telephone number**(908) 782-3414****G** Gross receipts \$**1,560,860.****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.UWHUNTERDON.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982****M** State of legal domicile: **NJ****Part I Summary**

| Activities & Governance | | Prior Year | Current Year |
|-------------------------|--|---|---------------------------|
| 1 | Briefly describe the organization's mission or most significant activities The United Way of Hunterdon County (UWHC) is a voluntary, not-for-profit organization in New | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| 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 | 761 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | 2,344,478. | 1,531,436. |
| 9 | Program service revenue (Part VIII, line 2g) | 101,549. | 0. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 21,655. | 29,179. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 20,553. | 245. |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,488,235. | 1,560,860. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,059,379. | 1,032,671. |
| 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) | 358,844. | 387,068. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,099. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 217,177. | 188,597. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,635,400. | 1,608,336. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <147,165.> | <47,476.> |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year 2,840,909. | End of Year 2,622,608. |
| 21 | Total liabilities (Part X, line 26) | 835,203. | 587,118. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,005,706. | 2,035,490. |

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 ▶ **M. B. Duncan** Signature of officer **2/13/13** Date

▶ **MARIA B. DUNCAN, EXECUTIVE DIRECTOR** Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **HOWARD CONDO** Preparer's signature **Howard Condo** Date **2/12/12** Check if self-employed ☐ PTIN **P00351638**

Firm's name ▶ **ROSENBERG RICH BAKER BERMAN & CO.** Firm's EIN ▶ **22-3271252**

Firm's address ▶ **265 DAVIDSON AVE., SUITE 210** Phone no **908-231-1000**
SOMERSET, NJ 08873-4120

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

See Schedule O for Organization Mission Statement Continuation

g-10 11

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission

VISION: United Way of Hunterdon County is a community center of volunteerism, leadership and philanthropy that envisions a community where all individuals and families achieve their full potential through income stability, healthy lives and education.

- 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 \$ 867,207. including grants of \$ 683,400.) (Revenue \$ _____)
INCOME:

More than a quarter of all households in Hunterdon do not earn enough to be self-sufficient and 21% of those represent our target "ALICE" population-Asset Limited Income Constrained, but Employed. A single setback for ALICE could tip the balance and begin a slide into poverty that will come at a huge cost to ALICE, our social service delivery system and our community. With unemployment figures reaching double-digits for some segments of the population and as the median household income continues to fall, programs and initiatives that lead households to financial stability are increasingly vital. Furthermore, approximately 77% of homeowners and 53% of renters in Hunterdon County

4b (Code _____) (Expenses \$ 140,985. including grants of \$ 86,975.) (Revenue \$ _____)

EDUCATION:

Education is the cornerstone of individual and community success. It's essential to getting and keeping a job with a livable wage and health benefits. And it's fundamental to a community's economic prosperity: a well-educated workforce attracts world-class jobs. UWHC supports a range of efforts to ensure that everyone in our community has access to the educational supports they need- from mentoring programs to literacy training; ensuring all students have the tools they need to start the school year ready to learn; and teaching the next generation of leaders about the importance of volunteering and philanthropy.

Current initiatives:

4c (Code _____) (Expenses \$ 157,908. including grants of \$ 120,255.) (Revenue \$ _____)

HEALTH:

Collectively Hunterdon County residents are in very good health when compared with the rest of New Jersey and with the country. However, more Hunterdon residents are now diagnosed with high blood pressure (25% vs. 23% in 2005). Plus, alcohol consumption is generally up, as is binge drinking (4-5 or more drinks on one occasion). For routine care, only 70% of Hunterdon residents see a physician for check-ups; this is less than the statewide average of 82%. In the latest survey, 23% of county residents report having been diagnosed with a chronic condition. Twelve percent were told they have "pre-diabetes" or "diabetes."

So there is room for improvement, and for HAROLD the story is very

- 4d Other program services (Describe in Schedule O)

(Expenses \$ 208,169. including grants of \$ 142,041.) (Revenue \$ _____)

4e Total program service expenses 1,374,269.

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

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

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

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

☒**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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 25 | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 24 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 Did the organization have members or stockholders? | 6 | X |
| 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 | X |
| 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 | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? | | |
| a The governing body? | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | X |

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

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | X |
| 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 | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| 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 | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
The Organization - (908)782-3414
4 WALTER FORAN BLVD, No. 401, FLEMINGTON, NJ 08822

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (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) Maria B. Duncan Executive Director | 40.00 | X | | X | | | | 95,500. | 0. | 23,477. |
| (2) Charles G. Koller Past President, Governance Committee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) Laura Cummins Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) Richard Luongo Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) Barry Goodman, Esq. Legal Counsel | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) Michael Matturo VP CRISP | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) Dr. George Roksvaag Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) Michael Meyer Board Treasurer/Chair Fin/audit comm | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Robert J. Seymour Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) Maureen Sheehan Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Julia Moriarty Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) Joseph DePinto VP Resource Development | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Christopher Phelan Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) Jenny Poon Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) Manuel Rodriguez Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) Timothy Barckholtz Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) J. Matthew Holt, Freeholder 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) Paul Johnson Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) Rabbi Eli Kornfeld Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) Mary Rose Nguyen Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) Caroline Scutt Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) Michael Young, Esq. Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) Alan Ford Board President | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) Robert Rando Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) Deisi Garcia-Scott Board member | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 95,500. | 0. | 23,477. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 95,500. | 0. | 23,477. |

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 **0**

- 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
- 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
- 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

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

Section B. Independent Contractors

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

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 | 1 a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 304,196. | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,227,240. | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 249,960. | | |
| | h | Total. Add lines 1a-1f | | 1,531,436. | | |
| Program Service Revenue | | | Business Code | | | |
| | 2 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 29,179. | | 29,179. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | 245. | | |
| | b | Less direct expenses | b | 0. | | |
| | c | Net income or (loss) from fundraising events | | 245. | | 245. |
| | 9 a | Gross income from gaming activities See Part IV, line 19 | a | | | |
| | b | Less direct expenses | b | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10 a | 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 | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 1,560,860. | 0. | 0. | 29,424. |

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 | 1,032,671. | 1,032,671. | | |
| 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 | | | | |
| 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 | 301,200. | 181,949. | 71,266. | 47,985. |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 12,640. | 7,591. | 3,020. | 2,029. |
| 9 Other employee benefits | 44,569. | 31,104. | 5,188. | 8,277. |
| 10 Payroll taxes | 28,659. | 17,215. | 6,856. | 4,588. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 55,808. | 22,035. | 28,214. | 5,559. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 18,342. | 9,017. | 3,682. | 5,643. |
| 14 Information technology | 13,791. | 10,154. | 2,332. | 1,305. |
| 15 Royalties | | | | |
| 16 Occupancy | 15,829. | 9,064. | 4,525. | 2,240. |
| 17 Travel | 5,176. | 3,394. | 1,117. | 665. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,337. | 4,743. | 1,821. | 773. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 10,151. | 5,647. | 3,003. | 1,501. |
| 22 Depreciation, depletion, and amortization | 17,889. | 10,335. | 5,046. | 2,508. |
| 23 Insurance | 7,141. | 4,100. | 2,056. | 985. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COMMUNITY OUTREACH EXPE | 21,473. | 21,304. | 113. | 56. |
| b BANK FEES | 8,571. | | 8,571. | |
| c SUPPLIES | 4,751. | 2,711. | 1,371. | 669. |
| d MEMBERSHIP DUES & SUBSC | 1,246. | 716. | 352. | 178. |
| e All other expenses | 1,092. | 519. | 435. | 138. |
| 25 Total functional expenses . Add lines 1 through 24e | 1,608,336. | 1,374,269. | 148,968. | 85,099. |
| 26 Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 172,739. | 1 | 130,403. |
| | 2 Savings and temporary cash investments | 992,324. | 2 | 905,615. |
| | 3 Pledges and grants receivable, net | 124,251. | 3 | |
| | 4 Accounts receivable, net | 364,112. | 4 | 333,882. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,241. | 9 | 3,627. |
| | 10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D | 10a 512,992. | | |
| | b Less accumulated depreciation | 10b 119,106. | 10c | 393,886. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 778,084. | 12 | 855,195. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,840,909. | 16 | 2,622,608. | |
| Liabilities | 17 Accounts payable and accrued expenses | 42,975. | 17 | 56,204. |
| | 18 Grants payable | 792,228. | 18 | 530,914. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 835,203. | 26 | 587,118. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,928,282. | 27 | 2,028,266. |
| | 28 Temporarily restricted net assets | 77,424. | 28 | 7,224. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 2,005,706. | 33 | 2,035,490. |
| 34 Total liabilities and net assets/fund balances | 2,840,909. | 34 | 2,622,608. | |

Form 990 (2011)

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 | 1,560,860. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,608,336. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | <47,476.> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,005,706. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 77,260. |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2,035,490. |

Part XII Financial Statements and Reporting

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

☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2011)

(FORM 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 HUNTERDON COUNTY

Employer identification number

22-2431065

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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) | | |

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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.") | 1405340. | 1151882. | 1682004. | 2344478. | 1460320. | 8044024. |
| 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 | 1405340. | 1151882. | 1682004. | 2344478. | 1460320. | 8044024. |
| 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) | | | | | | 308,474. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 7735550. |

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 | 1405340. | 1151882. | 1682004. | 2344478. | 1460320. | 8044024. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 41,715. | <38,461.> | 27,330. | 21,635. | 29,179. | 81,398. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 59,409. | 26,309. | 16,295. | 20,553. | 245. | 122,811. |
| 11 Total support. Add lines 7 through 10 | | | | | | 8248233. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 688,866. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.78 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 89.91 | % |
| 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 ► <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | | |
| 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 ► <input type="checkbox"/> | | | |
| 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 ► <input type="checkbox"/> | | | |
| 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 ► <input type="checkbox"/> | | | |

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

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 ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

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

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

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

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

| | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

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

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

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

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

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

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

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

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

| | 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 | 778,084. | 683,195. | 675,409. | 751,832. | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 100,032. | 102,004. | 14,139. | <70,668.> | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 15,000. | | | | |
| f Administrative expenses | 7,921. | 7,115. | 6,352. | 5,755. | |
| g End of year balance | 855,195. | 778,084. | 683,196. | 751,832. | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ► 100.00 %
 b Permanent endowment ► _____ %
 c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

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 | | 60,000. | | 60,000. |
| b Buildings | | 403,945. | 70,123. | 333,822. |
| c Leasehold improvements | | | | |
| d Equipment | | 49,047. | 48,983. | 64. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10(c).) ► 393,886.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) Short Term Investments | 31,643. | End-of-Year Market Value |
| (B) Corporate Bonds | 104,551. | End-of-Year Market Value |
| (C) Mutual Funds | 78,657. | End-of-Year Market Value |
| (D) Domestic Common Stock | 487,341. | End-of-Year Market Value |
| (E) Preferred Stock | 12,590. | End-of-Year Market Value |
| (F) Exchange-Traded Funds | 140,413. | End-of-Year Market Value |
| (G) | | |
| (H) | | |
| (I) | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 12.) | 855,195. | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053
01-23-12

Schedule D (Form 990) 2011

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

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,560,860. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,608,336. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | <47,476.> |
| 4 | Net unrealized gains (losses) on investments | 4 | 77,260. |
| 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 through 8 | 9 | 77,260. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 29,784. |

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 | 1,638,120. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 77,260. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 77,260. |
| 3 | Subtract line 2e from line 1 | 3 | 1,560,860. |
| 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 must equal Form 990, Part I, line 12) | 5 | 1,560,860. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,608,336. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 1,608,336. |
| 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 must equal Form 990, Part I, line 18) | 5 | 1,608,336. |

Part XIV Supplemental Information

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

**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 HUNTERDON COUNTY

Employer identification number
22-2431065

Part I General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ANDERSON HOUSE, INC. 532 Route 523 Whitehouse, NJ 08889 | 52-1786469 | 501(c)(3) | 24,330. | 0. | Fair Market Value | | Provides short term housing, education, and support for women who are recovering from the |
| ARC OF HUNTERDON COUNTY 1322 Route 31 North, Suite 5, Annandale, NJ 08801 | 22-1659502 | 501(c)(3) | 58,630. | 0. | Fair Market Value | | Provides a variety of services to children and adults with developmental disabilities and their |
| BIG BROTHERS BIG SISTERS OF HUNTERDON, SOMERSET & WARREN COUNTIES - 21 Broad St., - Washington, NJ 07882 | 23-7426096 | 501(c)(3) | 29,483. | 0. | Fair Market Value | | Non-profit organization that brings together adult volunteers and children ages 5-14 from |
| BRIGHTSIDE ADULT DAY CENTER c/o COMMUNITY CARE ASSOCIATION OF HUNTERDON COUN - 16 Sandhill Rd., - Flemington, NJ 08822 | 22-2113056 | 501(c)(3) | 12,527. | 0. | Fair Market Value | | Social day care program for the frail elderly needing some care, supervision and/or |
| CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE - 6 Park Ave., - Flemington, NJ 08822 | 22-2423496 | 501(c)(3) | 40,000. | 0. | Fair Market Value | | Provides services to individuals, families, communities, reflects concerns of Church, Social service |
| FISHERMAN'S MARK, INC. 89 North Main St. Lambertville, NJ 08530 | 22-2302255 | 501(c)(3) | 25,000. | 0. | Fair Market Value | | Organization assisting individuals and families: Information and Referral. |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | | | | | | 23. |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | 23. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part IV for Column (h) descriptions
24

Schedule I (Form 990) (2011)

Schedule I (Form 990) UNITED WAY OF HUNTERDON COUNTY

| Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FREEDOM HOUSE, INC. 3 Pavillion Rd. Glen Gardner, NJ 08826 | 22-2638093 | 501(c)(3) | 35,000. | 0. | Fair Market Value | | Provides substance abuse treatment services for men in a halfway house setting, transitional |
| GLEN GARDNER YOUTH ASSOCIATION, INC. - 16 Hampton Rd. - Glen Gardner, NJ 08826 | 22-2506781 | 501(c)(3) | 53,931. | 0. | Fair Market Value | | Provides youth programs in education, recreation, and socialization for everyone 18 months |
| HUNTERDON DRUG AWARENESS PROGRAM 8 Main St., Suite 7 Flemington, NJ 08822 | 22-2319096 | 501(c)(3) | 23,605. | 0. | Fair Market Value | | Offers outpatient and intensive outpatient treatment services. Also offers prevention |
| HUNTERDON HELPLINE, INC. 14 Mine St. Flemington, NJ 08822 | 22-2265896 | 501(c)(3) | 24,716. | 0. | Fair Market Value | | 24 hour hotline, information and advocacy, emergency sheltering, reassurance calls. |
| HUNTERDON HOSPICE, INC. 215 Hwy 31 South Flemington, NJ 08822 | 22-2276083 | 501(c)(3) | 31,446. | 0. | Fair Market Value | | Provides programs of medical, spiritual, social support services to enable terminally ill |
| HUNTERDON PREVENTION RESOURCES 4 Walter Foran Blvd., Suite 410 Flemington, NJ 08822 | 23-7215126 | 501(c)(3) | 19,454. | 0. | Fair Market Value | | Provides comprehensive prevention programs and services from pre-k to senior citizens. Also |
| INTERFAITH HOSPITALITY NETWORK OF HUNTERDON COUNTY - 10 East Main St. - Flemington, NJ 08822 | 22-3049800 | 501(c)(3) | 155,828. | 0. | Fair Market Value | | A non-profit organization of congregations that minister to the needs of homeless women and |
| LEGAL SERVICES OF NORTHWEST JERSEY, INC.-HUNTERDON COUNTY DIVISION - 82 Park Ave. - Flemington, NJ 08822 | 22-2068191 | 501(c)(3) | 54,720. | 0. | Fair Market Value | | Free legal services to indigent residents of Hunterdon County who have civil law problems. |
| MEALS ON WHEELS IN HUNTERDON 5 Walter Foran Blvd., Suite 2006 Flemington, NJ 08822 | 22-3084358 | 501(c)(3) | 28,782. | 0. | Fair Market Value | | Deliveries each weekday to homebound seniors as well as four Congregate Nutrition Sites for the |

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF HUNTERDON COUNTY

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NORWESCAP/ FOOD BANK 21 North Broad St. Phillipsburg, NJ 08865 | 22-1777156 | 501(c)(3) | 14,908. | 0. | Fair Market Value | | Distributes donated food to non-profit organizations that feed the hungry. |
| SAFE In Hunterdon 47 East Main St. Flemington, NJ 08822 | 22-2267191 | 501(c)(3) | 61,913. | 0. | Fair Market Value | | Free and confidential services: individual group counseling, legal advocacy, 24 hour hotline |
| VISITING HEALTH & SUPPORTIVE SERVICES - 215 Hwy 31 South - Flemington, NJ 08822 | 22-1636709 | 501(c)(3) | 10,000. | 0. | Fair Market Value | | Non-profit agency provides home care to Hunterdon County residents regardless of |
| YMCA OF HUNTERDON COUNTY 144 W. Woodchurch Rd. Flemington, NJ 08822 | 22-1524183 | 501(c)(3) | 50,170. | 0. | Fair Market Value | | Promotes healthy lifestyles for people of all ages and abilities through fitness/health. |
| Sussex County Interfaith Hospitality Network - 19 Church Street - Newton, NJ 07860 | 22-3496775 | 501(c)(3) | 79,839. | 0. | Fair Market Value | | Sub-grantee provides time-limited wraparound services through case management, housing |
| Family Promise of Warren County 65A Washington Ave Oxford, NJ 07863 | 20-4557357 | 501(c)(3) | 78,181. | 0. | Fair Market Value | | Sub-grantee provides time-limited wraparound services through case management, housing |
| Holland Township Volunteer Fire Company - 971 Milford Warren Glen Rd. - Milford, NJ 08848 | 22-2320624 | 501(c)(3) | 55,000. | 0. | Fair Market Value | | Disaster recovery grant |
| NJ211 Partnership 1415 Wyckoff Rd. Farmingdale, NJ 07727 | 37-1446108 | 501(c)(3) | 16,574. | 0. | Fair Market Value | | Information and referral services and disaster response support |

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Schedule I, Part I, Line 2: United Way of Hunterdon County is currently using a 3 year funding cycle. We undergo an annual citizen review process for our resource investment. This process includes both agency certification meetings and program review meetings, with a focus on outcomes measurement, and evaluations. Member agencies are also required to submit and adhere to an annual Member Agency Agreement. United Way of Hunterdon County also has a process for reviewing admission of new agencies.

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: ANDERSON HOUSE, INC.

(h) Purpose of Grant or Assistance: Provides short term housing, education, and support for women who are recovering from the disease of alcoholism and/or drug addiction.

Name of Organization or Government: ARC OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: Provides a variety of services to children and adults with developmental disabilities and their families through family support, recreation, day and residential programs.

Name of Organization or Government:

BIG BROTHERS BIG SISTERS OF HUNTERDON, SOMERSET & WARREN COUNTIES

(h) Purpose of Grant or Assistance: Non-profit organization that brings together adult volunteers and children ages 5-14 from single parent families, for weekly activity and guidance.

Name of Organization or Government:

BRITESIDE ADULT DAY CENTER c/o COMMUNITY CARE ASSOCIATION OF HUNTERDON COUN

(h) Purpose of Grant or Assistance: Social day care program for the frail elderly needing some care, supervision and/or socialization. Center provides families/caregivers with a reprieve from daily responsibility.

Name of Organization or Government:

CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE

(h) Purpose of Grant or Assistance: Provides services to individuals, families, communities, reflects concerns of Church, people of good will

Schedule I (Form 990) 2011

Part IV Supplemental Information

on behalf of needy, economically poor and those devalued by society.

Name of Organization or Government: FISHERMAN'S MARK, INC.

(h) Purpose of Grant or Assistance: Social service organization assisting individuals and families: Information and Referral, Food Pantry and Case Management. Owns and operates NAEYC-accredited Lambertville Academy child care center.

Name of Organization or Government: FREEDOM HOUSE, INC.

(h) Purpose of Grant or Assistance: Provides substance abuse treatment services for men in a halfway house setting, transitional housing for women and children, and services for families.

Name of Organization or Government: GLEN GARDNER YOUTH ASSOCIATION, INC.

(h) Purpose of Grant or Assistance: Provides youth programs in education, recreation, and socialization for everyone 18 months through adults. Sports, culture, academics.

Name of Organization or Government: HUNTERDON DRUG AWARENESS PROGRAM

(h) Purpose of Grant or Assistance: Offers outpatient and intensive outpatient treatment services. Also offers prevention education services and are the County Intoxicated Drivers Resource Center.

Name of Organization or Government: HUNTERDON HELPLINE, INC.

(h) Purpose of Grant or Assistance: 24 hour hotline, information and advocacy, emergency sheltering, reassurance calls, friendly visiting and compassionate listening.

Part IV Supplemental Information

Name of Organization or Government: HUNTERDON HOSPICE, INC.

(h) Purpose of Grant or Assistance: Provides programs of medical, spiritual, social support services to enable terminally ill patients to die at home. The focus of service is care rather than cure.

Name of Organization or Government: HUNTERDON PREVENTION RESOURCES

(h) Purpose of Grant or Assistance: Provides comprehensive prevention programs and services from pre-k to senior citizens. Also offers outpatient treatment and individual marital, family and group therapy, and addiction interventions.

Name of Organization or Government:

INTERFAITH HOSPITALITY NETWORK OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: A non-profit organization of congregations that minister to the needs of homeless women and families. Meals, shelter, and social services are provided for.

Name of Organization or Government: MEALS ON WHEELS IN HUNTERDON

(h) Purpose of Grant or Assistance: Deliveries each weekday to homebound seniors as well as four Congregate Nutrition Sites for the independent senior in Hunterdon. Low sodium and weekend meals available.

Name of Organization or Government: SAFE In Hunterdon

(h) Purpose of Grant or Assistance: Free and confidential services: individual group counseling, legal advocacy, 24 hour hotline (908-788-4044), safe housing and support for victims of domestic violence or sexual assault.

Part IV Supplemental Information

Name of Organization or Government: VISITING HEALTH & SUPPORTIVE SERVICES

(h) Purpose of Grant or Assistance: Non-profit agency provides home care to Hunterdon County residents regardless of their ability to pay.

Services include: Home Health Aides; Respite Care; DYFS Aide.

Name of Organization or Government: YMCA OF HUNTERDON COUNTY

(h) Purpose of Grant or Assistance: Promotes healthy lifestyles for people of all ages and abilities through fitness/health, aquatics, pre-school and senior programs. Financial assistance available ensuring all can participate.

Name of Organization or Government:

Sussex County Interfaith Hospitality Network

(h) Purpose of Grant or Assistance: Sub-grantee provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent, security deposits, moving costs and utilities, legal services, credit and budget counseling, and credit repair services to stabilize households.

Name of Organization or Government: Family Promise of Warren County

(h) Purpose of Grant or Assistance: Sub-grantee provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent, security deposits, moving costs and utilities, legal services, credit and budget counseling, and credit repair services to stabilize households.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations 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 HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990 Part VIII line 1c | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 245,745. | RETAIL VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>Earned Media</u>) | X | 1 | 4,215. | RETAIL VALUE |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |

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

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Form 990, Part I, Line 1, Description of Organization Mission:

Jersey whose principal activities are resource development, community impact and the support of voluntary health and welfare agencies which provide services in the community.

Form 990, Part III, Line 1, Description of Organization Mission:

MISSION: To bring people and resources together to improve lives and conditions and to advance the common good of our community.

Form 990, Part III, Line 4a, Program Service Accomplishments:

spend 30% or more of household income on housing, which is a significant burden and threatens a large number of ALICE families with potential homelessness. In fact, affordable housing was among the top needs referenced in a recent Hunterdon County Department of Human Services agency survey.

United Way of Hunterdon County (UWHC) in partnership with other community stakeholders has set an ambitious goal to improve financial stability of 10,000 Hunterdon County ALICE residents by 2020 - 10 by 20. Below are some of the key initiatives that will help us reach our community goal.

Current initiatives: Free tax preparation done by trained volunteers for low-wage working individuals and families ensures that families receive the Earned Income Tax Credit and other tax credits that boost their income while saving them preparer fees. In 2011, the VITA site

Name of the organization

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generated over \$425,000. In addition, clients saved an estimated \$75,000 in tax preparation fees. The average refund amount was \$1,409 raising clients Adjusted Gross Income by nearly 12%. The Total Refunds for tax year 2011 represents a 51% increase from 2010 tax year, and the Total EIC represents a 42% increase from 2010.

UWHC's Holiday Hands and Winter Fuel Fund also increase financial stability by reducing financial pressures on lower-income families, elderly residents on fixed incomes, single parents, and people suffering from illness who are struggling with medical bills during the holiday time and winter months. For the 2011 holiday season we served 2,405 Hunterdon County residents, which is up 50% from the previous year; 126 companies/organizations and 99 individuals participated and approximately \$182,175 in in-kind value was donated. The anticipated number of clients served for 2012 will be more than 2,500 individuals.

Despite areas of great wealth in our community, many individuals and families struggle to make ends meet and find themselves homeless, in temporary motel rooms, doubled up in tight quarters, or on the street. The Hunterdon Housing Alliance was convened by United Way of Hunterdon County to bring together the collective expertise of partners who are dedicated to addressing the lack of affordable housing in Hunterdon County.

The Homeless Prevention Rapid Re-Housing grant (HPRP) aims to prevent families and individuals from becoming homeless, and to help those who are already homeless to be quickly re-housed and stabilized. This program provides time-limited wraparound services through case management, housing search assistance, financial assistance for rent,

Name of the organization

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security deposits, moving costs and utilities, legal services, credit and budget counseling, and credit repair services. The end goal is to stabilize households so that they will maintain permanent housing and become self-sufficient.

Funded programs include food and shelter, housing, legal services, financial assistance, services for victims of domestic violence, and emergency assistance.

Plans for the coming year:

Financial Stability -

United Way of Hunterdon County's Financial Stability Partnership initiative brings together the public and private sectors to assist ALICE families and individuals with finding solutions to various financial challenges. Its goals in achieving financial stability are to create strategies that increase income, build savings and create and sustain assets. In development are programs to train volunteers to become financial coaches, working with clients seeking assistance with budgeting, savings and other financial goals. UWHC will work in partnership with other community organizations to provide workshops and programs to further these objectives.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Tools for Schools - donations of school supplies were collected for students who are unable to afford them. Many families worry about the beginning of the school year because of the expense of buying back-to-school items. Receiving a donation of these supplies helps free up some family income for other necessities. Our Tools for Schools

Name of the organization

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program supports Hunterdon County students in achieving greater educational success, by providing students the necessary basic tools so that they start the school year ready to learn. For the 2012 school year, UWHC served over 1685 students and engaged 78 companies/organizations and 336 individuals in these efforts.

As part of United Way of Hunterdon County's role as a community center of volunteerism, leadership and philanthropy, we believe fostering volunteerism as well as raising awareness of community issues within the youth population is extremely important. These young people are our community leaders of tomorrow. Youth 4 United Way is a unique partnership between United Way of Hunterdon County and Hunterdon Central Regional High School. The program is designed to increase student awareness of community needs and to assist with linking our youth to ways they can support those needs. As a service learning program, Youth 4 United Way has a curricular component that provides students with meaningful content as the foundation for development of the essential skills required to create an effective service plan.

Funded programs include child care, after-school care, life skills, teen programs, literacy programs, and mentoring.

Plans for the coming year:

Continue to partner with Workforce Investment Board (WIB) to develop plans for a workforce development initiative to help low-wage, low-skilled workers gain the skills and opportunities to earn a family sustaining wage. Additional funded programs for 2012-13 include Career Hub, a career awareness program developed and implemented by Hunterdon

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

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County Polytech School and expanded Career Services into Hunterdon

County through Jewish Family Services. Educating volunteers to

becoming sustained leaders in our community will be enhanced by UWHC's

Board Development series.

Form 990, Part III, Line 4c, Program Service Accomplishments:

different. Meet another member of the United Way of Hunterdon County

family: HAROLD-Health At Risk, Overwhelmed, Lifestyle Dilemmas. HAROLD

is Health At Risk for a variety of reasons including being underinsured

or un-insured, may have a predisposition to chronic physical or mental

illness because of family history or behavior. Harold is Overwhelmed by

stress caused by factors such as work, family (children and/or aging

parents), finances and is faced with ongoing Lifestyle Dilemmas-lack of

exercise due to limited time or limited budget, lack of awareness,

leading to poor choices and/or decisions and poor nutrition. And it is

important to remember as the World Health Organization states "health

is a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity." When HAROLD is a

caregiver, his overall well-being is put under greater strain. And if

HAROLD is living in an unsafe or unhealthy environment, his health will

be negatively impacted.

The overall health of our community is a factor in determining the

strength of our community and therefore an important strategic area of

focus for United Way of Hunterdon County.

Current initiatives:

Discount prescription program - UWHC has partnered with TogetherRx

Name of the organization

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Access and FamilyWize to offer free prescription drug discount cards to Hunterdon County residents and employees- assisting uninsured residents in receiving discounted prescriptions.

Funded programs include: substance abuse prevention, intervention and treatment, counseling, home health care, respite, senior care, sexual assault support and health and safety education.

Plans for the coming year:

Leading the Hunterdon County Latino Healthcare Access Committee, the committee will focus on health disparities within that community. UWHC will continue to play an active role in The Hunterdon County Partnership for Health. The mission of the Partnership for Health in Hunterdon County is to pool the resources needed to undertake the work and to facilitate the planning process. United Way of Hunterdon County is an active participant in the Partnership for Health, holding seats on two committees: The Aging Issues and the Latino Action Teams.

Form 990, Part III, Line 4d, Other Program Services:

Other programs and services that impact the community. Including but not limited to:

COMMUNITY SUPPORT SERVICES:

Every community has unique needs, and United Way makes it our mission to understand and respond to those needs. We support programs and initiatives that reflect Hunterdon County's unique demographic, social, and geographic makeup to ensure that people with special needs have opportunities for recreation and socialization, that our youth have opportunities to grow and develop, and that everyone has a place to

Name of the organization

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turn when they need help.

Current initiatives:

2-1-1 is a universally respected and growing national model. Today there are over 190 million Americans in 45 states who have access to community resources by dialing 2-1-1. New Jersey's 2-1-1 system, was piloted in Hunterdon County and has been in place statewide since February 10, 2005 and is accessible by landline, cell phone, and internet. 2-1-1 is managed by the NJ211 Partnership. 2-1-1 is an effective management tool. The system generates real time data on requests, complaints, and services. Over time, 2-1-1 data will improve the quality of programs and services by making it possible to harvest essential information on resource allocation and use it for policy decision-making and budgeting.

United Way of Hunterdon County is one of more than 30 United Way organizations across the nation working to host community conversations this spring as part of a call to action by the White House Council for Community Solutions. This important effort focuses on learning more about the challenges everyday people and leaders in communities see in connecting individuals to opportunities for a good life. United Way Community Conversations: Finding Financial Success will collect community-based input on United Way of Hunterdon County's Financial Stability goal of improving the financial stability of 10,000 Hunterdon County Residents by 2020-"10 by 20 is how we LIVE UNITED."

Funded programs include: respite and recreational programs for people with disabilities, translation center, senior and visiting nurses

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support.

Expenses \$ 208,169. including grants of \$ 142,041. Revenue \$ 0.

Form 990, Part VI, Section A, line 6: Every person, firm, association and corporation who makes a contribution to or for the benefit of this corporation shall automatically, upon making such contribution, become a member of this corporation and remain a member until the completion date of the next annual campaign of this corporation. Each contributing member may be represented at meetings of the membership.

Form 990, Part VI, Section A, line 7a: Any vacancy occurring in the membership of the Board of Trustees may be filled by the Board of Trustees by election of a successor Trustee for the remainder of the unexpired term. The Nominating Committee shall submit nominations to fill any vacancy occurring within the membership of the Board of Trustees. The Board may elect a successor Trustee at any regular or special meeting, upon giving at least seven(7) days written notice of intention to hold such an election and the name or names of the nominees for such vacancy or vacancies.

Form 990, Part VI, Section B, line 11: The form 990 is prepared and reviewed by the Finance/Audit committee, which is comprised of Board members. The finalized form 990 is circulated via email to the Board for review and comment within a given timeframe. After timeframe, form 990 is finalized, signed and filed with IRS. The Board is advised at subsequent Board meeting of date of filing and acceptance by IRS, if applicable.

Form 990, Part VI, Section B, Line 12c: In conjunction with the first Board meeting of the fiscal year, all Board members, volunteers and staff

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

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review and sign off on a conflict of interest policy.

Form 990, Part VI, Section B, Line 15a: On an annual basis, the CEO completes a performance competency assessment which is reviewed and rated by the Executive Committee. The Board President conducts the finalized review and reports to the Board. Compensation adjustments, if warranted, are determined by review of comparable data of like positions at other United Ways and non profit organizations in the geographic area.

Form 990, Part VI, Section C, Line 19: Yes, available through website, board binder and upon request

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments: 77,260.

2011 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|--|---------------|--------|-------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | Buildings | | | | | 60,000. | | | 60,000. | | | 0. |
| 2 | BUILDING | 083105SL | L | 40.00 | 16 | 403,945. | | | 403,945. | 65,625. | | 10,099. |
| | * 990 Page 10 Total Buildings | | | | | 463,945. | | 0. | 463,945. | 65,625. | 0. | 10,099. |
| | * 990 Page 10 Total Other Furniture & Fixtures | | | | | 463,945. | | 0. | 463,945. | 65,625. | 0. | 10,099. |
| 3 | OFFICE FURNISHING & EQUIPMENT | 111401SL | | 10.00 | 16 | 5,182. | | | 5,182. | 5,182. | | 0. |
| 7 | OFFICE FURNISHING & EQUIPMENT | 083105SL | | 10.00 | 16 | 4,318. | | | 4,318. | 2,846. | | 432. |
| | * 990 Page 10 Total Furniture & Fixtur Machinery & Equipment | | | | | 9,500. | | 0. | 9,500. | 8,028. | 0. | 432. |
| 4 | COMPUTER EQUIPMENT | 083108SL | | 3.00 | 16 | 1,862. | | | 1,862. | 1,862. | | 0. |
| 8 | COMPUTER EQUIPMENT | 083104SL | | 10.00 | 16 | 908. | | | 908. | 678. | | 91. |
| 9 | COMPUTER EQUIPMENT | 022806SL | | 5.00 | 16 | 1,225. | | | 1,225. | 1,103. | | 0. |
| 10 | COMPUTER EQUIPMENT | 081108SL | | 5.00 | 16 | 2,911. | | | 2,911. | 2,037. | | 582. |
| 11 | COMPUTER EQUIPMENT | 082708SL | | 5.00 | 16 | 2,508. | | | 2,508. | 1,757. | | 502. |
| 12 | COMPUTER EQUIPMENT | 121708SL | | 3.00 | 16 | 384. | | | 384. | 341. | | 43. |
| 13 | COMPUTER EQUIPMENT | 071509SL | | 5.00 | 16 | 1,233. | | | 1,233. | 535. | | 247. |

12B102
05-01-11

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

41.1

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|---|---------------|--------|-------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 14 | COMPUTER EQUIPMENT | 020309SL | | 3.00 | 16 | 477. | | | 477. | 411. | | 66. |
| 15 | COMPUTER EQUIPMENT | 021009SL | | 3.00 | 16 | 280. | | | 280. | 240. | | 40. |
| 16 | COMPUTER EQUIPMENT | 021909SL | | 5.00 | 16 | 3,043. | | | 3,043. | 1,522. | | 609. |
| 22 | COMPUTER EQUIPMENT | 020910SL | | 5.00 | 16 | 767. | | | 767. | 242. | | 153. |
| 23 | COMPUTER EQUIPMENT | 071610SL | | 3.00 | 16 | 1,472. | | | 1,472. | 532. | | 491. |
| | * 990 Page 10 Total Machinery & Equipm | | | | | 17,070. | | 0. | 17,070. | 11,260. | 0. | 2,824. |
| | Other | | | | | | | | | | | |
| 21 | TELECOM | 101308SL | | 5.00 | 16 | 540. | | | 540. | 315. | | 108. |
| | * 990 Page 10 Total Other Machinery & Equipment | | | | | 540. | | 0. | 540. | 315. | 0. | 108. |
| 17 | SOFTWARE | 083104SL | | 10.00 | 16 | 12,300. | | | 12,300. | 9,225. | | 1,230. |
| 18 | SOFTWARE | 033106SL | | 5.00 | 16 | 1,156. | | | 1,156. | 1,156. | | 0. |
| 19 | SOFTWARE | 030409SL | | 3.00 | 16 | 117. | | | 117. | 98. | | 19. |
| 20 | SOFTWARE | 031009SL | | 3.00 | 16 | 50. | | | 50. | 42. | | 8. |
| 24 | SOFTWARE | 070110SL | | 3.00 | 16 | 900. | | | 900. | 350. | | 300. |
| | * 990 Page 10 Total Machinery & Equipm | | | | | 14,523. | | 0. | 14,523. | 10,871. | 0. | 1,557. |
| | * 990 Page 10 Total | | | | | 41,633. | | 0. | 41,633. | 30,474. | 0. | 4,921. |
| | * Grand Total 990 Page 10 Depr | | | | | 505,578. | | 0. | 505,578. | 96,099. | 0. | 15,020. |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

| | | |
|---|---|---|
| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | UNITED WAY OF HUNTERDON COUNTY | <input checked="" type="checkbox"/> 22-2431065 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions | Social security number (SSN) |
| | 4 WALTER FORAN BLVD, No. 401 | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | FLEMINGTON, NJ 08822 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

The Organization

- The books are in the care of ► **4 WALTER FORAN BLVD, No. 401 - FLEMINGTON, NJ 08822**
Telephone No ► **(908) 782-3414** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **April 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year _____ or
► ☒ tax year beginning **SEP 1, 2011**, and ending **AUG 31, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|--|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)