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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
CEDAR KNOLLS, NJ 07927

D Employer identification number
22-1487247

E Telephone number
(973) 993-1160

G Gross receipts $ 15,488,692

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYNNJ ORG

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

L Year of formation 1950

M State of legal domicile NJ

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	62
6	Total number of volunteers (estimate if necessary)	**6**	6,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,888,857	14,684,274
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164,050	205,620
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	406,069	290,580
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,458,976	15,180,474
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,174,164	11,134,428
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,563,887	3,738,456
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,429,542		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,765,755	1,713,973
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,503,806	16,586,857
19	Revenue less expenses Subtract line 18 from line 12	-44,830	-1,406,383

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,972,916	13,023,452
21	Total liabilities (Part X, line 26)	1,979,985	1,839,993
22	Net assets or fund balances Subtract line 21 from line 20	11,992,931	11,183,459

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

****** | 2015-03-18
Signature of officer | Date

JOHN B FRANKLIN CEO
Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 4,687,818 including grants of $ 3,340,329) (Revenue $)

EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL TODAY'S YOUTH ARE ENTERING A COMPLEX AND COMPETITIVE WORLD THAT REQUIRES BOTH SHARP ACADEMIC ABILITIES AND PRACTICAL LIFE SKILLS, SUCH AS TEAMWORK, COMMUNICATION, AND CRITICAL THINKING SAVVY UNITED WAY OF NORTHERN NEW JERSEY IS PREPARING YOUTH TO THRIVE BY GIVING THEM VITAL TOOLS FOR LIFELONG SUCCESS FIRST IN SCHOOL AND LATER IN THE WORKPLACE FROM THE NOTEBOOKS AND PENCILS THEY NEED TO WRITE THEIR FIRST WORDS TO THE GUIDANCE OF MENTORS WHO HELP THEM WEATHER ADOLESCENT CHALLENGES, UNITED WAY ENSURES THAT CHILDREN'S BASIC NEEDS ARE BEING MET, THEIR EXPERIENCES AT CHILD CARE CENTERS AND SCHOOLS ARE POSITIVE AND INSTRUCTIVE, AND PARENTS ARE ACTIVELY INVOLVED IN THEIR DEVELOPMENT UNITED WAY SUPPORT FOR EARLY CHILDHOOD / SUCCESS BY 6THE INTERACTIONS CHILDREN HAVE WITH THEIR PARENTS, CAREGIVERS, AND TEACHERS IN THEIR FIRST YEARS ARE CRITICAL TO THEIR SOCIAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT UNITED WAY OF NORTHERN NEW JERSEY IS WORKING TO CREATE COMMUNITIES WHERE SAFE, EFFECTIVE, AND AFFORDABLE QUALITY PROGRAMS ARE AVAILABLE FOR ALL CHILDREN, ESPECIALLY THOSE FROM ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES WE WANT TO ENSURE CHILDREN RECEIVE THE FOUNDATION NEEDED TO PREPARE THEM TO ENTER KINDERGARTEN READY TO LEARN, SAVING OUR COMMUNITIES THE COSTLY GAME OF CATCH-UP LATER IN LIFE UNITED WAY SUPPORT FOR SCHOOL AGE YOUTH / YOUTH EMPOWERMENT ALLIANCEWHEN STUDENTS ARE GIVEN A VOICE IN THEIR SCHOOL ENVIRONMENT, WHEN PARENTS ARE ENGAGED IN THEIR CHILDREN'S EDUCATION, AND WHEN EDUCATORS ARE SUPPORTED, CHILDREN CAN SUCCEED RESEARCH SHOWS THAT STUDENTS' READINESS FOR COLLEGE AND CAREER CAN BE BOOSTED WITH FOCUS ON MIDDLE SCHOOL ACTIVITY AND THAT THE BEST PREDICTORS FOR A STUDENT'S FUTURE SUCCESS ARE BEING ENGAGED IN SCHOOL AND FEELING HOPEFUL FOR THE FUTURE WE SUPPORT SCHOOLS IN BUILDING A HEALTHY SCHOOL CULTURE, RESULTING IN HIGHER ACADEMIC ACHIEVEMENT, LOWER DISCIPLINARY ISSUES, AND A GREATER SENSE OF WELL-BEING FOR STUDENTS

4b (Code) (Expenses $ 3,450,115 including grants of $ 2,560,918) (Revenue $)

INCOME HELPING PEOPLE BECOME FINANCIALLY STABLEWE ALL KNOW THAT FINANCIAL PRESSURES PUT INCREDIBLE STRESS ON A PERSON BUT WHAT MAY NOT BE SO EVIDENT IS JUST HOW MANY FAMILIES AND INDIVIDUALS LIVING IN OUR PREDOMINANTLY WEALTHY NEW JERSEY COMMUNITIES LIVE EVERY DAY BURDENED BY THE INABILITY TO MAKE THEIR INCOME STRETCH TO MEET THEIR NEEDS WHEN WE DIG JUST A LITTLE BIT BELOW THE SURFACE, WE FIND THAT NEARLY 890,000 NEW JERSEY HOUSEHOLDS (28 PERCENT OF THE STATE) ARE WALKING A FINANCIAL TIGHT ROPE AS THEY STRUGGLE TO MAKE HOUSEHOLD PAYMENTS, PROVIDE ADEQUATE MEDICAL COVERAGE, AND KEEP FOOD ON THE TABLE UNITED WAY OF NORTHERN NEW JERSEY CALLS THESE STRUGGLING FAMILIES AND INDIVIDUALS ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) ALICE REPRESENTS MEN AND WOMEN OF ALL AGES AND RACES WHO ARE ESSENTIAL TO THE SUCCESS OF OUR COMMUNITY CHILD CARE WORKERS, MECHANICS, HOME HEALTH AIDES, OFFICE ASSISTANTS, AND MORE THESE HARDWORKING INDIVIDUALS PROVIDE INVALUABLE SERVICES, WHILE EARNING INCOMES THAT CANNOT MEET THE HIGH COST OF LIVING IN OUR AREA UNITED WAY IS HELPING ALICE AND LOW-INCOME FAMILIES BUILD THE FOUNDATION FOR A FINANCIALLY STABLE LIFE WE ARE ENSURING FAMILIES HAVE ACCESS TO FINANCIAL LITERACY, FREE SERVICES LIKE TAX PREPARATION, AND FINANCIAL MENTORING PROGRAMS WE ARE ALSO DEVELOPING STRATEGIES TO HELP INDIVIDUALS ATTAIN AND RETAIN JOBS THAT PAY A FAMILY-SUSTAINING WAGE UNITED WAY GATEWAYS TO FINANCIAL EMPOWERMENTFINANCIAL PRESSURES CAN FORCE ANY FAMILY TO MAKE RISKY DECISIONS WHEN WALKING THE FINANCIAL TIGHTROPE, A PARENT MAY GO WITHOUT A MUCH-NEEDED MEDICATION SO THAT THERE IS ENOUGH MONEY TO KEEP FOOD ON THE TABLE AND PAY THE RENT UNITED WAY GATEWAYS TO FINANCIAL EMPOWERMENT HELPS INDIVIDUALS BUILD SAVINGS AND IMPROVE THEIR FINANCIAL STABILITY WE PUT FAMILIES ON A PATH TOWARD SELF-SUFFICIENCY BY PROVIDING SUPPORTS LIKE FREE FINANCIAL EDUCATION, MENTORING, AND TAX PREPARATION WE ALSO PARTNER WITH LOCAL SERVICE PROVIDERS TO CONNECT FAMILIES TO ADDITIONAL RESOURCES THAT CAN HELP DURING CHALLENGING TIMES UNITED WAY INCOME TAX ASSISTANCE PROGRAMEACH YEAR, NEW JERSEY RESIDENTS MISS OUT ON THOUSANDS OF DOLLARS BY NOT CLAIMING CRITICAL TAX CREDITS ON THEIR FEDERAL AND STATE TAX RETURNS OTHERS LOSE MUCH OF THEIR RETURN TO HIGH COMMERCIAL PREPARATION FEES BECAUSE THEY SIMPLY DO NOT KNOW WHERE TO TURN FOR RELIABLE AND AFFORDABLE HELP UNITED WAY OF NORTHERN NEW JERSEY TEAMS UP WITH THE IRS AND COMMUNITY PARTNERS EACH YEAR TO PROVIDE FREE TAX PREPARATION FROM IRS-CERTIFIED VOLUNTEERS THROUGH THE UNITED WAY INCOME TAX ASSISTANCE PROGRAM VOLUNTEERS PREPARE FREE TAX RETURNS AT LIBRARIES, COMMUNITY CENTERS, AND PLACES OF WORSHIP ACROSS THE REGION IN 2013, UNITED WAY OF NORTHERN NEW JERSEY SAVED COMMUNITY MEMBERS NEARLY $1 MILLION IN TAX PREPARATION COSTS THROUGH FREE, QUALIFIED TAX PREPARATION ACCORDING TO THE IRS, UNITED WAY AND ITS PARTNERS ARE LEADING PROVIDERS OF VOLUNTEER INCOME TAX ASSISTANCE IN NEW JERSEY THROUGH THIS PROGRAM, WE ENSURE THAT ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) AND FAMILIES LIVING IN POVERTY CLAIM ALL THE SPECIALIZED TAX CREDITS AVAILABLE TO THEM, LIKE THE EARNED INCOME TAX CREDIT, CHILD TAX CREDIT, AND EDUCATION TAX CREDIT THESE CREDITS ARE DESIGNED TO PROVIDE RELIEF TO STRUGGLING FAMILIES AND INDIVIDUALS MILLIONS OF DOLLARS IN SPECIALIZED CREDITS GO UNCLAIMED EVERY YEAR IN NEW JERSEY, OFTEN BECAUSE PEOPLE DO NOT KNOW THEY EXIST THESE MUCH-NEEDED EXTRA FUNDS CAN BE THE FIRST STEP ON THE ROAD TO FINANCIAL STABILITY, CREATING SAVINGS FOR EMERGENCIES OR HELPING PAY DOWN DEBT UNITED WAY FAMILY-SUSTAINING EMPLOYMENTTHE FUTURE WELL-BEING OF OUR REGION IS DIRECTLY TIED TO A STABLE, SKILLED WORKFORCE THAT CAN ATTRACT AND RETAIN BUSINESS AND REVITALIZE NEIGHBORHOODS YET, MANY INDIVIDUALS IN NORTHERN NEW JERSEY ARE WORKING IN LOW-PAYING JOBS THAT OFFER NO HEALTH CARE OR PAID SICK LEAVE AND NO OPPORTUNITY FOR CAREER ADVANCEMENT THESE WORKERS, WHO ARE ESSENTIAL TO OUR COMMUNITIES, ARE STRUGGLING TO MAKE ENDS MEET WITH LITTLE ABILITY TO GET AHEAD WITHOUT ENOUGH INCOME TO COVER THE COSTS OF BASIC NECESSITIES, THEY HAVE NO MEANS TO ESTABLISH SAVINGS AND BUILD ASSETS THE STAKES ARE INCREDIBLY HIGH AS OUR ECONOMY STRUGGLES TO RECOVER, THE VITALITY OF OUR LOCAL COMMUNITIES AND THE NATION IS INCREASINGLY AT RISK THAT IS WHY UNITED WAY WORLDWIDE HAS ENLISTED THE HELP OF 10 LOCAL UNITED WAYS TO ENGAGE THEIR COMMUNITIES IN DEVELOPING PLANS FOR A STRONGER WORKFORCE A WORKFORCE THAT MEETS THE NEEDS OF LOCAL FAMILIES AND EMPLOYERS ULTIMATELY, SUCCESSFUL MODELS AND BEST PRACTICES EMERGING FROM THIS PROJECT WILL GUIDE OTHER UNITED WAYS AS THEY ADDRESS THESE ISSUES IN THEIR COMMUNITIES TOGETHER WITH THE EXPERTISE OF PUBLIC, PRIVATE, AND NONPROFIT ORGANIZATIONS, WE ARE TURNING THAT KNOWLEDGE INTO STRATEGIES TO HELP PEOPLE ATTAIN AND RETAIN JOBS THAT PAY A FAMILY-SUSTAINING WAGE AND PROVIDE BENEFITS WITH SO MANY COMMUNITY ORGANIZATIONS INVOLVED IN THIS IMPORTANT WORK FROM HIGHER EDUCATION TO EMPLOYERS TO LOCAL GOVERNMENT ENTITIES WE ARE UNIQUELY POSITIONED TO FIND NEW AND CREATIVE WAYS TO PREPARE INDIVIDUALS FOR EMPLOYMENT WHETHER IT IS CONNECTING JOB SEEKERS WITH THE MOST CURRENT LOCAL JOB INFORMATION OR ADVOCATING FOR MORE AFFORDABLE EDUCATION AND TRAINING PROGRAMS TO ADEQUATELY PREPARE PEOPLE FOR THOSE JOBS, WE ARE WORKING TO ENSURE EVERYONE IN SOMERSET COUNTY HAS ACCESS TO THE SUPPORT THEY NEED FOR GETTING AND KEEPING A JOB WITH A LIVABLE WAGE TOGETHER, WE WILL HARNESS THE POWER OF OUR SHARED PASSION FOR A COMMUNITY WHICH PROPERLY SUPPORTS THOSE WHO CALL IT HOME

4c (Code) (Expenses $ 3,353,921 including grants of $ 2,560,918) (Revenue $)

HEALTH BUILDING HEALTHIER COMMUNITIESTHE HIGH COST OF LIVING IN NORTHERN NEW JERSEY MAKES IT CHALLENGING FOR MANY FAMILIES TO ACCESS HEALTH SERVICES AND NUTRITIOUS FOODS MANY FAMILIES ARE FORCED TO SACRIFICE MEDICAL AND PRESCRIPTION DRUG INSURANCE TO BE ABLE TO PUT FOOD ON THE TABLE OR PAY THEIR ELECTRIC BILL IT IS ESPECIALLY TOUGH FOR ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) FAMILIES AND THE GROWING NUMBER OF RESIDENTS WHO ARE THE PRIMARY CAREGIVER FOR A LOVED ONE, WHILE ALSO JUGGLING THE RESPONSIBILITIES OF WORK, FAMILY, AND MAINTAINING THEIR OWN HEALTH SINCE MANY HEALTH PROBLEMS ARE PREVENTABLE OR MANAGEABLE, UNITED WAY IS WORKING TO EXPAND ACCESS TO HEALTHY FOODS, NUTRITION EDUCATION, AND INFORMATION ABOUT SOCIAL SERVICES FOR THE MANY VULNERABLE FAMILIES LIVING IN OUR COMMUNITIES IN ADDITION, WE DISSEMINATE PRESCRIPTION DRUG DISCOUNT CARDS TO HELP COMMUNITY MEMBERS WHO CANNOT AFFORD IMPORTANT MEDICATIONS AND WE HELP TO SUPPORT UNPAID FAMILY CAREGIVERS SO THEY CAN BETTER MAINTAIN THEIR OWN HEALTH WHILE THEY PROVIDE CARE FOR A LOVED ONE UNITED WAY OF NORTHERN NEW JERSEY IS COMMITTED TO CREATING STRONGER COMMUNITIES WHERE HEALTHY LIVING OPTIONS ARE AFFORDABLE AND ACCESSIBLE AND THOSE STRUGGLING ARE NOT ISOLATED AND ALONE UNITED WAY SUPPORT FOR UNPAID FAMILY CAREGIVERSCAREGIVING IS A UNIVERSAL REALITY THAT TOUCHES ALMOST EVERY FAMILY OFTEN INDIVIDUALS HAVE NO CHOICE BUT TO PROVIDE CARE FOR A LOVED ONE THEY SHOULDER THIS OVERWHELMING RESPONSIBILITY WITHOUT PREPARATION OR EDUCATION, WITH LITTLE HELP FROM OTHERS, WHILE JUGGLING THEIR OWN LIVES FACED WITH THE CHALLENGES OF PROVIDING CARE FOR ANOTHER, CAREGIVERS OFTEN PUT THEIR OWN PHYSICAL, MENTAL, AND EVEN FINANCIAL HEALTH IN SIGNIFICANT JEOPARDY CAREGIVERS IN THE WORKPLACE OFTEN HIDE THEIR CAREGIVING OBLIGATIONS FROM THEIR EMPLOYERS, ADDING TO STRESS EVENTUALLY, SOME CAREGIVERS ARE FORCED TO CUT BACK HOURS OR QUIT WORKING ALTOGETHER WITH REDUCED INCOME, ADDED EXPENSES, AND EXPENDED SAVINGS, A CAREGIVERS OWN FINANCIAL STABILITY CAN BE AT RISK CAREGIVERS ARE OFTEN ISOLATED AND OVERWHELMED, UNAWARE OF EXISTING RESOURCES THAT CAN HELP THEM PROVIDE EXCELLENT CARE WHILE STAYING HEALTHY AND PRODUCTIVE PROVIDING CARE CAN TAKE A PARTICULARLY DEVASTATING TOLL ON ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) AND LOW-INCOME FAMILIES, ALREADY STRUGGLING TO MAKE ENDS MEET

(Code) (Expenses $ 3,074,412 including grants of $ 2,672,263) (Revenue $)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 3,074,412 including grants of $ 2,672,263) (Revenue $)

4e **Total program service expenses** ▶ 14,566,266

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	44		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	62		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ JOHN B FRANKLIN 222 RIDGEDALE AVENUE
CEDAR KNOLLS, NJ 07927 (973) 993-1160

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN BOLICH BOARD MEMBER	1 00	X						0	0	0
(19) DANIEL FETE BOARD MEMBER	1 00	X						0	0	0
(20) ELIN MUELLER BOARD MEMBER	1 00	X						0	0	0
(21) KATHLEEN BOURKE BOARD MEMBER	1 00	X						0	0	0
(22) DEE FALVO BOARD MEMBER	1 00	X						0	0	0
(23) KATHLEEN NELSON BOARD MEMBER	1 00	X						0	0	0
(24) KENNETH OLSEN BOARD CHAIR	1 00	X						0	0	0
(25) JOHN B FRANKLIN CEO	40 00			X				184,460	0	24,239
(26) BONNIE O'NEILL CFO	40 00			X				96,207	0	20,178
(27) THERESA LEPORE LEAMY SR VP -RESOURCE DEVELOPME	40 00					X		100,382	0	20,189
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								381,049	0	64,606

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 517,718				
	b	Membership dues	1b				
	c	Fundraising events	1c 331,238				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,835,318				
	g	Noncash contributions included in lines 1a-1f $	308,422				
	h	**Total.** Add lines 1a-1f	▶	14,684,274			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	85,849			85,849
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	272,790				
	b	Less rental expenses	0				
	c	Rental income or (loss)	272,790				
	d	Net rental income or (loss)	▶	272,790	272,790		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	119,771				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	119,771				
	d	Net gain or (loss)	▶	119,771			119,771
	8a	Gross income from fundraising events (not including $ 331,238 of contributions reported on line 1c) See Part IV, line 18	a 326,008				
	b	Less direct expenses	b 308,218				
	c	Net income or (loss) from fundraising events	▶	17,790			17,790
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶				
	12	**Total revenue.** See Instructions	▶	15,180,474	272,790	0	223,410

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,134,428	11,134,428		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,266	124,518	131,292	81,456
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,582,633	1,564,545	238,208	779,880
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	600,066	350,077	61,318	188,671
10 Payroll taxes	218,491	124,877	27,566	66,048
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	85,785	69,251	2,225	14,309
13 Office expenses				
14 Information technology	85,479	53,642	9,800	22,037
15 Royalties . .				
16 Occupancy	450,364	330,217	39,250	80,897
17 Travel	46,072	32,655	1,237	12,180
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,703	48,899	420	7,384
20 Interest	45,496	19,621	3,910	21,965
21 Payments to affiliates	108,965	60,507	15,366	33,092
22 Depreciation, depletion, and amortization	175,862	141,307	14,516	20,039
23 Insurance	55,369	36,114	5,697	13,558
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROFESSIONAL FEES	342,483	289,308	20,425	32,750
b EQUIPMENT MAINTENANCE A	99,593	56,836	13,300	29,457
c EVENTS FRIENDRAISING	83,497	83,497	0	0
d SUPPLIES	45,552	24,916	3,193	17,443
e All other expenses	32,753	21,051	3,326	8,376
25 **Total functional expenses.** Add lines 1 through 24e	16,586,857	14,566,266	591,049	1,429,542
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		4,939,813	2	4,435,130
	3	Pledges and grants receivable, net		2,651,869	3	1,773,057
	4	Accounts receivable, net		48,537	4	125,165
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		67,491	9	91,543
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,079,011			
	b	Less accumulated depreciation	10b 3,121,764	1,015,369	10c	957,247
	11	Investments—publicly traded securities		5,187,549	11	5,578,060
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		62,288	15	63,250
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,972,916	16	13,023,452
Liabilities	17	Accounts payable and accrued expenses		338,775	17	293,744
	18	Grants payable		1,567,214	18	1,345,811
	19	Deferred revenue		19,000	19	150,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		54,996	25	50,438
	26	**Total liabilities.** Add lines 17 through 25		1,979,985	26	1,839,993
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,361,421	27	7,617,501
	28	Temporarily restricted net assets		1,503,867	28	1,427,995
	29	Permanently restricted net assets		2,127,643	29	2,137,963
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,992,931	33	11,183,459
	34	Total liabilities and net assets/fund balances		13,972,916	34	13,023,452

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,180,474
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,586,857
3	Revenue less expenses Subtract line 2 from line 1	3	-1,406,383
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,992,931
5	Net unrealized gains (losses) on investments	5	536,334
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	60,577
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,183,459

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,526,342	11,158,021	13,908,387	13,888,857	14,582,034	58,063,641
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,526,342	11,158,021	13,908,387	13,888,857	14,582,034	58,063,641
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						58,063,641

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,526,342	11,158,021	13,908,387	13,888,857	14,582,034	58,063,641
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,588	581,930	460,460	431,183	358,640	1,889,801
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		217,691	247,316	262,469	326,008	1,053,484
11 **Total support** (Add lines 7 through 10)						61,006,926

12 Gross receipts from related activities, etc (see instructions)	12	1,053,484

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95 180 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	95 430 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,245,693	2,148,366	2,263,958		
b	Contributions			122,678	2,316,885	
c	Net investment earnings, gains, and losses	277,041	175,567	-9,237	55,791	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	196,674	78,240	229,033	108,718	
f	Administrative expenses					
g	End of year balance	2,326,060	2,245,693	2,148,366	2,263,958	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 86 660 %
- c Temporarily restricted endowment ▶ 13 340 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,200		36,200
b Buildings		2,026,451	1,846,599	179,852
c Leasehold improvements		1,274,089	619,440	654,649
d Equipment		651,008	585,672	65,336
e Other		91,263	70,053	21,210
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				957,247

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED LEASE PAYABLE	50,438
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	50,438

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,576,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	536,334		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	308,218		
e	Add lines **2a** through **2d**			2e	844,552
3	Subtract line **2e** from line **1**			3	7,732,387
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	7,448,087		
c	Add lines **4a** and **4b**			4c	7,448,087
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	15,180,474

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,555,530
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	308,218		
e	Add lines **2a** through **2d**			2e	308,218
3	Subtract line **2e** from line **1**			3	9,247,312
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	7,339,545		
c	Add lines **4a** and **4b**			4c	7,339,545
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	16,586,857

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	UNITED WAY OF NORTHERN NEW JERSEY'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP"), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE ORGANIZATION TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS UNITED WAY OF NORTHERN NEW JERSEY HAS AN ANNUAL ENDOWMENT SPENDING POLICY THAT IS SPECIFICALLY DESIGNED TO ASSIST IN FUNDING ANNUAL PROGRAMMING OBJECTIVES AND TO PRESERVE THE VALUE OF THE INVESTMENT PORTFOLIO OVER TIME THE SPENDING POLICY IS BETWEEN 5% AND 6% OF THE FUND VALUE AVERAGED OVER THE PRECEDING FIVE YEAR PERIOD AS OF JUNE 30TH OF EACH PERIOD IN ESTABLISHING THIS POLICY, UNITED WAY OF NORTHERN NEW JERSEY CONSIDERED THE LONG TERM EXPECTED RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, UNITED WAY OF NORTHERN NEW JERSEY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AND MAINTAIN ITS VALUE TO SUPPORT OPERATIONS IN THE FUTURE TO MEET THESE OBJECTIVES, UNITED WAY OF NORTHERN NEW JERSEY UTILIZES A TOTAL RETURN INVESTMENT APPROACH WHICH EMPHASIZES TOTAL INVESTMENT RETURN, CONSISTING OF INVESTMENT INCOME AND REALIZED AND UNREALIZED GAINS OR LOSSES AND, ACCORDINGLY, INVESTS IN EQUITIES, FIXED INCOME, AND MONEY MARKET ACCOUNTS IN ADDITION TO THE GENERAL ENDOWMENT FUNDS, THERE ARE FUNDS FUNCTIONING AS ENDOWMENTS WHICH HAVE DONOR IMPOSED RESTRICTIONS AS TO TIME AND PURPOSE, ALONG WITH VARYING VALUATION DATES AND FORMULAS FOR THE CALCULATION AND RELEASE OF SAME
PART X, LINE 2	INCOME TAXES - UNITED WAY OF NORTHERN NEW JERSEY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 308,218
PART XI, LINE 4B - OTHER ADJUSTMENTS	REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 7,339,545 ALLOWANCE FOR UNCOLLECTABLES 108,542
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 308,218
PART XII, LINE 4B - OTHER ADJUSTMENTS	REVENUE SHARING THAT WAS SHOWN NET OF CONTRIBUTIONS 7,339,545

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 COMMERCIAL REAL ESTATE LUNCHEON (event type)	(b) Event #2 HELP FOR CHILDREN CLASSIC GOLF OUTI (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	184,970	273,840	198,436	657,246
	2 Less Contributions	172,153	102,240	56,845	331,238
	3 Gross income (line 1 minus line 2)	12,817	171,600	141,591	326,008
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	21,680	143,466	39,954	205,100
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,416	71,865	22,837	103,118
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(308,218)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,790

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493083002125

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I General Information on Grants and Assistance

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

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

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

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

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

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

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITIES OF NORTHWEST JERSEY INC PO BOX 251 WASHINGTON,NJ 07882	22-2053518	501C(3)	12,333				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADA BUDRICK 220 VREELAND AVE BOONTON,NJ 07005	22-1863337	501C(3)	27,150				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADULT DAY CARE CENTER OF SOMERSET CTY INC 120 FINDERNE AVE BRIDGEWATER,NJ 08807	22-2111573	501C(3)	45,218				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALTERNATIVES 600 FIRST AVE RARITAN,NJ 08869	22-2318999	501C(3)	25,123				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS - NORTHERN NEW JERSEY 29 ELM ST MORRISTOWN, NJ 07960	53-0196605	501C(3)	12,415				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANDERSON HOUSE 532 RT 523 WHITEHOUSE STATION, NJ 08889	52-1786469	501C(3)	6,864				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF ESSEX COUNTY 123 NAYLON AVE LIVINGSTON,NJ 07039	52-1939663	501C(3)	25,620				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF SOMERSET COUNTY 141 SOUTH MAIN ST MANVILLE,NJ 08835	22-1968555	501C(3)	65,559				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF WARREN COUNTY PO BOX 389 WASHINGTON,NJ 07882	22-6018015	501C(3)	12,575				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF HUNTERDON SOMERSET & WARREN PO BOX 123 WASHINGTON, NJ 07882	22-2313175	501C(3)	19,163				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF MORRIS COUNTY 1259 US HWY 46E BLDG 3 PARSIPPANY,NJ 07054	22-2450889	501C(3)	9,643				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF METUCHEN PO BOX 191 METUCHEN,NJ 08840	22-2423496	501C(3)	56,020				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTENARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN,NJ 07840	22-1500484	501C(3)	7,325				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR PREVENTION AND COUNSELING 61 SPRING ST NEWTON,NJ 07860	23-7387757	501C(3)	93,850				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL JERSEY HOUSING RESOURCE CENTER 600 FIRST AVE SUITE 3 RARITAN,NJ 08869	22-2928661	501C(3)	29,178				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD AND FAMILY RESOURCES 111 HOWARD BLVD MT ARLINGTON, NJ 07856	22-1985526	501C(3)	30,470				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN ON THE GREEN 50 PARK PLACE MORRISTOWN,NJ 07960	22-3256124	501C(3)	33,197				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLINSVILLE CHILD CARE CENTER 901 ROUTE 10 WHIPPANY,NJ 07981	22-1899892	501C(3)	29,142				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COPE CENTER 14 BLOOMFIELD AVE MONTCLAIR,NJ 07042	22-1968536	501C(3)	26,687				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNERSTONE 62 ELM ST MORRISTOWN,NJ 07960	22-1489900	501C(3)	204,008				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CRAWFORD HOUSE 362 SUNSET ROAD SKILLMAN,NJ 08558	22-2184975	501C(3)	9,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAWN CENTER FOR INDEPENDENT LIVING INC 30 BROAD ST UNIT 5 DENVILLE,NJ 07834	22-3496995	501C(3)	33,675				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEIRDRE'S HOUSE 8 COURT ST MORRISTOWN,NJ 07960	22-3308574	501C(3)	27,668				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMESTIC ABUSE & SEXUAL ASSAULT CRISIS CENTER PO BOX 423 BELVIDERE,NJ 07823	22-2357790	501C(3)	55,416				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMESTIC ABUSE & SEXUAL ASSAULT INTERVENTION SERVICES PO BOX 805 NEWTON,NJ 07860	22-2055702	501C(3)	15,661				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOVER CHILD CARE CENTER INC 50 N MORRIS ST DOVER,NJ 07801	23-7032636	501C(3)	53,507				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DRESS FOR SUCCESS 25 COOK AVE MADISON,NJ 07940	22-3661183	501C(3)	9,806				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EL PRIMER PASO 29 SEGUR ST DOVER,NJ 07801	22-2124259	501C(3)	22,412				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELIJAH'S PROMISE 211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501C(3)	12,964				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMPLOYMENT HORIZONS 10 RIDGEDALE AVE CEDAR KNOLLS,NJ 07927	22-1612741	501C(3)	14,981				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY 339 WEST SECOND ST BOUND BROOK,NJ 08805	22-1508565	501C(3)	19,885				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY GUIDANCE CENTER OF WARREN COUNTY 492 ROUTE 57 WEST WASHINGTON,NJ 07882	22-1622427	501C(3)	10,899				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF MORRIS COUNTY PO BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501C(3)	26,812				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF WARREN COUNTY PO BOX 267 OXFORD,NJ 07863	20-4557357	501C(3)	11,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRANKLIN TOWNSHIP FOODBANK PO BOX 333 SOMERSET,NJ 08875	22-2406472	501C(3)	5,068				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREEDOM HOUSE INC PO BOX 367 GLEN GARDNER, NJ 08826	22-2638093	501C(3)	11,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE,NJ 07457	22-1512252	501C(3)	6,333				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER MORRISTOWN YMCA 79 HORSE HILL ROAD CEDAR KNOLLS,NJ 07927	22-1487618	501C(3)	24,490				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEAD START 18 THOMPSON AVE DOVER,NJ 07801	22-2507286	501C(3)	75,008				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMECORP 1 WOODLAND AVE MONTCLAIR,NJ 07042	22-2904529	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMELESS SOLUTIONS 6 DUMONT PLACE 3RD FLR MORRISTOWN,NJ 07801	22-2491675	501C(3)	45,520				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSING PARTNERSHIP FOR MORRIS COUNTY 2 EAST BLACKWELL ST SUITE 12 DOVER,NJ 07801	22-3194848	501C(3)	7,019				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH HOSPITALITY NETWORK OF SOMERSET COUNTY 98 WEST END AVE SOMERVILLE,NJ 08876	52-1752472	501C(3)	46,146				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF SUSSEX COUNTY PO BOX 154 NEWTON,NJ 07860	22-3496775	501C(3)	7,742				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH HOSPITALITY OF ESSEX COUNTY 46 PARK ST MONTCLAIR,NJ 07042	22-2841105	501C(3)	10,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEFFERSON CHILD CARE PO BOX 527 NOLANS POINT ROAD LAKE HOPATCONG, NJ 07849	22-2047663	501C(3)	26,395				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN, NJ 07960	22-2170048	501C(3)	63,258				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY SERVICE OF METROWEST 256 COLUMBIA TURNPIKE SUITE 105 FLORHAM PARK, NJ 07932	22-1687995	501C(3)	27,083				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY SERVICE OF SOMERSET HUNTERDON AND WARREN 150A WEST HIGH STREET SOMERVILLE,NJ 08776	22-2306902	501C(3)	21,953				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KEEP INC 11 PARK LAKE ROAD SPARTA,NJ 07871		501C(3)	18,900				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL SERVICES OF NORTHWEST JERSEY 34 WEST MAIN ST SUITE 301 SOMERVILLE,NJ 08876	22-2092489	501C(3)	117,873				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF MORRIS COUNTY 10 PINE ST MORRISTON,NJ 07960	22-2815591	501C(3)	19,402				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF SUSSEX COUNTY PO BOX 453 NEWTON,NJ 07860	22-3301442	501C(3)	7,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MADISON AREA YMCA 111 KINGS ROAD MADISON,NJ 07940	22-1487385	501C(3)	9,046				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTIN LUTHER KING YOUTH CENTER 1298 PRINCE ROGERS AVE BRIDGEWATER,NJ 08807	22-2043677	501C(3)	36,923				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY INC 33 SOUTH FULLERTON AVE MONTCLAIR,NJ 07042	22-1568147	501C(3)	12,375				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF MORRIS COUNTY 100 ROUTE 46 EAST BLDG C MOUNTAIN LAKES,NJ 07046	22-1544375	501C(3)	22,857				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDDLE EARTH PO BOX 8045 BRIDGEWATER,NJ 08807	22-1976521	501C(3)	84,100				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONARCH HOUSING ASSOCIATES 29 ALDEN STREET CRANFORD,NJ 07016	22-3094991	501C(3)	20,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTCLAIR EARLY CHILDHOOD CORPORATION 49 ORANGE ROAD MONTCLAIR,NJ 07042	22-3525184	501C(3)	18,750				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRIS COUNTY ORGANIZATION FOR HISPANIC AFFAIRS 95-97 BASSETT HIGHWAY DOVER,NJ 07801	22-2137333	501C(3)	18,737				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRIS HABITATY FOR HUMANITY 274 SOUTH SALEM STREET DOVER,NJ 07869	22-2675802	501C(3)	6,038				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRISTOWN NEIGHBORHOOD HOUSE 12 FLAGLER ST MORRISTOWN, NJ 07960	22-1487584	501C(3)	94,811				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNT OLIVE CHILD CARE 150 WOLFE ROAD BUDD LAKE,NJ 07828	22-2157202	501C(3)	50,325				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEWBRIDGE SERVICES PO BOX 336 POMPTON PLAINS,NJ 07444	22-1725830	501C(3)	58,425				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJ211 PARTNERSHIP 114 ALGONQUIN PARKWAY WHIPPANY,NJ 07981	22-3338917	501C(3)	134,387				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWESCAP 350 MARSHALL ST PHILLIPSBURG,NJ 08865	22-1777156	501C(3)	98,773				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWESCAP- NEWTON 186 HALSEY ROAD NEWTON,NJ 07860	22-2938952	501C(3)	26,750				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWESCAP HEAD START-PHILLIPSBURG 535 FISHER AVE PHILLIPSBURG,NJ 08865	22-2938952	501C(3)	5,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWESCAP HEAD START-NEWTON 111 RYERSON AVENUE NEWTON,NJ 07860	22-2938952	501C(3)	19,993				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWESCAP VITA 53 STICKLE AVE ROCKAWAY,NJ 07866	22-2938952	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARSIPPANY CHILD DAY CARE CENTER 300 BALDWIN ROAD PARSIPPANY,NJ 07054	22-1864906	501C(3)	34,519				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS FOR WOMEN AND JUSTICE 60 SOUTH FULLERTON AVE SUITE 211 MONTCLAIR,NJ 07042	22-3825867	501C(3)	15,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PASSITALONG 60 BLUE HERON RD SUITE 100 SPARTA,NJ 07871	80-0018706	501C(3)	6,825				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAWS PO BOX 149 MONTCLAIR, NJ 07042	22-2133963	501C(3)	5,205				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEOPLE HELP OF SUSSEX COUNTY PO BOX 202 SPARTA,NJ 07871	22-2388699	501C(3)	16,550				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PG CHAMBERS EARLY INTERVENTION 15 HALKO ROAD CEDAR KNOLLS,NJ 07927	22-1551480	501C(3)	23,590				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT SELF SUFFICIENCY 127 MILL STREET NEWTON,NJ 07860	22-2727412	501C(3)	7,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESOURCE CENTER OF SOMERSET 427 HOMESTEAD ROAD HILLSBOROUGH,NJ 08844	22-2205833	501C(3)	31,775				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIDEWISE 360 GROVE STREET BRIDGEWATER,NJ 08807	22-2998959	501C(3)	6,250				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROXBURY DAY CARE CENTER 25 RIGHTER ROAD SUCCASUNNA,NJ 07876	22-1981901	501C(3)	19,042				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY 13 TRINITY PLACE MONTCLAIR,NJ 07042	13-5562351	501C(3)	67,358				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAMARITAN INN 48 WYKER ROAD FRANKLIN,NJ 07416	22-2332307	501C(3)	44,573				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCARC GUARDIAN SERVICES INC 10 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822	22-1775304	501C(3)	29,256				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOMERSET COMMUNITY ACTION PROGRAM 900 HAMILTON STREET SOMERSET,NJ 08873	22-6075617	501C(3)	15,980				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOMERSET TREATMENT SERVICES 118 WEST END AVE SOMERVILLE,NJ 08876	22-2526128	501C(3)	54,620				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOMERSET VALLEY YMCA GREGORY SCOTT LOWE CCC 19 E MOUNTAIN HILLSBOROUGH,NJ 08844	22-1537698	501C(3)	8,559				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LEARNING GATE ASSOCIATION INC 816 OLD YORK ROAD RARITAN,NJ 08869	22-6093681	501C(3)	71,025				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERONA LIONS CLUB PO BOX 389 VERONA,NJ 07044	22-3659945	501C(3)	5,000				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISITING HOMEMAKER SERVICE OF WARREN COUNTY INC PO BOX 306 WASHINGTON,NJ 07882	22-1808699	501C(3)	16,100				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISITING NURSE ASSN OF NORTHERN NEW JERSEY 38 ELM ST MORRISTOWN, NJ 07960	22-1487368	501C(3)	48,318				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISITING NURSE ASSN OF SAINT CLARE'S 191 WOODPORT ROAD SPARTA,NJ 07871	22-1768334	501C(3)	6,300				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VNA OF SOMERSET HILLS 200 MT AIRY BASKING RIDGE,NJ 07920	22-2888648	501C(3)	13,034				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WARREN COUNTY COMMUNITY COLLEGE 475 RT 57 WEST STE 208 WASHINGTON, NJ 07882	22-2433889	501C(3)	7,768				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S HEALTH AND COUNSELING CENTER 71 FOURTH ST SOMERVILLE,NJ 08876	22-2389503	501C(3)	31,144				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF SOMERSET VALLEY 2 GREEN STREET SOMERVILLE,NJ 08876	22-1537698	501C(3)	22,289				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZUFALL HEALTH CENTER 18 W BLACKWELL DOVER, NJ 07801	22-3125397	501C(3)	12,500				FUNDED PARTNER DISTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANCHOR HOUSE 482 CENTRE STREET TRENTON,NJ 08611	22-2229995	501C(3)	8,085				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF NYC 223 E 30TH STREET NEW YORK, NY 10016	13-5600383	501C(3)	8,453				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER HOPE NETWORK TWO NORTH ROAD SUITE A CHESTER,NJ 07930	22-2647316	501C(3)	19,970				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER STINKS PO BOX 112 BERKELEY HEIGHTS,NJ 07922	45-3620127	501C(3)	17,062				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDEN AUTISM SERVICES 2 MERWICK ROAD PRINCETON,NJ 08540	22-2069597	501C(3)	5,480				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHCARE CHAPLAINCY 315 EAST 62ND STREET FLR 4 NEW YORK, NY 10065	13-2634080	501C(3)	7,500				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSE OF RUTH INC PO BOX 459 CLAREMONT,CA 91711	95-3276033	501C(3)	5,287				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HURRICANE SANDY NEW JERSEY RELIEF FUND PO BOX 6200 MERRIFIELD,VA 22116	36-4745729	501C(3)	107,361				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH VOCATIONAL SCHOOL OF METRO WEST 111 PROSPECT EAST ORANGE, NJ 07017	22-1487229	501C(3)	8,500				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN YMCA OF THE ORANGES 139 EAST MCCLELLAN AVENUE LIVINGSTON,NJ 07039	22-1487387	501C(3)	11,375				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDLAND SCHOOL PO BOX 5026 NORTH BRANCH,NJ 08876	22-1666121	501C(3)	16,281				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MILLENNIUM PROMISE 475 RIVERSIDE DRIVE SUITE 1040 NEW YORK, NY 10115	20-3042135	501C(3)	7,540				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTCLAIR VOLUNTEER AMBULANCE 95 WALNUT STREET MONTCLAIR,NJ 07042	22-1713685	501C(3)	9,659				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORRISTOWN UNITARIAN FELLOWSHIP 21 NORMANDY HEIGHTS ROAD MORRISTOWN,NJ 07960	22-2175295	501C(3)	6,927				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ONE FUND BOSTON PO BOX 990009 BOSTON,MA 02199	46-2547157	501C(3)	5,954				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR LADY OF LOURDES 390 COUNTY ROAD 523 WHITEHOUSE STN,NJ 08889	51-0229400	501C(3)	13,000				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RACHEL COALITION 256 COLUMBIA TURNPIKE SUITE 105 FLORHAM PARK, NJ 07932	80-0100466	501C(3)	5,750				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE OF LONG BRANCH NJ 131 BATH AVENUE LONG BRANCH,NJ 07740	22-2715544	501C(3)	12,188				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501C(3)	6,078				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIGMA PHI EPSILON EDUCATIONAL FOUNDATION 310 S BOULEVARD RICHMOND,VA 23220	54-6053821	501C(3)	14,809				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JUDES CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501C(3)	5,228				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN G KOMEN - CENTRALSOUTH JERSEY 2 PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648	43-2052349	501C(3)	5,048				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TONI'S KITCHEN AT ST LUKE CHURCH 73 SOUTH FULLERTON AVE MONTCLAIR, NJ 07042	31-1629166	501C(3)	16,875				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE PARAMUS,NJ 07652	22-6028959	501C(3)	10,026				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF CENTRAL JERSEY 32 FORD AVE MILLTOWN,NJ 08850	22-1520408	501C(3)	5,733				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF ESSEX AND WEST HUDSON 303 WASHINGTON NEWARK,NJ 07102	22-6069078	501C(3)	9,564				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER MERCER COUNTY 315 BRUNSWICK PIKE STE 230 LAWRENCEVILLE,NJ 08648	21-0583073	501C(3)	22,841				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER UNION COUNTY INC 33 WEST GRAND ST ELIZABETH,NJ 07202	22-1904427	501C(3)	7,854				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD FLEMINGTON,NJ 08822	22-2431065	501C(3)	13,665				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF LINCOLN & LANCASTER COUNTY 238 S 13TH STREET LINCOLN,NE 68508	47-0376624	501C(3)	41,726				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF FARMINGDALE,NJ 07727	22-1828435	501C(3)	60,943				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF NEW YORK CITY 2 PARK AVE NEW YORK, NY 10016	13-2617681	501C(3)	20,721				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF ROCKLAND COUNTY 135 MAIN STREET 2ND FLOOR NYACK,NY 10960	13-2535262	501C(3)	31,899				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF SOUTHEASTERN PENNSYLVANIA 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA,PA 19103	23-2651281	501C(3)	6,247				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STREET SUITE 200 FORT WORTH,TX 76164	75-0858360	501C(3)	5,015				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE OZARKS 320 N JEFFERSON AVE SPRINGFIELD,MO 65806	44-0552047	501C(3)	7,479				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNTED WAY OF GREATER LEHIGH VALLEY 1110 AMERICAN PARKWAY NE ALLENTOWN,PA 18109	23-2657933	501C(3)	5,078				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD,NJ 07040	22-2126867	501C(3)	11,496				DONOR DESIGNATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	20-2370934	501C(3)	6,532				DONOR DESIGNATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)JOHN B FRANKLIN	**(i)**	184,460	0	0	18,870	5,369	208,699	0
CEO	**(ii)**	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOLIDAY GIFTS)	X	1,000	199,511	FMV
26 Other ▶ (SCHOOL SUPPLI)	X	200	108,911	FMV
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.** 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.

Return Reference	Explanation
PART I, COLUMN (B)	THE STUFF THE BUS PROGRAM RUNS FROM JULY THROUGH SEPTEMBER AND INVOLVES THE COLLECTION OF SCHOOL SUPPLIES THE ORGANIZATION RECEIVES REQUESTS FROM SOCIAL SERVICES FOR SCHOOL SUPPLIES THE SUPPLIES ARE COLLECTED AT VARIOUS LOCATIONS AND BROUGHT TO A CENTRAL LOCATION FOR PROCESSING THE SUPPLIES ARE COUNTED, VALUED AND THEN MATCHED UP WITH THE REQUESTS RECEIVED THE GIFTS OF THE SEASON PROGRAM RUNS IN THE MONTH OF DECEMBER AND INVOLVES THE COLLECTION OF HOLIDAY GIFTS THE ORGANIZATION RECEIVES REQUESTS FROM SOCIAL SERVICES FOR HOLIDAY GIFTS THIS LIST IS COMPILED AND INDIVIDUAL TAGS / REQUESTS ARE PROVIDED TO DONORS THE DONOR PURCHASES THE REQUESTED GIFTS AND RETURNS THE GIFT WITH THE TAG TO THE ORGANIZATION FOR PROCESSING FOR ALL DONATIONS RECEIVED, THE ORGANIZATION ALLOWS THE DONOR TO PROVIDE THE VALUE OF THE ITEM DONATED IF THE DONOR DOES NOT PROVIDE THE PURCHASE PRICE, THE ORGANIZATION USES ITS JUDGMENT IN DETERMINING VALUE THE ORGANIZATION MAINTAINS A MASTER LIST OF ALL DONATIONS FULFILLED BY THE ORGANIZATION, RESULTING IN THE GIFTS IN KIND BALANCE NO DONATION IN KIND LETTERS ARE ISSUED TO DONORS SAXBST REVIEWED THE SUB-LEDGERS DETAILING ALL THE GIFTS-IN-KIND TRANSACTIONS AND AGREED THE BALANCE OF THE SUB-LEDGERS TO THE TRIAL BALANCE, WITHOUT EXCEPTION IN ADDITION, SAXBST REVIEWED THE SUB-LEDGERS NOTING THAT THE ORGANIZATION IS PROPERLY FILLING OUT ALL APPLICABLE INFORMATION FOR EACH DONATION OVERALL THE BALANCE OF THE REVENUE NETS AGAINST THE BALANCE IN THE EXPENSE ON THE YEAR ENDED JUNE 30, 2014 FINANCIAL STATEMENT (NO EFFECT ON BOTTOM LINE) SAXBST ALSO NOTED THE BALANCE OF THE GIFTS IN-KIND ACCOUNTS ARE RELATIVELY CONSISTENT YEAR OVER YEAR NO ADDITIONAL AUDITING PROCEDURES ARE DEEMED NECESSARY ON THIS BALANCE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN NEW JERSEY INC

Employer identification number
22-1487247

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	REVIEWED BY THE AUDIT AND FINANCIAL POLICIES COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS AND COMMUNITY VOLUNTEERS THE DRAFT FORM 990 IS CIRCULATED VIA E-MAIL TO THE AUDIT AND FINANCIAL POLICIES COMMITTEE FOR REVIEW, WHERE FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS AFTER FILING, THE 990 IS MADE AVAILABLE TO THE BOARD AND THE PUBLIC TO VIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY THIS COMPREHENSIVE DOCUMENT OUTLINES ALL PARAMETERS UNDER WHICH BOARD MEMBERS SHOULD ACT IT IS INTENDED TO SERVE THE BEST INTERESTS OF THE ORGANIZATION IN ADDITION TO THE SELF-GOVERNING PURPOSE OF THE DOCUMENT, MATTERS WHICH COME TO THE ATTENTION OF THE BOARD OR MANAGEMENT AT UNITED WAY OF NORTHERN NEW JERSEY THAT MAY BE IN CONFLICT WITH THE GUIDING PRINCIPLES ARE REVIEWED AND DISCUSSED AT GOVERNANCE COMMITTEE TO DETERMINE WHETHER FURTHER ACTION NEEDS TO BE TAKEN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, THE CEO EVALUATION AND COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO THE CEO EVALUATION AND COMPENSATION COMMITTEE IS CHARGED WITH REVIEWING PERFORMANCE AGAINST DESIRED METRICS, DISCUSSING THE RESULTS WITH THE CEO AND REPORTING THE RESULTS TO THE BOARD IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO EVALUATION AND COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER SIMILAR SCOPED NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS PROPOSED AND APPROVED AT BOARD LEVEL DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES ON AN ANNUAL BASIS, ALL STAFF, INCLUDING SENIOR AND KEY STAFF, UNDERGO A PERFORMANCE REVIEW BY THE CEO AND WHERE APPROPRIATE, COMMITTEE MEMBERS THEIR PERFORMANCE IS MEASURED AGAINST DESIRED OUTCOMES, RESULTS ARE DISCUSSED WITH THEM IF AN INCREASE IN COMPENSATION IS WARRANTED, THE CEO WILL REVIEW DATA FROM COMPARABLE NON PROFIT ORGANIZATIONS AS WELL AS DATA FROM NATIONAL LABOR DATABASES THE INCREASE IN COMPENSATION IS APPROVED BY THE CEO DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE HR FILES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE INFORMATION IS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ALLOWANCE FOR UNCOLLECTABLES -108,542 TRANSFER OF ASSETS FROM MERGER ENTITY 169,119

Return Reference	Explanation
FORM 990 PAGE 12 PART XII LINE 2C	THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE WHICH IS A SUBCOMMITTEE OF THE BOARD IT IS RESPONSIBLE FOR THE REVIEW OF THE FINANCIAL STATEMENTS AND 990 RETURN

Return Reference	Explanation
990, PART XI, OTHER CHANGES IN NET ASSETS	ACQUISITION OF UNITED WAY OF MILLBURN SHORT HILLS EFFECTIVE JANUARY 1, 2014, UNITED WAY OF NORTHERN NEW JERSEY ACQUIRED THE UNITED WAY OF MILLBURN SHORT HILLS, A NON PROFIT ORGANIZATION AFFILIATED WITH UNITED WAY WORLDWIDE THAT SERVICED THE TOWNS OF MILLBURN AND SHORT HILLS THE TWO ENTITIES SHARED A COMMON MISSION AND THROUGH THE COMBINATION, ARE ABLE TO ACHIEVE ECONOMIES OF SCALE AND OTHER SYNERGIES THROUGH INTEGRATING THEIR SERVICES IN CONJUNCTION WITH THE ACQUISITION, THE ASSETS, LIABILITIES AND NET ASSETS OF THE UNITED WAY OF MILLBURN SHORT HILLS WERE TRANSFERRED TO THE UNITED WAY OF NORTHERN NEW JERSEY THE NET ASSETS TRANSFERRED TOTALED $169,119 CONSISTING PRIMARILY OF CASH AND EQUIVALENTS