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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Doing Business As

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

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

D Employer identification number
22-1487247

E Telephone number
(973) 993-1160

G Gross receipts $ 14,624,512

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYNNJ ORG

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

L Year of formation 1950

M State of legal domicile NJ

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	61
6	Total number of volunteers (estimate if necessary)	**6**	6,540
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	13,908,387	13,888,857
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,088	164,050
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	368,368	406,069
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,405,843	14,458,976
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,774,283	5,174,164
	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)	3,357,223	3,563,887
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,564,838		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,137,545	5,765,755
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,269,051	14,503,806
	19 Revenue less expenses Subtract line 18 from line 12	136,792	-44,830

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	13,732,298	13,972,916
	21 Total liabilities (Part X, line 26)	1,928,261	1,979,985
	22 Net assets or fund balances Subtract line 21 from line 20	11,804,037	11,992,931

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

****** | 2014-04-03
Signature of officer | Date

JOHN B FRANKLIN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARQUS WHITE				P00053187

Firm's name ▶ SAXBST LLP | Firm's EIN ▶ 46-4001827

Firm's address ▶ 855 VALLEY ROAD
CLIFTON, NJ 070132483 | Phone no (973) 472-6250

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 4,212,912 including grants of $ 1,759,216) (Revenue $)

EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL WHEN CHILDREN AND YOUTH LACK A STIMULATING, SUPPORTIVE ENVIRONMENT, THEY SUFFER IT NEGATIVELY IMPACTS OUR ENTIRE COMMUNITY IF A KINDERGARTEN STUDENT IS ALREADY AVERSE TO LEARNING, A MIDDLE SCHOOL STUDENT ACTS OUT THROUGH BULLYING, OR A YOUNG ADULT IS UNPREPARED FOR THE WORKFORCE UNITED WAY OF NORTHERN NEW JERSEY WORKS TO ADVANCE EDUCATION IN OUR COMMUNITIES BY INVESTING IN CHILDREN AND YOUTH AND PROVIDING WAYS TO ENGAGE THEM SO THEY CAN POSITIVELY CONTRIBUTE TO SOCIETY WE WORK WITH CHILD CARE CENTERS AND SCHOOLS TO SUPPORT CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT FROM BIRTH THROUGH HIGH SCHOOL - GIVING THEM A SOLID FOUNDATION AND THE LIFELONG SKILLS NEEDED TO THRIVE OUR WORK INCLUDES IMPROVING EARLY CHILDHOOD EXPERIENCES AND THE QUALITY OF CHILD CARE, CONNECTING YOUTH TO TRAINED MENTORS, AND WORKING DIRECTLY WITH SCHOOLS TO CREATE A HEALTHY SCHOOL CULTURE THAT ENHANCES STUDENTS' GROWTH UNITED WAY SUCCESS BY 6A LANDMARK STUDY PUBLISHED IN THE JOURNAL SCIENCE IN 2011 TRACKED MORE THAN 1,000 LOW-INCOME CHILDREN FOR UP TO 25 YEARS IT FOUND THAT CHILDREN WHO HAD ATTENDED QUALITY PRESCHOOL DID BETTER IN SCHOOL, EARNED MORE AS ADULTS, AND COMMITTED FEWER CRIMES ENSURING THAT CHILDREN FROM ALL SOCIOECONOMIC BACKGROUNDS GET A SOLID START IMPROVES THEIR FUTURE - AND OURS UNITED WAY SUCCESS BY 6 WORKS TO CREATE COMMUNITIES WHERE SAFE, EFFECTIVE, AND AFFORDABLE QUALITY PROGRAMS, SERVICES, AND EXPERIENCES ARE AVAILABLE FOR CHILDREN FROM BIRTH TO SIX YEARS OF AGE, ESPECIALLY THOSE FROM LOWER-INCOME AND ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES WORKING DIRECTLY WITH CHILD CARE CENTERS, WE PROVIDE GUIDANCE AND RESOURCES TO IMPROVE QUALITY OF CARE, OPERATE MORE EFFICIENTLY, AND INCREASE PARENT INVOLVEMENT AND THE GOOD NEWS IS WE ARE MAKING PROGRESS THE KINDERGARTEN READINESS RATE AT OUR PARTNER CHILD CARE CENTERS IN 2011 WAS 96 PERCENT VERSUS THE NATIONAL AVERAGE OF 60 PERCENT UNITED WAY YOUTH EMPOWERMENT ALLIANCEFOR YOUTH TO SUCCEED, THEY NEED TO DEVELOP LIFE HABITS THAT INTEGRATE INTELLECTUAL, EMOTIONAL, AND SOCIAL ASPECTS OF LEARNING TODAY'S HEADLINES - FROM COLLEGE TRAGEDIES AND CYBER-BULLYING, TO CASES OF UNETHICAL BUSINESS PRACTICES - REMIND US OF THE CHALLENGES OUR CHILDREN FACE UNITED WAY YOUTH EMPOWERMENT ALLIANCE WORKS TO ENSURE YOUTH HAVE THE LIFELONG SKILLS NEEDED TO ACHIEVE ACADEMICALLY, TACKLE ISSUES AND PROBLEMS WITH RESPONSIBILITY AND INTEGRITY, AND SUCCEED IN THE 21ST CENTURY WORKPLACE THIS STRONG FOUNDATION WILL ALLOW OUR CHILDREN TO THRIVE IN OUR INCREASINGLY COMPLEX WORLD WE SUPPORT SCHOOLS AS THEY IMPROVE THEIR SCHOOL CLIMATE AND CULTURE TO CREATE SAFE, WELL-MANAGED, CARING, AND PARTICIPATORY ENVIRONMENTS UNITED WAY IS DRIVING COMMUNITY CHANGES SO THAT CHILDREN AND YOUTH CAN THRIVE RESULTS IN THE LAST YEAR WE - PROVIDED SCHOLARSHIPS AND FINANCIAL SUPPORT TO MORE THAN 1,000 LOWER-INCOME/ALICE CHILDREN SO THEY COULD ATTEND HIGH-QUALITY CHILD CARE AND BECOME KINDERGARTEN READY - PREVENTED FIVE CHILD CARE CENTERS THAT SERVE LOW-INCOME CHILDREN FROM CLOSING BY PROVIDING OPERATIONAL GUIDANCE AND SECURING PARTNERS AND DONORS - WORKED WITH THE NJ DIVISION OF FAMILY DEVELOPMENT AND DEPARTMENT OF EDUCATION ON A STATEWIDE STANDARD QUALITY RATING SYSTEM, TO BE PILOTED IN 15 CHILD CARE CENTERS - PARTNERED WITH THE COLLEGE OF SAINT ELIZABETH TO WORK WITH 10 SCHOOL DISTRICTS (28 SCHOOLS) INVOLVING MORE THAN 12,000 STUDENTS, TO IMPROVE SCHOOL CULTURE AND CLIMATE - OFFERED MENTORING TO MORE THAN 55 MIDDLE SCHOOL STUDENTS IN THREE DIFFERENT SCHOOLS IN PARTNERSHIP WITH EMPOWERMENT INSTITUTE

4b (Code) (Expenses $ 3,106,182 including grants of $ 1,293,541) (Revenue $)

INCOME PROMOTING FINANCIAL STABILITY AND INDEPENDENCE 1 1 MILLION HOUSEHOLDS IN NEW JERSEY ARE UNABLE TO AFFORD BASIC NECESSITIES, LIKE HOUSING, CHILD CARE, FOOD, HEALTH CARE, AND TRANSPORTATION THAT'S 1 IN EVERY 3 HOUSEHOLDS, ACCORDING TO A RECENT UNITED WAY REPORT ABOUT ALICE, INDIVIDUALS WHO ARE ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED FINANCIAL PRESSURES CAN PUT STRESS ON ANY FAMILY IMAGINE HOW MUCH MORE DIFFICULT IT IS FOR OUR NEIGHBORS WHO ARE WORKING HARD - SOMETIMES AT TWO OR THREE JOBS - AND ARE STILL STRUGGLING TO MAKE HOUSEHOLD PAYMENTS, PROVIDE MEDICAL COVERAGE FOR THEIR FAMILIES, AND KEEP NUTRITIOUS FOOD ON THE TABLE EACH DAY UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON IMPROVING INCOME OPPORTUNITIES FOR OUR NEIGHBORS IN NEED WE ARE DEVELOPING STRATEGIES TO HELP INDIVIDUALS ATTAIN AND RETAIN JOBS THAT PAY A FAMILY-SUSTAINING WAGE, WHILE ALSO CREATING A COMMUNITY WHERE EVERYONE HAS ACCESS TO AFFORDABLE HOUSING OPPORTUNITIES AND THE SUPPORT NEEDED TO ACHIEVE FINANCIAL STABILITY STREGTHENING THE FINANCIAL FOUNDATION FOR ALLUNITED WAY RESEARCH FOUND MORE THAN HALF OF THE JOBS IN NEW JERSEY PAY LESS THAN $20 PER HOUR, EQUATING TO ONLY $40,000 ANNUALLY IF THE JOB IS FULL-TIME THE REALITY IS MOST OF THESE JOBS PAY FAR LESS AT $10 - $15 PER HOUR MANY OF OUR ALICE NEIGHBORS ARE WORKING IN LOW-PAYING JOBS THAT DO NOT OFFER HEALTH CARE OR OPPORTUNITIES FOR CAREER ADVANCEMENT AS A RESULT, THEY ARE OFTEN FORCED TO CHOOSE BETWEEN PAYING HOUSEHOLD BILLS AND PUTTING FOOD ON THE TABLE THEY LIVE EACH DAY ONE EMERGENCY AWAY FROM FALLING INTO POVERTY AND HAVE NO MEANS TO BUILD SAVINGS UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON ENSURING INDIVIDUALS HAVE THE SKILLS NECESSARY TO MEET THE NEEDS OF AREA EMPLOYERS, AND THE KNOWLEDGE OF WHERE TO FIND JOBS THAT MATCH THEIR ABILITIES AND PAY A FAMILY-SUSTAINING WAGE WE ARE ALSO HELPING ALICE FAMILIES AND INDIVIDUALS GET BACK ON THEIR FEET BY PROVIDING FINANCIAL EDUCATION, FREE SERVICES LIKE TAX PREPARATION AND FINANCIAL AND CAREER MENTORING, AND CONNECTIONS TO COMMUNITY RESOURCES INCREASING ACCESS TO AFFORDABLE HOUSINGTHE COST OF HOUSING IN NEW JERSEY IS THE FIFTH HIGHEST IN THE NATION THERE ARE FAR TOO FEW AFFORDABLE OPTIONS TO MEET THE NEED OF OUR 1 1 MILLION ALICE AND POVERTY-LEVEL FAMILIES WHILE THESE INDIVIDUALS PERFORM JOBS ESSENTIAL TO OUR COMMUNITIES, MANY ARE FORCED TO MOVE AWAY TO FIND LOWER-COST OPTIONS AS A RESULT, HIGHER TRANSPORTATION COSTS, EXPENSIVE CAR REPAIRS, AND EXTENDED CHILD CARE HOURS PUT MORE STRESS ON ALREADY STRAPPED BUDGETS UNITED WAY OF NORTHERN NEW JERSEY IS COMMITTED TO ENSURING MORE AFFORDABLE HOUSING OPTIONS ARE AVAILABLE IN OUR REGION WE BELIEVE EVERYONE SHOULD HAVE ACCESS TO SAFE, PERMANENT HOUSING WITHIN THEIR BUDGET UNITED WAY IS DRIVING COMMUNITY CHANGES SO THAT MORE PEOPLE ARE FINANCIALLY STABLE RESULTS IN THE LAST YEAR WE - COLLABORATED WITH COMMUNITY PARTNERS TO HELP RESIDENTS WITH FREE TAX PREPARATION, FILING NEARLY 5,000 FREE RETURNS IN 2013, SAVING RESIDENTS AN ESTIMATED $940,000 IN TAX PREPARATION FEES AND HELPING THEM CLAIM MORE THAN $1 8 MILLION IN TAX CREDITS - UNITED WAY AND ITS PARTNERS FILED THE LARGEST NUMBER OF TAX RETURNS IN THE REGION AS IRS VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROVIDERS - HELPED MORE THAN 950 INDIVIDUALS AND FAMILIES WORK TOWARD FINANCIAL INDEPENDENCE THROUGH FINANCIAL MENTORING, FREE SERVICES, AND EDUCATIONAL PROGRAMS - HELPED MORE THAN 200 JOB SEEKERS IN THE PAST TWO YEARS WITH FREE CAREER COACHING AND JOB TRAINING RESOURCES

4c (Code) (Expenses $ 2,806,800 including grants of $ 1,190,058) (Revenue $)

HEALTH BUILDING HEALTHIER COMMUNITIES THE AMERICAN ACADEMY OF FAMILY PHYSICIANS REPORTS THAT TWO-THIRDS OF ALL DOCTOR VISITS ARE DUE TO STRESS-RELATED AILMENTS AND 80 TO 90 PERCENT OF ALL DISEASES ARE STRESS-RELATED IMAGINE THE STRESS ASSOCIATED WITH PROVIDING CARE FOR AN AILING LOVED ONE WHILE HOLDING DOWN A JOB AND SUPPORTING A FAMILY UNITED WAY OF NORTHERN NEW JERSEY IS FOCUSED ON HELPING AREA RESIDENTS NAVIGATE THESE STRESSES BY CREATING A CULTURE OF SUPPORT FOR UNPAID FAMILY CAREGIVERS SO THEY CAN BETTER MAINTAIN THEIR OWN HEALTH WHILE TENDING TO THE NEEDS OF A LOVED ONE UNITED WAY CAREGIVERS COALITIONFAMILIES ARE THE MAINSTAY OF OUR LONG-TERM HEALTH CARE SYSTEM, WITH 80 PERCENT OF LONG-TERM CARE PROVIDED IN THE HOME ACCORDING TO METLIFE AND AARP, THE VALUE OF THE CARE PROVIDED AT HOME BY CAREGIVERS IS AN ESTIMATED $450 BILLION EACH YEAR! IF UNPAID FAMILY CAREGIVERS DID NOT PROVIDE THE BULK OF THE ESSENTIAL, DAY-TO-DAY CARE FOR THESE INDIVIDUALS, OUR HEALTH CARE SYSTEM WOULD BE CRIPPLED BY THE ADDED BURDEN WHEN CAREGIVERS TALK ABOUT THEIR OWN WELL-BEING, STRESS - FINANCIAL, PHYSICAL, AND EMOTIONAL - SEEMS TO BE THE MOST PERVASIVE HEALTH PROBLEM IN THEIR LIVES STUDIES REVEAL THAT CAREGIVERS HAVE HIGHER LEVELS OF STRESS THAN NON-CAREGIVERS, AS WELL AS HIGHER MORTALITY RATES UNITED WAY PROVIDES RELIEF FOR THOSE SHOULDERING THE BURDEN OF PROVIDING CARE FOR THEIR LOVED ONES BY IMPROVING CONDITIONS - IN OUR COMMUNITY AND IN THE WORKPLACE - WE ARE WORKING TO ENSURE THE DEMANDS OF CAREGIVING DO NOT JEOPARDIZE A PERSON'S EMPLOYMENT AND HEALTH UNITED WAY IS DRIVING COMMUNITY CHANGES SO THAT MORE PEOPLE ARE HEALTHY RESULTS IN THE LAST YEAR WE - PROVIDED MORE THAN 730 CAREGIVERS WITH BETTER ACCESS TO THE RESOURCES, SERVICES, EDUCATION, AND SUPPORT THEY NEED TO SUSTAIN THEM IN THIS ROLE - HELD MORE THAN 100 MEETINGS, SPECIALIZED CONFERENCES, WORKSHOPS, AND EVENTS TO ASSIST CAREGIVERS IN THEIR JOURNEY - EMBARKED ON CREATING A REGIONAL EDITION OF OUR COMPREHENSIVE CAREGIVER RESOURCE, PATHWAYS FOR CAREGIVERS CAREGIVERS CREDIT THIS UNIQUE GUIDEBOOK AS A LIFELINE - PROVIDING THEM WITH INVALUABLE INFORMATION, IDEAS, AND RESOURCES ON ISSUES OF AGING, DISABILITY, OR MENTAL ILLNESS - PRODUCED A FREE EDUCATIONAL VIDEO SERIES DESIGNED TO HELP UNPAID FAMILY CAREGIVERS NAVIGATE THE CHALLENGES OF CARING FOR AN AGING LOVED ONE, CALLED THE INFORMED CAREGIVER AN EDUCATION SERIES FOR CAREGIVERS OF AGING LOVED ONES

(Code) (Expenses $ 2,354,503 including grants of $ 931,349) (Revenue $)

A MAJOR GOAL OF UNITED WAY OF NORTHERN NEW JERSEY IS TO IDENTIFY THE BARRIERS TO SIGNIFICANT CHANGE FOR SOCIETAL PROBLEMS WHILE THE COMMUNITY IMPACT PILLARS OF EDUCATION, INCOME AND HEALTH PROVIDE SPECIFIC OUTCOMES FOR SERVING THE NEEDS OF THE ALICE POPULATION, THERE ARE OTHER SERVICES NEEDED WHICH MAY NOT EASILY BE DEFINED BY THOSE CATEGORIES THERE ARE CONSIDERABLE EFFORTS IN SUPPORTING THE GREATER COMMUNITY BY NOT ONLY RAISING PHILANTHROPY ACROSS THE REGION BUT ALSO WITH PROGRAMMATIC EFFORTS IN AREAS SUCH AS CAPACITY BUILDING FOR NON PROFIT PARTNERS, PROVIDING OPPORTUNITIES FOR MENTORING, FUNDING IMPORTANT SERVICES SUCH AS NJ211 AND SUPPORTING NEEDS OF A MORE GENERALIZED NATURE

4d Other program services (Describe in Schedule O)

(Expenses $ 2,354,503 including grants of $ 931,349) (Revenue $)

4e **Total program service expenses** ▶ 12,480,397

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	43		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 ▶ JOHN B FRANKLIN 222 RIDGEDALE AVENUE CEDAR KNOLLS, NJ (973) 993-1160

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN WETZEL BOARD CHAIR	1 00	X						0	0	0
(2) THEODORE O'DELL BOARD TREASURER	1 00	X						0	0	0
(3) HELEN ONG BOARD SECRETARY	1 00	X						0	0	0
(4) MARK BODE BOARD MEMBER	1 00	X						0	0	0
(5) MICHAEL BREZNAK BOARD MEMBER	1 00	X						0	0	0
(6) KIMBERLY BURNETT BOARD MEMBER	1 00	X						0	0	0
(7) JAMES FURGESON BOARD MEMBER	1 00	X						0	0	0
(8) MICHAEL KERWIN BOARD MEMBER	1 00	X						0	0	0
(9) DR BARBARA-JAYNE LEWTHWAITE BOARD MEMBER	1 00	X						0	0	0
(10) MICHAEL MILLEGAN BOARD MEMBER	1 00	X						0	0	0
(11) ALISON MILLER BOARD MEMBER	1 00	X						0	0	0
(12) GREGORY OAKES BOARD MEMBER	1 00	X						0	0	0
(13) DR WILLIAM RODGERS III BOARD MEMBER	1 00	X						0	0	0
(14) PAUL ROSENBAUM BOARD MEMBER	1 00	X						0	0	0
(15) DON SHERIDAN BOARD MEMBER	1 00	X						0	0	0
(16) KRISHNA P VALLURIPALLI BOARD MEMBER	1 00	X						0	0	0
(17) BARBARA WHITE BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN BOLICH BOARD MEMBER	1 00	X						0	0	0
(19) DANIEL FETE BOARD MEMBER	1 00	X						0	0	0
(20) ELIN MUELLER BOARD MEMBER	1 00	X						0	0	0
(21) JOHN B FRANKLIN CEO	40 00			X				181,007	0	24,622
(22) BONNIE O'NEILL CFO	40 00			X				89,710	0	26,645
(23) THERESA LEPORE LEAMY SR VP -RESOURCE DEVELOPMENT	40 00					X		99,345	0	21,419
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								370,062	0	72,686

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 542,777				
	b	Membership dues	1b				
	c	Fundraising events	1c 267,064				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,079,016				
	g	Noncash contributions included in lines 1a-1f $	295,500				
	h	**Total.** Add lines 1a-1f . . . . . ▶		13,888,857			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		122,047			122,047
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	309,136				
	b	Less rental expenses	0				
	c	Rental income or (loss)	309,136				
	d	Net rental income or (loss) . . . . . ▶		309,136	309,136		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	42,003				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	42,003				
	d	Net gain or (loss) . . . . . ▶		42,003			42,003
Other Revenue	8a	Gross income from fundraising events (not including $ 267,064 of contributions reported on line 1c) See Part IV, line 18 . . a	262,469				
	b	Less direct expenses . . . b	165,536				
	c	Net income or (loss) from fundraising events . . ▶		96,933			96,933
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		14,458,976	309,136	0	260,983

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)

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	5,174,164	5,174,164		
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	337,987	122,344	135,477	80,166
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,467,211	1,507,309	139,737	820,165
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	542,246	327,587	31,687	182,972
10 Payroll taxes	216,443	126,883	19,720	69,840
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	69,753	38,632	4,810	26,311
13 Office expenses				
14 Information technology	55,585	30,102	8,269	17,214
15 Royalties . .				
16 Occupancy	486,342	337,032	31,749	117,561
17 Travel	43,889	26,377	4,940	12,572
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,723	43,517	4,414	6,792
20 Interest	62,600		25,040	37,560
21 Payments to affiliates	116,314	67,748	10,345	38,221
22 Depreciation, depletion, and amortization	157,529	131,705	5,194	20,630
23 Insurance	46,366	26,249	5,159	14,958
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 SHARING WITH UNITED WAY	4,123,503	4,123,503	0	0
b PROFESSIONAL FEES	321,869	261,708	15,048	45,113
c SUPPLIES	85,801	43,943	5,598	36,260
d EQUIPMENT MAINTENANCE A	76,506	42,901	8,281	25,324
e All other expenses	64,975	48,693	3,103	13,179
25 **Total functional expenses.** Add lines 1 through 24e	14,503,806	12,480,397	458,571	1,564,838
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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		181,999	1	0
	2	Savings and temporary cash investments		4,810,788	2	4,939,813
	3	Pledges and grants receivable, net		3,149,390	3	2,651,869
	4	Accounts receivable, net		46,648	4	48,537
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		76,332	9	67,491
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,943,079			
	b	Less accumulated depreciation	10b 2,927,710	1,005,606	10c	1,015,369
	11	Investments—publicly traded securities		4,400,847	11	5,187,549
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		60,688	15	62,288
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,732,298	16	13,972,916
Liabilities	17	Accounts payable and accrued expenses		243,838	17	338,775
	18	Grants payable		1,574,798	18	1,567,214
	19	Deferred revenue		51,173	19	19,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		58,452	25	54,996
	26	**Total liabilities.** Add lines 17 through 25		1,928,261	26	1,979,985
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,393,862	27	8,361,421
	28	Temporarily restricted net assets		1,394,411	28	1,503,867
	29	Permanently restricted net assets		2,015,764	29	2,127,643
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,804,037	33	11,992,931
	34	Total liabilities and net assets/fund balances		13,732,298	34	13,972,916

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,458,976
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,503,806
3	Revenue less expenses Subtract line 2 from line 1	3	-44,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,804,037
5	Net unrealized gains (losses) on investments	5	367,159
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-133,435
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,992,931

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

1 ☐ A church, convention of churches, or association of churches 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 - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,274,150	4,526,342	11,158,021	13,908,387	13,888,857	48,755,757
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,274,150	4,526,342	11,158,021	13,908,387	13,888,857	48,755,757
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						48,755,757

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,274,150	4,526,342	11,158,021	13,908,387	13,888,857	48,755,757
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,556	57,588	581,930	460,460	431,183	1,606,717
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)			217,691	247,316	262,469	727,476
11 **Total support** (Add lines 7 through 10)						51,089,950

12 Gross receipts from related activities, etc (see instructions)	12	727,476

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95 430 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	98 090 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

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

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

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

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

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

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

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

		Held at the End of the 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 XIII, 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 XIII, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,148,366	2,263,958			
b	Contributions		122,678	2,316,885		
c	Net investment earnings, gains, and losses	175,567	-9,237	55,791		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	78,240	229,033	108,718		
f	Administrative expenses					
g	End of year balance	2,245,693	2,148,366	2,263,958		

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 89 760 %
- c Temporarily restricted endowment ▶ 10 240 %

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,200		36,200
b Buildings		2,026,451	1,815,234	211,217
c Leasehold improvements		1,173,072	525,636	647,436
d Equipment		622,247	528,584	93,663
e Other		85,109	58,256	26,853
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,015,369

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (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
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
Federal income taxes	
DEFERRED LEASE PAYABLE	54,996
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	54,996

2. Fin 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,141,362
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	367,159		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	165,536		
e	Add lines **2a** through **2d**			2e	532,695
3	Subtract line **2e** from line **1**			3	8,608,667
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 XIII)	4b	5,850,309		
c	Add lines **4a** and **4b**			4c	5,850,309
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	14,458,976

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

1	Total expenses and losses per audited financial statements			1	8,952,468
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 XIII)	2d	165,536		
e	Add lines **2a** through **2d**			2e	165,536
3	Subtract line **2e** from line **1**			3	8,786,932
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 XIII)	4b	5,716,874		
c	Add lines **4a** and **4b**			4c	5,716,874
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	14,503,806

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UNITED WAY OF NORTHERN NEW JERSEY'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP"), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS UNITED WAY OF NORTHERN NEW JERSEY HAS AN ANNUAL ENDOWMENT SPENDING POLICY THAT IS SPECIFICALLY DESIGNED TO ASSIST IN FUNDING ANNUAL PROGRAMMING OBJECTIVES AND TO PRESERVE THE VALUE OF THE INVESTMENT PORTFOLIO OVER TIME THE SPENDING POLICY IS BETWEEN 5% AND 6% OF THE FUND VALUE AVERAGED OVER THE PRECEDING FIVE YEAR PERIOD AS OF JUNE 30TH OF EACH PERIOD IN ESTABLISHING THIS POLICY, UNITED WAY OF NORTHERN NEW JERSEY CONSIDERED THE LONG TERM EXPECTED RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, UNITED WAY OF NORTHERN NEW JERSEY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AND MAINTAIN ITS VALUE TO SUPPORT OPERATIONS IN THE FUTURE TO MEET THESE OBJECTIVES, UNITED WAY OF NORTHERN NEW JERSEY UTILIZES A TOTAL RETURN INVESTMENT APPROACH WHICH EMPHASIZES TOTAL INVESTMENT RETURN, CONSISTING OF INVESTMENT INCOME AND REALIZED AND UNREALIZED GAINS OR LOSSES AND, ACCORDINGLY, INVESTS IN EQUITIES, FIXED INCOME, AND MONEY MARKET ACCOUNTS IN ADDITION TO THE GENERAL ENDOWMENT FUNDS, THERE ARE FUNDS FUNCTIONING AS ENDOWMENTS WHICH HAVE DONOR IMPOSED RESTRICTIONS AS TO TIME AND PURPOSE, ALONG WITH VARYING VALUATION DATES AND FORMULAS FOR THE CALCULATION AND RELEASE OF SAME
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	INCOME TAXES - UNITED WAY OF NORTHERN NEW JERSEY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 165,536
PART XI, LINE 4B - OTHER ADJUSTMENTS		REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 5,716,874 ALLOWANCE FOR UNCOLLECTABLES 133,435
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 165,536
PART XII, LINE 4B - OTHER ADJUSTMENTS		REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 5,716,874
		PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND SHARED WITH PARTICIPATING UNITED WAYS IN THE UNITED WAY WORLDWIDE TRI STATE REGION - 4,123,503 PART XII & PART XII LINE 4B - MONIES RAISED BY UNITED WAY OF NORTHERN NJ AND DESIGNATED TO NON PROFIT AGENCIES BY DONORS - 1,593,371

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 COMMERCIAL REAL ESTATE LUNCHEON (event type)	(b) Event #2 HELP FOR CHILDREN CLASSIC GOLF OUTI (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	183,475	155,200	190,858	529,533
	2 Less Contributions	114,725	64,720	87,619	267,064
	3 Gross income (line 1 minus line 2)	68,750	90,480	103,239	262,469
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,800	91,300	31,180	146,280
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,850	1,060	19,256	27,166
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(173,446)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				89,023

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1487247
Name: UNITED WAY OF NORTHERN NEW JERSEY INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRIS HABITAT FOR HUMANITY274 SOUTH SALEM STREET DOVER,NJ 07869	22-2675802	501C(3)	5,362				FUNDED PARTNER DISTRIBUTION
ABILITIES OF NORTHWEST JERSEY INCPO BOX 251 WASHINGTON,NJ 07882	22-2053518	501C(3)	13,647				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADA BUDRICK220 VREELAND AVE BOONTON,NJ 07005	22-1863337	501C(3)	30,392				FUNDED PARTNER DISTRIBUTION
ADULT DAY CARE CENTER OF SOMERSET CTY INC120 FINDERNE AVE BRIDGEWATER,NJ 08807	22-2111573	501C(3)	46,953				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALTERNATIVES600 FIRST AVE RARITAN,NJ 08869	22-2318999	501C(3)	37,560				FUNDED PARTNER DISTRIBUTION
AMERICAN RED CROSS - NORTHERN NEW JERSEY29 ELM ST MORRISTOWN,NJ 07960	53-0196605	501C(3)	19,541				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANDERSON HOUSE532 RT 523 WHITEHOUSE STATION, NJ 08889	52-1786469	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION
ARC OF ESSEX COUNTY 123 NAYLON AVE LIVINGSTON, NJ 07039	52-1939663	501C(3)	37,149				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF SOMERSET COUNTY141 SOUTH MAIN ST MANVILLE,NJ 08835	22-1968555	501C(3)	45,435				FUNDED PARTNER DISTRIBUTION
ARC OF WARREN COUNTY PO BOX 389 WASHINGTON,NJ 07882	22-6018015	501C(3)	9,186				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF HUNTERDON SOMERSET & WARRENPO BOX 123 WASHINGTON,NJ 07882	22-2313175	501C(3)	15,027				FUNDED PARTNER DISTRIBUTION
BIG BROTHERS BIG SISTERS OF MORRIS COUNTY1259 US HWY 46E BLDG 3 PARSIPPANY,NJ 07054	22-2450889	501C(3)	23,348				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF METUCHEN PO BOX 191 METUCHEN,NJ 08840	22-2423496	501C(3)	62,903				FUNDED PARTNER DISTRIBUTION
CATHOLIC FAMILY & COMMUNITY SERVICES48 WYKER ROAD FRANKLIN,NJ 07416	22-1487121	501C(3)	23,194				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTENARY COLLEGE400 JEFFERSON STREET HACKETTSTOWN,NJ 07840	22-1500484	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION
CENTER FOR PREVENTION AND COUNSELING61 SPRING ST NEWTON,NJ 07860	23-7387757	501C(3)	97,510				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL JERSEY HOUSING RESOURCE CENTER600 FIRST AVE SUITE 3 RARITAN,NJ 08869	22-2928661	501C(3)	37,077				FUNDED PARTNER DISTRIBUTION
CHILD AND FAMILY RESOURCES111 HOWARD BLVD MT ARLINGTON,NJ 07856	22-1985526	501C(3)	20,050				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN ON THE GREEN 50 PARK PLACE MORRISTOWN,NJ 07960	22-3256124	501C(3)	40,109				FUNDED PARTNER DISTRIBUTION
COLLINSVILLE CHILD CARE CENTER901 ROUTE 10 WHIPPANY,NJ 07981	22-1899892	501C(3)	20,164				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HOPE199 POMEROY ROAD PARSIPPANY,NJ 07054	22-2647038	501C(3)	6,800				FUNDED PARTNER DISTRIBUTION
COPE CENTER14 BLOOMFIELD AVE MONTCLAIR,NJ 07042	22-1968536	501C(3)	22,687				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNERSTONE62 ELM ST MORRISTOWN,NJ 07960	22-1489900	501C(3)	224,369				FUNDED PARTNER DISTRIBUTION
CRAWFORD HOUSE362 SUNSET ROAD SKILLMAN,NJ 08558	22-2184975	501C(3)	17,243				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAWN CENTER FOR INDEPENDENT LIVING INC 30 BROAD ST UNIT 5 DENVILLE,NJ 07834	22-3496995	501C(3)	20,334				FUNDED PARTNER DISTRIBUTION
DEIRDRE'S HOUSE8 COURT ST MORRISTOWN,NJ 07960	22-3308574	501C(3)	24,987				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMESTIC ABUSE & SEXUAL ASSAULT CRISIS CENTERPO BOX 423 BELVIDERE,NJ 07823	22-2357790	501C(3)	15,293				FUNDED PARTNER DISTRIBUTION
DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES PO BOX 805 NEWTON,NJ 07860	22-2055702	501C(3)	19,020				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOVER CHILD CARE CENTER INC50 N MORRIS ST DOVER,NJ 07801	23-7032636	501C(3)	65,401				FUNDED PARTNER DISTRIBUTION
DRESS FOR SUCCESS25 COOK AVE MADISON,NJ 07940	22-3661183	501C(3)	10,943				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EL PRIMER PASO29 SEGUR ST DOVER,NJ 07801	22-2124259	501C(3)	24,122				FUNDED PARTNER DISTRIBUTION
ELIJAH'S PROMISE211 LIVINGSTON AVE NEW BRUNSWICK,NJ 08901	22-3055539	501C(3)	34,620				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMPLOYMENT HORIZONS 10 RIDGEDALE AVE CEDAR KNOLLS,NJ 07927	22-1612741	501C(3)	18,851				FUNDED PARTNER DISTRIBUTION
FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY339 WEST SECOND ST BOUND BROOK,NJ 08805	22-1508565	501C(3)	31,853				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY GUIDANCE CENTER OF WARREN COUNTY492 ROUTE 57 WEST WASHINGTON,NJ 07882	22-1622427	501C(3)	13,852				FUNDED PARTNER DISTRIBUTION
FAMILY PROMISE OF MORRIS COUNTYPO BOX 1494 MORRISTOWN,NJ 07962	52-1572014	501C(3)	26,644				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF WARREN COUNTYPO BOX 267 OXFORD,NJ 07863	20-4557357	501C(3)	6,638				FUNDED PARTNER DISTRIBUTION
FAMILY SERVICE OF MORRIS COUNTY62 ELM ST MORRISTOWN,NJ 07960	22-1489900	501C(3)	26,280				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD BANK NETWORK OF SOMERSET COUNTYPO BOX 149 BOUND BROOK,NJ 08805	22-2405550	501C(3)	8,865				FUNDED PARTNER DISTRIBUTION
FRANKLIN TOWNSHIP FOODBANKPO BOX 333 SOMERSET,NJ 08875	22-2406472	501C(3)	15,193				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREEDOM HOUSE INCPO BOX 367 GLEN GARDNER,NJ 08826	22-2638093	501C(3)	23,538				FUNDED PARTNER DISTRIBUTION
GIRL SCOUTS OF NORTHERN NEW JERSEY95 NEWARK POMPTON TURNPIKE RIVERDALE,NJ 07457	22-1512252	501C(3)	7,441				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER MORRISTOWN YMCA79 HORSE HILL ROAD CEDAR KNOLLS,NJ 07927	22-1487618	501C(3)	48,919				FUNDED PARTNER DISTRIBUTION
HEAD START18 THOMPSON AVE DOVER,NJ 07801	22-2507286	501C(3)	101,723				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMECORP1 WOODLAND AVE MONTCLAIR,NJ 07042	22-2904529	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION
HOMELESS SOLUTIONS6 DUMONT PLACE 3RD FLR MORRISTOWN,NJ 07801	22-2491675	501C(3)	58,709				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE HOUSEPO BOX 851 19-21 BELMONT AVE DOVER,NJ 07801	22-2921100	501C(3)	19,804				FUNDED PARTNER DISTRIBUTION
HOUSING PARTNERSHIP FOR MORRIS COUNTY2 EAST BLACKWELL ST SUITE 12 DOVER,NJ 07801	22-3194848	501C(3)	6,159				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH COUNCIL FOR HOMELESS FAMILIESPO BOX 1494 MORRISTOWN,NJ 07962	52-1572014	501C(3)	5,900				FUNDED PARTNER DISTRIBUTION
INTERFAITH COUNCIL FOR HOMELESS FAMILIES - UNION COUNTY905 WATCHUNG AVE PLAINFIELD,NJ 07061	22-2698334	501C(3)	6,287				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH HOSPITALITY NETWORK OF SOMERSET COUNTY98 WEST END AVE SOMERVILLE,NJ 08876	52-1752472	501C(3)	42,253				FUNDED PARTNER DISTRIBUTION
INTERFAITH HOSPITALITY NETWORK OF SUSSEX COUNTYPO BOX 154 NEWTON,NJ 07860	22-3496775	501C(3)	5,702				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH HOSPITALITY OF ESSEX COUNTY46 PARK ST MONTCLAIR,NJ 07042	22-2841105	501C(3)	11,250				FUNDED PARTNER DISTRIBUTION
JEFFERSON CHILD CAREPO BOX 527 NOLANS POINT ROAD LAKE HOPATCONG,NJ 07849	22-2047663	501C(3)	30,425				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JERSEY BATTERED WOMENS SERVICEPO BOX 1437 MORRISTOWN,NJ 07960	22-2170048	501C(3)	153,021				FUNDED PARTNER DISTRIBUTION
JEWISH FAMILY SERVICE OF METROWEST256 COLUMBIA TURNPIKE SUITE 105 FLORHAM PARK,NJ 07932	22-1687995	501C(3)	15,573				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY SERVICE OF SOMERSET HUNTERDON AND WARREN 150A WEST HIGH STREET SOMERVILLE,NJ 08776	22-2306902	501C(3)	10,026				FUNDED PARTNER DISTRIBUTION
LEGAL SERVICES OF NORTHWEST JERSEY34 WEST MAIN ST SUITE 301 SOMERVILLE,NJ 08876	22-2092489	501C(3)	117,273				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF MORRIS COUNTY10 PINE ST MORRISTON,NJ 07960	22-2815591	501C(3)	15,671				FUNDED PARTNER DISTRIBUTION
LITERACY VOLUNTEERS OF SUSSEX COUNTYPO BOX 453 NEWTON,NJ 07860	22-3301442	501C(3)	7,650				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MADISON AREA YMCA111 KINGS ROAD MADISON,NJ 07940	22-1487385	501C(3)	7,757				FUNDED PARTNER DISTRIBUTION
MARTIN LUTHER KING YOUTH CENTER1298 PRINCE ROGERS AVE BRIDGEWATER,NJ 08807	22-2043677	501C(3)	52,845				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY INC33 SOUTH FULLERTON AVE MONTCLAIR,NJ 07042	22-1568147	501C(3)	10,211				FUNDED PARTNER DISTRIBUTION
MENTAL HEALTH ASSOCIATION OF MORRIS COUNTY100 ROUTE 46 EAST BLDG C MOUNTAIN LAKES,NJ 07046	22-1544375	501C(3)	24,037				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDDLE EARTHPO BOX 8045 BRIDGEWATER,NJ 08807	22-1976521	501C(3)	59,037				FUNDED PARTNER DISTRIBUTION
MONARCH HOUSING ASSOCIATES29 ALDEN STREET CRANFORD,NJ 07016	22-3094991	501C(3)	17,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTCLAIR FUND FOR EDUCATIONAL EXCELLENCE22 VALLEY ROAD MONTCLAIR,NJ 07042	06-1320335	501C(3)	8,278				FUNDED PARTNER DISTRIBUTION
MONTCLAIR NEIGHBORHOOD DEVELOPMENT CORP228 BLOOMFIELD AVE MONTCLAIR,NJ 07042	22-1908346	501C(3)	27,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRIS COUNTY ORGANIZATION FOR HISPANIC AFFAIRS95-97 BASSETT HIGHWAY DOVER,NJ 07801	22-2137333	501C(3)	21,385				FUNDED PARTNER DISTRIBUTION
MORRIS HABITATY FOR HUMANITY274 SOUTH SALEM STREET DOVER,NJ 07869	22-2675802	501C(3)	17,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRISTOWN NEIGHBORHOOD HOUSE12 FLAGLER ST MORRISTOWN,NJ 07960	22-1487584	501C(3)	137,031				FUNDED PARTNER DISTRIBUTION
MOUNT OLIVE CHILD CARE 150 WOLFE ROAD BUDD LAKE,NJ 07828	22-2157202	501C(3)	51,208				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEIGHBORHOOD CHILD CARE CENTER INC30 MAPLE AVENUE MONTCLAIR,NJ 07042	22-2143950	501C(3)	36,148				FUNDED PARTNER DISTRIBUTION
NEWBRIDGE SERVICESPO BOX 336 POMPTON PLAINS,NJ 07444	22-1725830	501C(3)	28,607				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJ211 PARTNERSHIP114 ALGONQUIN PARKWAY WHIPPANY,NJ 07981	22-3338917	501C(3)	155,188				FUNDED PARTNER DISTRIBUTION
NORWESCAP350 MARSHALL ST PHILLIPSBURG,NJ 08865	22-1777156	501C(3)	102,786				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARSIPPANY CHILD DAY CARE CENTER300 BALDWIN ROAD PARSIPPANY,NJ 07054	22-1864906	501C(3)	46,301				FUNDED PARTNER DISTRIBUTION
PARTNERS FOR WOMEN AND JUSTICE60 SOUTH FULLERTON AVE SUITE 211 MONTCLAIR,NJ 07042	22-3825867	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PASSITALONG60 BLUE HERON RD SUITE 100 SPARTA,NJ 07871	80-0018706	501C(3)	8,720				FUNDED PARTNER DISTRIBUTION
PEOPLE HELP OF SUSSEX COUNTYPO BOX 202 SPARTA,NJ 07871	22-2388699	501C(3)	31,825				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PG CHAMBERS EARLY INTERVENTION15 HALKO ROAD CEDAR KNOLLS,NJ 07927	22-1551480	501C(3)	27,536				FUNDED PARTNER DISTRIBUTION
RESOURCE CENTER OF SOMERSET427 HOMESTEAD ROAD HILLSBOROUGH,NJ 08844	22-2205833	501C(3)	100,662				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROXBURY DAY CARE CENTER25 RIGHTER ROAD SUCCASUNNA,NJ 07876	22-1981901	501C(3)	28,490				FUNDED PARTNER DISTRIBUTION
SALVATION ARMY13 TRINITY PLACE MONTCLAIR,NJ 07042	13-5562351	501C(3)	32,395				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY95 SPRING ST MORRISTOWN,NJ 07960	13-5562351	501C(3)	9,848				FUNDED PARTNER DISTRIBUTION
SAMARITAN INN48 WYKER ROAD FRANKLIN,NJ 07416	22-2332307	501C(3)	71,895				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCARC GUARDIAN SERVICES INC10 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822	22-1775304	501C(3)	26,282				FUNDED PARTNER DISTRIBUTION
SOMERSET COUNTY VOCATIONAL-TECHNICAL HS TWILIGHT PROGRAMPO BOX 6350 BRIDGEWATER,NJ 08807	52-1872198	501C(3)	9,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOMERSET TREATMENT SERVICES118 WEST END AVE SOMERVILLE,NJ 08876	22-2526128	501C(3)	44,125				FUNDED PARTNER DISTRIBUTION
THE LEARNING GATE ASSOCIATION INC816 OLD YORK ROAD RARITAN,NJ 08869	22-6093681	501C(3)	56,615				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ROSE HOUSEPO BOX 544 CEDAR KNOLLS,NJ 07927	22-3671031	501C(3)	5,293				FUNDED PARTNER DISTRIBUTION
TOWNSHIP OF VERONAVERONA LIONS CLUB880 BLOOMFIELD AVE VERONA,NJ 07044	22-6002360	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UJC OF METROWEST901 ROUTE 10 PO BOX 929 WHIPPANY,NJ 07981	22-1487222	501C(3)	6,500				FUNDED PARTNER DISTRIBUTION
VISITING HOMEMAKER SERVICE OF WARREN COUNTY INCPO BOX 306 WASHINGTON,NJ 07882	22-1808699	501C(3)	12,626				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISITING NURSE ASSN OF NORTHERN NEW JERSEY38 ELM ST MORRISTOWN,NJ 07960	22-1487368	501C(3)	51,516				FUNDED PARTNER DISTRIBUTION
VISITING NURSE ASSN OF SAINT CLARE'S191 WOODPORT ROAD SPARTA,NJ 07871	22-1768334	501C(3)	9,910				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VNA OF SOMERSET HILLS 200 MT AIRY BASKING RIDGE,NJ 07920	22-2888648	501C(3)	5,699				FUNDED PARTNER DISTRIBUTION
WEST ESSEX YMCA OF THE METRO ORANGES321 S LIVINGSTON AVE LIVINGSTON,NJ 07039	22-1487387	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S HEALTH AND COUNSELING CENTER71 FOURTH ST SOMERVILLE,NJ 08876	22-2389503	501C(3)	55,690				FUNDED PARTNER DISTRIBUTION
YMCA OF MONTCLAIR25 PARK STREET MONTCLAIR,NJ 07042	22-1487617	501C(3)	25,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF SOMERSET VALLEY2 GREEN STREET SOMERVILLE,NJ 08876	22-1537698	501C(3)	11,191				FUNDED PARTNER DISTRIBUTION
ANCHOR HOUSE482 CENTRE STREET TRENTON,NJ 08611	22-2229995	501C(3)	8,091				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY INTERVENTION SERVICES86 HARRISON ST EAST ORANGE,NJ 07018	22-2368489	501C(3)	7,500				DONOR DESIGNATION
GAY AND LESBIAN ALLIANCE AGAINST DEFAMATION5455 WILSHIRE BLVD LOS ANGELES,CA 90036	13-3384027	501C(3)	7,938				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHCARE CHAPLAINCY 315 EAST 62ND STREET FLR 4 NEW YORK, NY 10065	13-2634080	501C(3)	11,250				DONOR DESIGNATION
HOMELESS SOLUTIONS6 DUMONT PLACE 3RD FLR MORRISTOWN, NJ 07960	22-2491675	501C(3)	10,680				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HURRICANE SANDY NEW JERSEY RELIEF FUNDPO BOX 6200 MERRIFIELD,VA 22116	36-4745729	501C(3)	21,352				DONOR DESIGNATION
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLR NEW YORK,NY 10004	23-1907729	501C(3)	10,013				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE SKILLS FOUNDATION 10176 CORP SQUARE SUITE 100 ST LOUIS,MO 63132	20-5576962	501C(3)	7,500				DONOR DESIGNATION
MIDLAND SCHOOLPO BOX 5026 NORTH BRANCH,NJ 08876	22-1666121	501C(3)	14,375				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRISTOWN UNITARIAN FELLOWSHIP21 NORMANDY HEIGHTS ROAD MORRISTOWN,NJ 07960	22-2175295	501C(3)	5,890				DONOR DESIGNATION
NEW HAVEN READS45 BRISTOL ST NEW HAVEN,CT 06511	76-0807330	501C(3)	9,498				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW SUFFOLK WATERFRONT FUNDPO BOX 146 NEW SUFFOLK,NY 11956	20-4437085	501C(3)	15,000				DONOR DESIGNATION
OUR LADY OF LOURDES 390 COUNTY ROAD 523 WHITEHOUSE STN,NJ 08889	51-0229400	501C(3)	14,750				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLICOLOR149 MADISON AVE SUITE 1201 NEW YORK, NY 10016	13-3912768	501C(3)	8,088				DONOR DESIGNATION
RONALD MCDONALD HOUSE OF NEW YORK405 E 73RD STREET NEW YORK, NY 10021	12-2933654	501C(3)	5,931				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JAMES EPISCOPAL CHURCH214 WASHINGTON AVE HACKETTSTOWN,NJ 07840	22-1904155	501C(3)	5,000				DONOR DESIGNATION
ST JUDES CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501C(3)	6,047				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TONI'S KITCHEN AT ST LUKE CHURCH73 SOUTH FULLERTON AVE MONTCLAIR,NJ 07042	31-1629166	501C(3)	6,875				DONOR DESIGNATION
UNITED WAY OF CENTRAL JERSEY32 FORD AVE MILLTOWN,NJ 08850	22-1520408	501C(3)	5,298				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER MERCER COUNTY315 BRUNSWICK PIKE STE 230 LAWRENCEVILLE,NJ 08648	21-0583073	501C(3)	6,852				DONOR DESIGNATION
UNITED WAY OF GREATER UNION COUNTY INC33 WEST GRAND ST ELIZABETH,NJ 07202	22-1904427	501C(3)	7,363				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF HUNTERDON COUNTY4 WALTER FORAN BLVD FLEMINGTON,NJ 08822	22-2431065	501C(3)	11,410				DONOR DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 560 WEST LAKE STREET CHICAGO,IL 60661	36-2167037	501C(3)	12,221				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF MONMOUTH COUNTY1415 WYCKOFF FARMINGDALE,NJ 07727	22-1828435	501C(3)	5,552				DONOR DESIGNATION
UNITED WAY OF NEW YORK CITY2 PARK AVE NEW YORK,NY 10016	13-2617681	501C(3)	6,323				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF ROCKLAND COUNTY135 MAIN STREET 2ND FLOOR NYACK,NY 10960	13-2535262	501C(3)	10,316				DONOR DESIGNATION
UNITED WAY OF THE OZARKS320 N JEFFERSON AVE SPRINGFIELD,MO 65806	44-0552047	501C(3)	19,555				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNTED WAY OF GREATER LEHIGH VALLEY1110 AMERICAN PARKWAY NE ALLENTOWN,PA 18109	23-2657933	501C(3)	14,232				DONOR DESIGNATION
WARREN HOPITAL FOUNDATION185 ROSEBERRY ST PHILLIPSBURG,NJ 08865	22-2522476	501C(3)	6,925				DONOR DESIGNATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN B FRANKLIN	(i)	181,007	0	0	18,500	6,122	205,629	0
CEO	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SCHOOL SUPPLIES)	X	200	105,392	FMV
26	Other ▶ (HOLIDAY GIFTS)	X	1,000	190,108	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493099008014

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CO DE OF ETHICS AND CONFLICT OF INTEREST POLICY THIS COMPREHENSIVE DOCUMENT OUTLINES ALL PAR AMETERS UNDER WHICH BOARD MEMBERS SHOULD ACT IT IS INTENDED TO SERVE THE BEST INTERESTS O F THE ORGANIZATION IN ADDITION TO THE SELF-GOVERNING PURPOSE OF THE DOCUMENT, MATTERS WHI CH COME TO THE ATTENTION OF THE BOARD OR MANAGEMENT AT UNITED WAY OF NORTHERN NEW JERSEY T HAT MAY BE IN CONFLICT WITH THE GUIDING PRINCIPLES ARE REVIEWED AND DISCUSSED AT GOVERNANC E COMMITTEE TO DETERMINE WHETHER FURTHER ACTION NEEDS TO BE TAKEN
	FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE R EVIEW OF THE CEO THE CEO EVALUATION AND COMPENSATION COMMITTEE IS CHARGED WITH REVIEWING PERFORMANCE AGAINST DESIRED METRICS, DISCUSSING THE RESULTS WITH THE CEO AND REPORTING THE RESULTS TO THE BOARD IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO EVALUATION AND COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER SIMILAR SCOPED NON PROFIT ORGAN IZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS PR OPOSED AND APPROVED AT BOARD LEVEL DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR F ILES ON AN ANNUAL BASIS, ALL STAFF, INCLUDING SENIOR AND KEY STAFF, UNDERGO A PERFORMANCE REVIEW BY THE CEO AND WHERE APPROPRIATE, COMMITTEE MEMBERS THEIR PERFORMANCE IS MEASURED AGAINST DESIRED OUTCOMES, RESULTS ARE DISCUSSED WITH THEM IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO WILL REVIEW DATA FROM COMPARABLE NON PROFIT ORGANIZATIONS AS WELL A S DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS APPROVED BY THE CEO DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES
	FORM 990, PART VI, SECTION C, LINE 19	THE INFORMATION IS AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ALLOWANCE FOR UNCOLLECTABLES -133,435
	FORM 990 PAGE 12 PART XII LINE 2C	THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE WHICH IS A SUBCOMMITTEE OF THE BOARD IT IS RESPONSIBLE FOR THE REVIEW OF THE FINANCIAL STATEMENTS AND 990 RETURN