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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning **SEP 1, 2012** and ending **AUG 31, 2013****B** Check if applicable:

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

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

Doing Business As

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

**4 WALTER FORAN BLVD**

Room/suite

**401**

City, town, or post office, state, and ZIP code

**FLEMINGTON, NJ 08822****F** Name and address of principal officer: **MARIA B. DUNCAN**  
same as C above**D** Employer identification number**22-2431065****E** Telephone number**(908) 782-3414****G** Gross receipts \$**1,333,566.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWHUNTERDON.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982****M** State of legal domicile: **NJ****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Mission: To bring people and resources together to improve lives and conditions and to advance</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	8	
	6	Total number of volunteers (estimate if necessary)	822	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 84	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year: 1,531,436. Current Year: 1,287,904.	
9		Program service revenue (Part VIII, line 2g)	0. 0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,179. 45,662.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 10c, and 11e)	245. 0.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,560,860. 1,333,566.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,032,671. 696,644.
		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)	387,068. 408,582.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	78,951.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	188,597. 196,889.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,608,336. 1,302,115.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<47,476.> 31,451.	
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,622,608. End of Year: 2,684,002.	
	21	Total liabilities (Part X, line 26)	587,118. 561,080.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,035,490. 2,122,922.	

**Part II Signature Block**

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

Sign Here	Signature of officer: <b>M. B. Duncan</b>		Date: <b>1/31/14</b>
	Type or print name and title: <b>MARIA B. DUNCAN, CEO</b>		
Paid Preparer Use Only	Print/Type preparer's name: <b>HOWARD CONDO</b>	Preparer's signature: <b>Howard Condo</b>	Date: <b>1/30/14</b>
	Firm's name: <b>ROSENBERG RICH BAKER BERMAN &amp; CO.</b>	Firm's EIN: <b>22-3271252</b>	Check if self-employed: <input type="checkbox"/> PTIN: <b>P00351638</b>
	Firm's address: <b>265 DAVIDSON AVE., SUITE 210 SOMERSET, NJ 08873-4120</b>	Phone no.: <b>908-231-1000</b>	

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

☒ Yes☐ No

232001 12-10-12

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

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See Schedule O for Organization Mission Statement Continuation

SCANNED FEB 24 2014

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**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

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

United Way of Hunterdon County (UWHC) strategically invests in programs most aligned with the objectives under the organizations

**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 \$ 603,835. including grants of \$ 431,415.) (Revenue \$ )

**Income-****Financial Stability -**

United Way of Hunterdon County's Financial Stability Partnership initiative brings together the public and private sectors to assist ALICE families and individuals with finding solutions to various financial challenges. Two programs underway are Certified Financial Coaching and the Getting There transportation grant matching program. Approximately one quarter of households in Hunterdon do not earn enough to be self-sufficient or struggle to stay self-sufficient. Of those, over 20% represent our target "ALICE" population - Asset Limited Income Constrained, but Employed. A single setback for ALICE could tip the balance and begin a slide into poverty that will come at a huge cost to

**4b** (Code: ) (Expenses \$ 166,897. including grants of \$ 94,840.) (Revenue \$ )

**Education-**

Education is a powerful tool for reducing poverty and inequality and is fundamental to a community's sustained economic growth. UWHC supports a range of efforts to ensure everyone in our community has access to the educational supports they need-from mentoring programs to literacy training; ensuring all students have the tools they need to start the school year ready to learn; and teaching the next generation of volunteers and philanthropic leaders.

**Current initiatives:**

**Tools for Schools** - Since 2004 this program has allowed families to redirect income for other necessities. The Tools for Schools program supports Hunterdon County students be prepared for educational success

**4c** (Code: ) (Expenses \$ 131,992. including grants of \$ 85,942.) (Revenue \$ )

**Health-**

Collectively Hunterdon County residents continue to be in very good health when compared with the rest of New Jersey and with the country. However, there is always room for improvement, especially within financially unstable and uninsured segments of our population. You've met HAROLD, another member of the United Way of Hunterdon County family. HAROLD-Health At Risk, Overwhelmed, Lifestyle Dilemmas. HAROLD is Health At Risk for a variety of reasons including being underinsured or un-insured, may have a predisposition to chronic physical or mental illness because of family history or behavior. Harold is Overwhelmed by stress caused by factors such as work, family (children and/or aging parents), finances and is faced with ongoing Lifestyle Dilemmas-lack of

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 159,380. including grants of \$ 84,447.) (Revenue \$ )

**4e Total program service expenses** 1,062,104.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

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

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

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

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

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

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

☒**Section A. Governing Body and Management**

	1a	25	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		25		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	24		
<b>2</b> 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?		<b>2</b>		X
<b>3</b> 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?		<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?		<b>6</b>	X	
<b>7a</b> 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?		<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
<b>a</b> The governing body?		<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		<b>8b</b>	X	
<b>9</b> 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		<b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ 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: **►**  
**The Organization - (908) 782-3414**  
**4 WALTER FORAN BLVD, No. 401, FLEMINGTON, NJ 08822**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Maria B. Duncan CEO	40.00	X		X				98,842.	0.	31,632.
(2) Charles G. Koller Governance Committee	1.00	X		X				0.	0.	0.
(3) Rob A. Crane, Jr. Board member	1.00	X						0.	0.	0.
(4) Alan D. Ford President	1.00	X		X				0.	0.	0.
(5) Barry Goodman, Esq. Legal Counsel	1.00	X						0.	0.	0.
(6) Michael Matturo Board member	1.00	X						0.	0.	0.
(7) Dr. George Roksvaag Board member	1.00	X						0.	0.	0.
(8) Michael Meyer Treasurer	1.00	X		X				0.	0.	0.
(9) Robert J. Seymour Board member	1.00	X						0.	0.	0.
(10) Maureen Sheehan Board member	1.00	X						0.	0.	0.
(11) Ann McCrystal Board member	1.00	X						0.	0.	0.
(12) Joseph DePinto VP Resource Development	1.00	X		X				0.	0.	0.
(13) Christopher Phelan Board member	1.00	X						0.	0.	0.
(14) Jenny Poon Board member	1.00	X						0.	0.	0.
(15) Manuel Rodriguez Board member	1.00	X						0.	0.	0.
(16) Timothy Barckholtz VP CRISP	1.00	X		X				0.	0.	0.
(17) J. Matthew Holt, Freeholder Board member	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) Paul Johnson Finance Committee	1.00	X		X				0.	0.	0.
(19) Rabbi Eli Kornfeld Board member	1.00	X						0.	0.	0.
(20) Mary Rose Nguyen Board member	1.00	X						0.	0.	0.
(21) Barbara A. Piwinski Board member	1.00	X						0.	0.	0.
(22) Michael Young, Esq. Board member	1.00	X						0.	0.	0.
(23) Haekyoung Suh, Esq. Board member	1.00	X						0.	0.	0.
(24) Robert Rando Board member	1.00	X						0.	0.	0.
(25) Deisi Garcia-Scott Board member	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								98,842.	0.	31,632.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								98,842.	0.	31,632.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,287,904.				
	g	Noncash contributions included in lines 1a-1f \$		257,014.				
	h	<b>Total.</b> Add lines 1a-1f		1,287,904.				
<b>Program Service Revenue</b>	Business Code							
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		45,662.			45,662.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
		9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b					
		c	Net income or (loss) from gaming activities					
		10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions			1,333,566.	0.	0.	45,662.	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	696,644.	696,644.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	314,655.	185,646.	84,957.	44,052.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,742.	8,098.	3,718.	1,926.
<b>9</b> Other employee benefits	50,940.	30,975.	12,475.	7,490.
<b>10</b> Payroll taxes	29,245.	17,353.	7,774.	4,118.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	41,639.	22,722.	12,941.	5,976.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	6,679.	3,292.	2,638.	749.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	21,237.	14,258.	4,419.	2,560.
<b>14</b> Information technology	14,068.	8,124.	4,695.	1,249.
<b>15</b> Royalties				
<b>16</b> Occupancy	17,723.	10,206.	5,018.	2,499.
<b>17</b> Travel	5,303.	3,491.	1,208.	604.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	8,680.	7,098.	1,055.	527.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	8,408.	2,363.	4,016.	2,029.
<b>22</b> Depreciation, depletion, and amortization	19,619.	11,574.	5,299.	2,746.
<b>23</b> Insurance	9,642.	5,742.	2,572.	1,328.
<b>24</b> 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.)				
<b>a</b> COMMUNITY OUTREACH EXPE	29,654.	29,654.		
<b>b</b> BANK FEES	5,738.		5,738.	
<b>c</b> SUPPLIES	5,048.	3,194.	1,156.	698.
<b>d</b> MEMBERSHIP DUES & SUBSC	2,042.	1,257.	498.	287.
<b>e</b> All other expenses	1,409.	413.	883.	113.
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,302,115.	1,062,104.	161,060.	78,951.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	130,403.	<b>1</b>	216,295.
	<b>2</b> Savings and temporary cash investments	905,615.	<b>2</b>	860,706.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	333,882.	<b>4</b>	292,896.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	3,627.	<b>9</b>	8,894.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 520,593.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 138,725.	<b>10c</b>	381,868.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	855,195.	<b>12</b>	923,343.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,622,608.	<b>16</b>	2,684,002.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	56,204.	<b>17</b>	34,325.
	<b>18</b> Grants payable	530,914.	<b>18</b>	526,755.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	587,118.	<b>26</b>	561,080.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		2,028,266.	<b>27</b>	2,118,881.
<b>28</b> Temporarily restricted net assets		7,224.	<b>28</b>	4,041.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		2,035,490.	<b>33</b>	2,122,922.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		2,622,608.	<b>34</b>	2,684,002.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,333,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,302,115.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,035,490.
5	Net unrealized gains (losses) on investments	5	55,981.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,122,922.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
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?  
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?  
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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2012)



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1151882.	1682004.	2344478.	1460320.	974,407.	7613091.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1151882.	1682004.	2344478.	1460320.	974,407.	7613091.
<b>5</b> 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)						152,240.
<b>6 Public support.</b> Subtract line 5 from line 4						7460851.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	1151882.	1682004.	2344478.	1460320.	974,407.	7613091.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<38,461.>	27,330.	21,635.	29,179.	45,662.	85,345.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	26,309.	16,295.	20,553.	245.		63,402.
<b>11 Total support.</b> Add lines 7 through 10						7761838.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	434,024.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.12 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	93.78 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**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 ☐



**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 HUNTERDON COUNTY

Employer identification number

22-2431065

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

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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
1c	
1d	
1e	
1f	

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

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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	855,195.	778,084.	683,195.	675,409.	751,832.
b Contributions					
c Net investment earnings, gains, and losses	97,183.	100,032.	102,004.	14,139.	<70,668.>
d Grants or scholarships					
e Other expenditures for facilities and programs	20,000.	15,000.			
f Administrative expenses	9,035.	7,921.	7,115.	6,352.	5,755.
g End of year balance	923,343.	855,195.	778,084.	683,196.	675,409.

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

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

4 Describe in Part 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				
b Buildings		463,945.	93,321.	370,624.
c Leasehold improvements				
d Equipment		47,148.	36,512.	10,636.
e Other		9,500.	8,892.	608.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				381,868.

Schedule D (Form 990) 2012

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Short Term Investments	32,211.	End-of-Year Market Value
(B) Corporate Bonds	102,682.	End-of-Year Market Value
(C) Mutual Funds	116,611.	End-of-Year Market Value
(D) Domestic Common Stock	469,404.	End-of-Year Market Value
(E) Preferred Stock	33,485.	End-of-Year Market Value
(F) Exchange-Traded Funds	168,950.	End-of-Year Market Value
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	923,343.	

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

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

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

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

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

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

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 ☐

Schedule D (Form 990) 2012

**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	1,389,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	55,981.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	55,981.
3	Subtract line 2e from line 1	3	1,333,566.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,333,566.

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

1	Total expenses and losses per audited financial statements	1	1,302,115.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,302,115.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,302,115.

**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.

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Schedule D (Form 990) 2012

**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 HUNTERDON COUNTY**

Employer identification number  
**22-2431065**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON HOUSE, INC. 532 Route 523 Whitehouse, NJ 08889	52-1786469	501(c)(3)	55,000.	0.	Fair Market Value		Provides short term housing, education, and support for women who are recovering from the
ARC OF HUNTERDON COUNTY 1322 Route 31 North, Suite 5, Annandale, NJ 08801	22-1659502	501(c)(3)	50,000.	0.	Fair Market Value		Provides a variety of services to children and adults with developmental disabilities and their
CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE - 6 Park Ave., - Flemington, NJ 08822	22-2423496	501(c)(3)	20,000.	0.	Fair Market Value		Provides services to individuals, families, communities, reflects concerns of Church,
HOUSING ACCESSIBILITY & REHABILITATION PROGRAM - 4 Walter Foran Blvd., Suite 410 - Flemington, NJ 08530	80-0181325	501(c)(3)	5,000.	0.	Fair Market Value		Assistance with housing accessibility and rehabilitation.
INSTITUTE FOR MEDICATION ACCESS & COMPLIANCE - P.O. Box 2156 - Flemington, NJ 08826	02-0564689	501(c)(3)	12,000.	0.	Fair Market Value		Provides assistance with access to medication.
HUNTERDON HELPLINE, INC. 14 Mine St. Flemington, NJ 08822	22-2265896	501(c)(3)	8,228.	0.	Fair Market Value		24 hour hotline, information and advocacy, emergency sheltering, reassurance calls,

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

▶ 15.

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

▶ 0.

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

See Part IV for Column (h) descriptions

24

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF NORTHWEST JERSEY, INC.-HUNTERDON COUNTY DIVISION - 82 Park Ave. - Flemington, NJ 08822	22-2068191	501(c)(3)	50,033.		Fair Market Value		Free legal services to indigent residents of Hunterdon County who have civil law problems.
MEALS ON WHEELS IN HUNTERDON 5 Walter Foran Blvd., Suite 2006 Flemington, NJ 08822	22-3084358	501(c)(3)	29,000.		Fair Market Value		Deliveries each weekday to homebound seniors as well as four Congregate Nutrition Sites for the
NORWESCAP/ FOOD BANK/ STAR Program 21 North Broad St. Phillipsburg, NJ 08865	22-1777156	501(c)(3)	49,500.		Fair Market Value		Distributes donated food to non-profit organizations that feed the hungry.
YMCA OF HUNTERDON COUNTY 144 W. Woodchurch Rd. Flemington, NJ 08822	22-1524183	501(c)(3)	33,000.		Fair Market Value		Promotes healthy lifestyles for people of all ages and abilities through fitness/health.
Family Promise of Hunterdon County 10 East Main Street Flemington, NJ 08822	22-3049800	501(c)(3)	30,000.		Fair Market Value		Sub-grantee provides time-limited wraparound services through case management, housing.
HomesSharing 120 FINDERNE AVE BRIDGEWATER, NJ 08807	22-2893508	501(c)(3)	10,000.		Fair Market Value		Prevents homelessness by matching "providers", residents who need to share their homes or
NJ211 Partnership 1415 Wyckoff Rd. Farmingdale, NJ 07727	37-1446108	501(c)(3)	14,414.		Fair Market Value		Information and referral services and disaster response support.
Jewish Family Services 150-A West High St. Somerville, NJ 08876	22-2306902	501(c)(3)	10,000.		Fair Market Value		JFS Career Services Program helps individuals who are unemployed and underemployed. Services
Hunterdon County Polytech 8 Bartles Corner Rd. Flemington, NJ 08822	22-3182369	501(c)(3)	35,000.		Fair Market Value		Series of seminars/career services to raise community awareness of job options in high wage.

Schedule I (Form 990)

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

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

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

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

**Part IV** Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: ANDERSON HOUSE, INC.

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

Name of Organization or Government: ARC OF HUNTERDON COUNTY

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

Name of Organization or Government:

CATHOLIC CHARITIES, DIOCESE OF METUCHEN - HUNTERDON FAMILY SERVICES OFFICE

(h) Purpose of Grant or Assistance: Provides services to individuals, families, communities, reflects concerns of Church, people of good will on behalf of needy, economically poor and those devalued by society.

Name of Organization or Government: HUNTERDON HELPLINE, INC.

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

Name of Organization or Government: MEALS ON WHEELS IN HUNTERDON

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

Name of Organization or Government: YMCA OF HUNTERDON COUNTY

Schedule I (Form 990)



**Part IV** Supplemental Information

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

Name of Organization or Government: Family Promise of Hunterdon County

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

Name of Organization or Government: HomeSharing

(h) Purpose of Grant or Assistance: Prevents homelessness by matching "providers", residents who need to share their homes or apartments in order to maintain them, with "seekers," individuals searching for shared affordable housing.

Name of Organization or Government: Jewish Family Services

(h) Purpose of Grant or Assistance: JFS Career Services Program helps individuals who are unemployed and underemployed. Services include Career Counseling, a Job Seeker's Support Group, Resume and Job Search Assistance.

Name of Organization or Government: Hunterdon County Polytech

(h) Purpose of Grant or Assistance: Series of seminars/career services to raise community awareness of job options in high wage, high demand occupations so that the community may learn about sustainable jobs and

**Part IV** Supplemental Information

required credentials.

Lined area for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 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	X		257,014.	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2012)

**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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number  
22-2431065

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

the common good of our community.

United Way of Hunterdon County (UWHC) strategically invests in programs most aligned with the objectives under the organization's three areas of focus-Income(financial stability),Health and Education.The final portfolio comprises an array of programs with an emphasis on sustained community impact. UWHC invests into the community in order to make inroads toward the community goal to improve the financial stability of 10,000 Hunterdon County residents by 2020. Thanks to the generous support of our donors/investors and our volunteers,we have been able to assist more than 5,000 people advance on that road to self-sufficiency in 2012-13.

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

three areas of focus-Income(financial stability),Health and Education. The final portfolio comprises an array of programs with an emphasis on sustained community impact. UWHC invests into the community in order to make inroads toward the community goal to improve the financial stability of 10,000 Hunterdon County residents by 2020. Thanks to the generous support of our donors/investors and our volunteers, we have been able to assist more than 5,000 people advance on that road to self-sufficiency in 2012-13.

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

The funded programs target areas where there is significant need, both immediate and long-term, programs that allow seniors and others to age

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

Schedule O (Form 990 or 990-EZ) (2012)

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in place and live independently, encourage workforce development, focus on financial education and income supports and provide awareness of, and access to, critical resources.

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

ALICE, our social service resources and ultimately to our community.

The economy may be stabilizing; however the median household income in Hunterdon continues to fall. Programs and initiatives that lead households to financial stability and positively impact our economic development continue to be vital.

Outcomes of the key initiatives supported through grants and the generosity of our donor-investors helping us reach our community goal.

The Volunteer Income Tax Assistance (VITA) program offers free tax preparation done by trained volunteers for low-wage working individuals and families ensures that families receive the Earned Income Tax Credit and other tax credits that boost their income while saving them preparer fees. In 2012, the VITA site generated more than \$1 million in income tax refunds and credits for more than 900 individuals with the help of 45 volunteers. In addition, clients saved an estimated \$180,000 in tax preparation fees. The average refund amount was \$1,245 raising clients Adjusted Gross Income by nearly 10%. The Total Refunds for tax year 2012 represents a 67% increase from 2011 tax year.

UWHC's Holiday Hands program increases financial stability by reducing financial pressures on lower-income families, elderly residents on fixed incomes, single parents, and people suffering from illness who are struggling with medical bills during the holiday time and winter months. For the 2012 holiday season our 150 volunteers served almost

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2500 Hunterdon County residents; 246 companies/ organizations and individuals participated and approximately \$179,000 in in-kind value was donated. Thanks to our donors' investment in United Way of Hunterdon County to increase financial stability of our neighbors, the anticipated number of clients served for 2013 is expected to hold at about the same level.

Donors' financial investments in United Way also assisted in providing financial education and income supports for more than 400 families and individuals, including access to affordable child care, shelter, food, legal services, job training and services for victims of domestic violence.

Plans for the coming year:

According to the U.S. Census, approximately 77% of homeowners and 53% of renters in Hunterdon County spend 30% or more of household income on housing, which poses a significant burden for ALICE families faced with a cost of living higher than in other parts of the state. In fact, affordable housing was among the top needs referenced in a recent Hunterdon County Department of Human Services agency survey. Housing affordability was highlighted during the second Community Conversation series - Where Does ALICE Live? Housing Options for the Future. As a result, the Hunterdon Housing Alliance was re-energized and plans are underway to more closely explore the true housing needs in Hunterdon County.

In addition, existing financial education and coaching programs will be expanded to have a broader reach in the community.

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

by providing the necessary basic tools so that they start the school

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year ready to learn. For the 2012 school year UWHC and 87 volunteers served over 1685 students, engaged 78 companies/organizations and 336 individuals in these efforts.

Youth 4 United Way - A unique partnership with Hunterdon Central Regional High School, the Youth 4 United Way program raises student awareness of community needs and provides them with a venue to determine how they will contribute to meeting those needs. This service learning program has a curricular component that encourages students to develop the skills required to create and lead an effective service plan.

Volunteer and Mentor Readiness 101-The only certification program of its kind offered in Hunterdon County, Volunteer and Mentor Readiness 101 outlines the essential roles and responsibilities expected of volunteers and provides them with knowledge to be better prepared for volunteer roles throughout the community.

Board Development Primer-United Way of Hunterdon County believes in the value of training volunteers to be effective leaders. This program defines board roles, responsibilities and boundaries to better prepare new board members or reinforce the governance and fiduciary roles for existing board members. The ultimate goal is to encourage the recruitment, development and retention of community leaders on boards and committees throughout the community.

Donors' financial investment in United Way also supported workforce development and educational programs for more than 100 residents, including career services, career education, certified home-health aid training and career awareness programs.

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

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exercise due to limited time or limited budget, lack of awareness, leading to poor choices and/or decisions and poor nutrition. And it is important to remember as the World Health Organization states "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." When HAROLD is a caregiver, his overall well-being is put under greater strain. And if HAROLD is living in an unsafe or unhealthy environment, his health will be negatively impacted. The overall health of our community is a factor in determining the strength of our community and therefore an important strategic area of focus for United Way of Hunterdon County.

## Current initiatives:

Hunterdon Diaper Bank-A key program in support of United Way's Health initiative, the Hunterdon Diaper Bank is run in conjunction with NORWESCAP Food Bank. The average cost for a year's supply of baby diapers or incontinence supplies is \$1200. More than 43,000 diapers were collected and distributed to families and individuals in 2012.

The Hunterdon Diaper Bank centralizes the fundraising and distribution of free diapers to struggling parents and caregivers through existing service providers, including local food pantries, daycare centers, social service agencies and shelters.

Discount prescription program - UWHC partners with FamilyWize to offer free prescription drug discount cards to Hunterdon County residents and employees- assisting uninsured residents in receiving discounted prescriptions.

Donors' support also helps fund programs and resources that allowed more than 600 of our seniors and others to age in place and live independently and to reinforce healthy behaviors. Funded programs include: medication access program, home health care, respite, senior

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care, sexual assault support, alcohol and drug rehabilitation, law enforcement adolescent program (LEAP) and health and safety education.

Plans for the coming year:

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

In an effort to better meet the needs of HAROLD, we are leading the Hunterdon County Latino Healthcare Access Committee, which will focus on obtaining program grants aimed at decreasing health disparities within that community.

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

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

Community Support Services

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

Current initiatives:

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NJ 2-1-1 Partnership-There are a number of strong organizations and agencies in Hunterdon County and throughout New Jersey who are there to help, but when someone doesn't know where to start, they can remember three numbers, 2-1-1. Dial "2-1-1" or visit nj221.org anytime, seven days a week for help in navigating available assistance services-everything from finding a local shelter during a flood or power outage to sources for rental assistance. In our state the 2-1-1 system is managed by the NJ 2-1-1 Partnership, a subsidiary of the United Ways of New Jersey which, in 2002, was designated by the Board of Public Utilities as sole administrator. This confidential service is supported by local United Ways throughout New Jersey in partnership with the State of New Jersey-Department of Human Services, Office of Homeland Security and Preparedness, and the Department of Children and Families.

Donors' investments in United Way of Hunterdon County assisted more than 800 individuals gain awareness of and access to critical community resources. Programs funded include emergency services. Expenses \$ 159,380. including grants of \$ 84,447. Revenue \$ 0.

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

Form 990, Part VI, Section A, line 7a: Any vacancy occurring in the

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

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

Form 990, Part VI, Section B, Line 12c: In conjunction with the first Board meeting of the fiscal year, all Board members, volunteers and staff review and sign off on a conflict of interest policy.

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

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