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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](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013, 2013, and ending 08-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF HUNTERDON COUNTY

Doing Business As

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

Room/suite

4 WALTER FORAN BLVD NO 401

City or town, state or province, country, and ZIP or foreign postal code

FLEMINGTON, NJ 08822

F Name and address of principal officer

MARIA B DUNCAN

4 WALTER FORAN BLVD

FLEMINGTON, NJ 08822

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.UWHUNTERDON.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1982

M State of legal domicile

NJ

Part I	Summary																																
Activities & Governance	<div><div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>MISSION TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY</div></div><div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div><div><table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>23</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>8</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,148</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table></div></div>	3	Number of voting members of the governing body (Part VI, line 1a)	3	24	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8	6	Total number of volunteers (estimate if necessary)	6	1,148	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								
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Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>1,287,904</td><td>1,322,834</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>0</td><td>0</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>45,662</td><td>59,447</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>0</td><td>7,316</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>1,333,566</td><td>1,389,597</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	1,287,904	1,322,834	9	Program service revenue (Part VIII, line 2g)	0	0	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,662	59,447	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	7,316	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,333,566	1,389,597									
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>696,644</td><td>626,596</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>408,582</td><td>406,550</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 80,855</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>196,889</td><td>238,435</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>1,302,115</td><td>1,271,581</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>31,451</td><td>118,016</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	696,644	626,596	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)	408,582	406,550	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 80,855			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	196,889	238,435	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,302,115	1,271,581	19	Revenue less expenses Subtract line 18 from line 12	31,451	118,016
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Part II

Signature Block

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

Sign Here

Signature of officer

2015-02-19

Date

MARIA B DUNCAN

CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JOSEPH M CARDUCCI

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00626953

Firm's name ☐ BEDARD KUROWICKI & CO CPA'S PC

Firm's EIN ☐ 22-3299874

Firm's address ☐ 114 BROAD STREET

FLEMINGTON, NJ 08822

Phone no (908) 782-7900

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY UNITED WAY OF HUNTERDON COUNTY (UWHC) STRATEGICALLY INVESTS IN PROGRAMS ALIGNED WITH THE OBJECTIVES UNDER THE ORGANIZATION'S THREE AREAS OF FOCUS - INCOME (FINANCIAL STABILITY), HEALTH AND EDUCATION THE FINAL PORTFOLIO COMPRISES AN ARRAY OF PROGRAMS WITH AN EMPHASIS ON SUSTAINED COMMUNITY IMPACT UWHC INVESTS INTO THE COMMUNITY IN ORDER TO MAKE INROADS TOWARD THE COMMUNITY GOAL TO IMPROVE THE FINANCIAL STABILITY OF 10,000 HUNTERDON COUNTY RESIDENTS BY 2020 - 10 BY 20 IS HOW WE LIVE UNITED THANKS TO THE GENEROUS SUPPORT OF OUR DONORS/INVESTORS AND OUR VOLUNTEERS, WE HAVE BEEN ABLE TO ASSIST MORE THAN 7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2013-14 CHANGE IS HAPPENING!

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 \$ 598,641 including grants of \$ 392,252) (Revenue \$)

FINANCIAL STABILITY - UNITED WAY OF HUNTERDON COUNTY'S FINANCIAL STABILITY PARTNERSHIP (FSP) BRINGS TOGETHER THE PUBLIC AND PRIVATE SECTORS TO ASSIST ALICE FAMILIES AND INDIVIDUALS WITH FINDING SOLUTIONS TO VARIOUS FINANCIAL CHALLENGES TWO PROGRAMS UNDERWAY ARE CERTIFIED FINANCIAL COACHING AND THE GETTING THERE TRANSPORTATION GRANT MATCHING PROGRAM THESE PROGRAMS WILL BECOME PART OF FSP'S LARGER HUNTERDON THRIVE INITIATIVE THAT WILL PROVIDE DATA MEASURING AGAINST THE COMMUNITY GOAL OF 10 BY 20 APPROXIMATELY ONE QUARTER OF HOUSEHOLDS IN HUNTERDON DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT OF THOSE, OVER 20% REPRESENT OUR TARGET "ALICE" POPULATION - ASSET LIMITED INCOME CONSTRAINED, BUT EMPLOYED A SINGLE SETBACK FOR ALICE COULD TIP THE BALANCE AND BEGIN A SLIDE INTO POVERTY THAT WILL COME AT A HUGE COST TO ALICE, OUR SOCIAL SERVICE RESOURCES AND ULTIMATELY TO OUR COMMUNITY THE ECONOMY MAY BE STABILIZING, HOWEVER THE MEDIAN HOUSEHOLD INCOME IN HUNTERDON CONTINUES TO FALL PROGRAMS AND INITIATIVES THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND POSITIVELY IMPACT OUR ECONOMIC DEVELOPMENT CONTINUE TO BE VITAL SINCE NEW JERSEY LAGS BEHIND THE NATION IN ECONOMIC RECOVERY FROM THE GREAT RECESSION OUTCOMES OF THE KEY INITIATIVES SUPPORTED THROUGH GRANTS AND THE GENEROSITY OF OUR DONOR-INVESTORS HELPING US REACH OUR COMMUNITY GOAL THE VOLUNTEER INCOME TAX ASSISTANT (VITA) PROGRAM OFFERS FREE TAX PREPARATION BY TRAINED VOLUNTEERS FOR LOW TO MODERATE WAGE WORKING INDIVIDUALS AND FAMILIES ENSURING INDIVIDUALS RECEIVE THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME WHILE SAVING THEM PREPARER FEES IN 2013, THE VITA SITE GENERATED MORE THAN \$1.24 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1,000 INDIVIDUALS WITH THE HELP OF 35-PLUS VOLUNTEERS ADDITIONALLY, CLIENTS SAVED AN ESTIMATED \$198,400 IN TAX PREPARATION FEES THE AVERAGE REFUND AMOUNT WAS \$1,100 RAISING CLIENTS ADJUSTED GROSS INCOME BY NEARLY 10% UWHC'S HOLIDAY HANDS PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENTS ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING WITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS FOR THE 2013 HOLIDAY SEASON OUR 121 VOLUNTEERS SERVED MORE THAN 2,200 HUNTERDON COUNTY RESIDENTS, 257 COMPANIES/ ORGANIZATIONS AND INDIVIDUALS PARTICIPATED AND APPROXIMATELY \$169,000 IN IN-KIND VALUE WAS DONATED THE ANTICIPATED NUMBER OF CLIENTS SERVED FOR 2014 IS EXPECTED TO INCREASE DONORS' FINANCIAL INVESTMENTS IN UNITED WAY ALSO ASSISTED IN PROVIDING FINANCIAL EDUCATION AND INCOME SUPPORTS FOR MORE THAN 800 FAMILIES AND INDIVIDUALS, INCLUDING ACCESS TO AFFORDABLE CHILD CARE, SHELTER, FOOD, LEGAL SERVICES, JOB TRAINING AND SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE PLANS FOR THE COMING YEAR ACCORDING TO THE U.S. CENSUS, APPROXIMATELY 77% OF HOMEOWNERS AND 53% OF RENTERS IN HUNTERDON COUNTY SPEND 30% OR MORE OF HOUSEHOLD INCOME ON HOUSING, WHICH POSES A SIGNIFICANT BURDEN FOR ALICE FAMILIES FACED WITH A COST OF LIVING HIGHER THAN IN OTHER PARTS OF THE STATE HOUSING AFFORDABILITY WAS A MAJOR CONCERN HIGHLIGHTED DURING COMMUNITY CONVERSATIONS IN 2012 IN RESPONSE THE HUNTERDON HOUSING ALLIANCE WAS RE-ENERGIZED AND A CROSS-SECTOR OF EXPERTS WERE BROUGHT TOGETHER TO EXPLORE HOUSING ISSUES AND IDENTIFY NEEDS IN HUNTERDON COUNTY THE OUTCOMES OF THIS DISCUSSION WERE PUBLISHED IN 2014 AND DISSEMINATED THROUGHOUT THE COUNTY IN ADDITION, UNDER THE HUNTERDON THRIVE INITIATIVE, FINANCIAL EDUCATION AND COACHING PROGRAMS WILL BE EXPANDED TO HAVE A BROADER REACH IN THE COMMUNITY

4b

(Code) (Expenses \$ 152,358 including grants of \$ 70,168) (Revenue \$)

EDUCATION-EDUCATION IS A POWERFUL TOOL FOR REDUCING POVERTY AND INEQUALITY AND IS FUNDAMENTAL TO A COMMUNITY'S SUSTAINED ECONOMIC GROWTH UWHC SUPPORTS A RANGE OF EFFORTS TO ENSURE EVERYONE IN OUR COMMUNITY HAS ACCESS TO THE EDUCATIONAL SUPPORTS THEY NEED -FROM MENTORING PROGRAMS TO LITERACY TRAINING, ENSURING ALL STUDENTS HAVE THE TOOLS THEY NEED TO START THE SCHOOL YEAR READY TO LEARN, AND TEACHING THE NEXT GENERATION OF VOLUNTEERS AND PHILANTHROPIC LEADERS CURRENT INITIATIVES TOOLS FOR SCHOOL - FOR MORE THAN 10 YEARS THIS PROGRAM HAS ALLOWED FAMILIES TO REDIRECT INCOME FOR OTHER NECESSITIES THE TOOLS FOR SCHOOL PROGRAM ASSISTS HUNTERDON COUNTY STUDENTS TO BE PREPARED FOR EDUCATIONAL SUCCESS BY PROVIDING THE NECESSARY BASIC SCHOOL SUPPLIES SO THAT THEY START THE SCHOOL YEAR READY TO LEARN FOR THE 2013 SCHOOL YEAR UWHC AND 210 VOLUNTEERS SERVED OVER 1,300 STUDENTS, ENGAGED 89 COMPANIES/ORGANIZATIONS AND 1,159 INDIVIDUALS IN THESE EFFORTS THE PROGRAM SAVED FAMILIES OVER \$45,000 IN SCHOOL SUPPLIES ADDITIONALLY, UNITED WAY RAN ITS FIRST KIDS CUT-A-TION AND VOLUNTEERS PRODUCED A VIDEO PUBLIC SERVICE ANNOUNCEMENT TO RAISE PROGRAM AWARENESS YOUTH 4 UNITED WAY - A UNIQUE PARTNERSHIP WITH HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM RAISES STUDENT AWARENESS OF COMMUNITY NEEDS AND PROVIDES THEM WITH A VENUE TO DETERMINE HOW THEY WILL CONTRIBUTE TO MEETING THOSE NEEDS THIS SERVICE LEARNING PROGRAM HAS A CURRICULAR COMPONENT THAT ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN VOLUNTEER AND MENTOR READINESS 101 - THE ONLY CERTIFICATION PROGRAM OF ITS KIND OFFERED IN HUNTERDON COUNTY, VOLUNTEER AND MENTOR READINESS 101 OUTLINES THE ESSENTIAL ROLES AND RESPONSIBILITIES EXPECTED OF VOLUNTEERS AND PROVIDES THEM WITH KNOWLEDGE TO BE BETTER PREPARED FOR VOLUNTEER ROLES THROUGHOUT THE COMMUNITY BOARD DEVELOPMENT PRIMER - UNITED WAY OF HUNTERDON COUNTY BELIEVES IN THE VALUE OF TRAINING VOLUNTEERS TO BE EFFECTIVE LEADERS THIS IN-DEMAND PROGRAM DEFINES BOARD ROLES, RESPONSIBILITIES AND BOUNDARIES TO BETTER PREPARE NEW BOARD MEMBERS OR REINFORCE THE GOVERNANCE AND FIDUCIARY ROLES FOR EXISTING BOARD MEMBERS THE ULTIMATE GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS FOR MORE THAN 150 RESIDENTS, INCLUDING CAREER SERVICES, CAREER EDUCATION, AND AWARENESS PROGRAMS AND LITERACY EDUCATION

4c

(Code) (Expenses \$ 192,274 including grants of \$ 97,618) (Revenue \$)

HEALTH-COLLECTIVELY HUNTERDON COUNTY RESIDENTS CONTINUE TO BE IN VERY GOOD HEALTH WHEN COMPARED WITH THE REST OF NEW JERSEY AND WITH THE COUNTRY HOWEVER, THERE IS ALWAYS ROOM FOR IMPROVEMENT, ESPECIALLY WITHIN FINANCIALLY UNSTABLE AND UNINSURED SEGMENTS OF OUR POPULATION YOU'VE MET HAROLD, ANOTHER MEMBER OF THE UNITED WAY OF HUNTERDON COUNTY FAMILY HAROLD - HEALTH AT RISK, OVERWHELMED, LIFESTYLE DILEMMAS HAROLD IS HEALTH AT RISK FOR A VARIETY OF REASONS INCLUDING BEING UNDERINSURED OR UN-INSURED, MAY HAVE A PREDISPOSITION TO CHRONIC PHYSICAL OR MENTAL ILLNESS BECAUSE OF FAMILY HISTORY OR BEHAVIOR HAROLD IS OVERWHELMED BY STRESS CAUSED BY FACTORS SUCH AS WORK, FAMILY (CHILDREN AND/OR AGING PARENTS), FINANCES AND IS FACED WITH ONGOING LIFESTYLE DILEMMAS - LACK OF EXERCISE DUE TO LIMITED TIME OR LIMITED BUDGET, LACK OF AWARENESS, LEADING TO POOR CHOICES AND/OR DECISIONS AND POOR NUTRITION AND IT IS IMPORTANT TO REMEMBER AS THE WORLD HEALTH ORGANIZATION STATES "HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY " WHEN HAROLD IS A CAREGIVER, HIS OVERALL WELL-BEING IS PUT UNDER GREATER STRAIN AND IF HAROLD IS LIVING IN AN UNSAFE OR UNHEALTHY ENVIRONMENT, HIS HEALTH WILL BE NEGATIVELY IMPACTED THE OVERALL HEALTH OF OUR COMMUNITY IS A FACTOR IN DETERMINING THE STRENGTH OF OUR COMMUNITY AND THEREFORE AN IMPORTANT STRATEGIC AREA OF FOCUS FOR UNITED WAY OF HUNTERDON COUNTY CURRENT INITIATIVES HUNTERDON DIAPER BANK -- A KEY PROGRAM IN SUPPORT OF UNITED WAY'S HEALTH INITIATIVE, THE HUNTERDON DIAPER BANK IS RUN IN PARTNERSHIP WITH NORWESCAP FOOD BANK THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200 MORE THAN 49,900 DIAPERS WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2013 THE HUNTERDON DIAPER BANK CENTRALIZES THE FUNDRAISING AND DISTRIBUTION OF FREE DIAPERS TO STRUGGLING PARENTS AND CAREGIVERS THROUGH EXISTING SERVICE PROVIDERS, INCLUDING LOCAL FOOD PANTRIES, DAYCARE CENTERS, SOCIAL SERVICE AGENCIES AND SHELTERS DISCOUNT PRESCRIPTION PROGRAM - UWHC PARTNERS WITH FAMILYWIZE TO OFFER FREE PRESCRIPTION DRUG DISCOUNT CARDS TO HUNTERDON COUNTY RESIDENTS AND EMPLOYEES- ASSISTING UNINSURED RESIDENTS IN RECEIVING DISCOUNTED PRESCRIPTIONS DONORS' SUPPORT ALSO HELPS FUND PROGRAMS AND RESOURCES THAT ALLOWED MORE THAN 1,149 OF OUR SENIORS AND OTHERS TO AGE IN PLACE AND LIVE INDEPENDENTLY AND TO REINFORCE HEALTHY BEHAVIORS THE NUMBER OF PEOPLE HELPED HAS INCREASED ALMOST 50% FUNDED PROGRAMS INCLUDE MEDICATION ACCESS PROGRAM, RESPITE, SENIOR CARE, HOME SHARING, MEALS FOR HOMEBOUND SENIORS AND HEALTH AND SAFETY EDUCATION IN AN EFFORT TO BETTER MEET THE NEEDS OF HAROLD, UNITED WAY OF HUNTERDON COUNTY IS FOCUSED ON OBTAINING PROGRAM GRANTS AIMED AT DECREASING HEALTH DISPARITIES WITHIN THE LATINO COMMUNITY TO THAT END, WE HAVE PARTNERED WITH THE HUNTERDON HEALTHCARE SYSTEM, THE YMCA OF HUNTERDON COUNTY, AND SHOPRITE OF HUNTERDON TO LAUNCH TIRO - TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OBESITY PROGRAM THE TIRO PROGRAM CURRICULUM PROVIDES 9-WEEK FAITHFUL FAMILIES SESSIONS, DEVELOPED BY THE UNIVERSITY OF NORTH CAROLINA, AT FLEMINGTON BAPTIST CHURCH AND TIR CHURCHES THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION THE INITIAL PILOT PROGRAM WAS SUCCESSFULLY LAUNCHED IN TWO LOCATIONS AND RAISED AWARENESS FOR FORTY ADULT PARTICIPANTS WHO WERE ALSO PROVIDED CONNECTIONS TO HEALTH AND OTHER SUPPORTIVE SERVICES AVAILABLE TO THEM PARTNERED, OUR ORGANIZATION IS STRIVING TO PROVIDE COMPLEMENTARY SUPPORTIVE SERVICES FOR THE LATINO POPULATION OF HUNTERDON COUNTY PLANS FOR THE COMING YEAR THE GOALS FOR TIRO ARE TO EXPAND THE NUMBER OF SITES TO FOUR, INCREASE THE NUMBER OF PARTICIPANTS AND DEVELOP A SIMILAR CURRICULUM FOR CHILDREN THE TIRO PROGRAM IS SLATED TO COMMENCE IN THE FALL OF 2014 AND BE COMPLETED BY JUNE 30TH OF 2015 UWHC WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH SUPPORTING EXPANDED COLLABORATIVE EFFORTS TO ASSIST IN THE HEALTHCARE OF OUR COUNTY RESIDENTS THE MISSION OF THE PARTNERSHIP FOR HEALTH IN HUNTERDON COUNTY IS TO POOL THE RESOURCES NEEDED TO UNDERTAKE THE WORK AND TO FACILITATE THE PLANNING PROCESS UNITED WAY OF HUNTERDON COUNTY IS AN ACTIVE PARTICIPANT IN THE PARTNERSHIP FOR HEALTH, HOLDING SEATS ON TWO COMMITTEES THE AGING ISSUES AND THE LATINO ACTION TEAMS

(Code) (Expenses \$ 72,696 including grants of \$ 66,558) (Revenue \$)

COMMUNITY SUPPORT SERVICESEVERY COMMUNITY HAS UNIQUE NEEDS, AND UNITED WAY MAKES IT OUR MISSION TO UNDERSTAND AND RESPOND TO THOSE NEEDS WE SUPPORT PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP TO ENSURE THAT PEOPLE WITH SPECIAL NEEDS HAVE OPPORTUNITIES FOR RECREATION AND SOCIALIZATION, THAT OUR YOUTH HAVE OPPORTUNITIES TO GROW AND DEVELOP, AND THAT EVERYONE HAS A PLACE TO TURN WHEN THEY NEED HELP CURRENT INITIATIVES NJ 2-1-1 PARTNERSHIP - THERE ARE A NUMBER OF STRONG ORGANIZATIONS AND AGENCIES IN HUNTERDON COUNTY AND THROUGHOUT NEW JERSEY WHO ARE THERE TO HELP, BUT WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1 DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME, SEVEN DAYS A WEEK FOR HELP IN NAVIGATING AVAILABLE ASSISTANCE SERVICES - EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 2-1-1 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY - DEPARTMENT OF HUMAN SERVICES, OFFICE OF HOMELAND SECURITY AND PREPAREDNESS, AND THE DEPARTMENT OF CHILDREN AND FAMILIES DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY ASSISTED MORE THAN 700 INDIVIDUALS GAIN AWARENESS OF AND ACCESS TO CRITICAL COMMUNITY RESOURCES PROGRAMS FUNDED INCLUDE EMERGENCY SERVICES, MEDICATION ACCESS AND HEALTHY EATING PROGRAMS PLANS FOR THE COMING YEAR UNITED WAY OF HUNTERDON COUNTY RECOGNIZES THAT IF NOT FOR THE ENGAGEMENT OF OUR COMMUNITY MEMBERS AND ITS STRONG VOLUNTEER SUPPORT THESE EFFORTS WOULD NOT BE REALIZED UNITED WAY OF HUNTERDON COUNTY RECEIVED DONATED SERVICES THIS PAST YEAR FROM 1,148 VOLUNTEERS THE TOTAL DONATED HOURS WERE 13,644 AND SO TO THAT END UWHC HAS INVESTED IN A COMMUNITY VOLUNTEER CENTER THIS COMMUNITY VOLUNTEER CENTER IS A CENTRAL LOCATION WHERE THE COMMUNITY WILL COME TOGETHER TO TAKE PART IN VOLUNTEER ACTIVITIES SUCH AS HOLIDAY HANDS, TOOLS 4 SCHOOL AND THE HALLOWEEN COSTUME SWAP IT IS MORE THAN A PLACE WHERE THINGS GET DONE IT IS A PLACE WHERE THINGS GET CHANGED A COMMUNITY VOLUNTEER CENTER IS THE PLACE WHERE FAMILIES COME TO REINFORCE A CULTURE OF VOLUNTEERISM, A PLACE WHERE NEIGHBORS COME TO LEND A HAND TO NEIGHBORS IN NEED, A PLACE WHERE THE COMMUNITY COMES TOGETHER TO MAKE A DIFFERENCE AND BUILD A STRONGER COMMUNITY A COMMUNITY VOLUNTEER CENTER WILL PROVIDE AN INFRASTRUCTURE FOR SUSTAINED VOLUNTEERISM AS WELL AS ALLOW FOR PROGRAMS LIKE THE VOLUNTEER INCOME TAX ASSISTANCE (VITA), WHICH BROUGHT BACK \$1 MILLION IN TAX CREDITS AND RETURNS TO OUR COMMUNITY, TO CONTINUE TO THRIVE IT WILL ALSO ALLOW A PLACE FOR FOLKS TO COME TOGETHER TO ENGAGE IN LONG TERM RECOVERY EFFORTS AFTER ANY DISASTER

4d

Other program services (Describe in Schedule O)

(Expenses \$ 72,696 including grants of \$ 66,558) (Revenue \$)
















4e

Total program service expenses

1,015,969

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 Yes	
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	No
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	No
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
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	Yes
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	Yes
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	Yes
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	No
	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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	
	THE ORGANIZER 4 WALTER FORAN BLV NO 401 FLEMINGTON, NJ 08822 (908) 782-3414	

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) KATHY CLOSS BOARD MEMBER	1 00	X						0	0	0
(2) ROB A CRANE JR BOARD MEMBER	1 00	X						0	0	0
(3) DEISI GARCIA-SCOTT BOARD MEMBER	1 00	X						0	0	0
(4) J MATTHEW HOLT BOARD MEMBER	1 00	X						0	0	0
(5) IVY E LATIMER BOARD MEMBER	1 00	X						0	0	0
(6) MICHAEL MATTURRO BOARD MEMBER	1 00	X						0	0	0
(7) ANN MCCRYSTAL BOARD MEMBER	1 00	X						0	0	0
(8) CHRISTOPHER J PHELAN BOARD MEMBER	1 00	X						0	0	0
(9) BARBARA A PIWINSKI BOARD MEMBER	1 00	X						0	0	0
(10) JENNY POON BOARD MEMBER	1 00	X						0	0	0
(11) SARAH POSLUSZNY BOARD MEMBER	1 00	X						0	0	0
(12) ROBERT RANDO BOARD MEMBER	1 00	X						0	0	0
(13) MANUEL RODRIGUEZ BOARD MEMBER	1 00	X						0	0	0
(14) GEORGE ROKSVAAG BOARD MEMBER	1 00	X						0	0	0
(15) HAEKYOUNG SUH BOARD MEMBER	1 00	X						0	0	0
(16) BARRY GOODMAN ESQ LEGAL COUNSEL	1 00	X						0	0	0
(17) TIMOTHY A BARCKHOLTZ VICE PRESIDENT	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) JOSEPH DEPINTO PRESIDENT	1 00			X				0	0	0
(19) PAUL D JOHNSON FINANCE COMMITTEE CHAIR	1 00			X				0	0	0
(20) CHARLES G KOLLER GOVERNANCE COMMITTEE CHAIR	1 00			X				0	0	0
(21) MICHAEL A MEYER VICE PRESIDENT	1 00			X				0	0	0
(22) MARY ROSE NGUYEN SECRETARY	1 00			X				0	0	0
(23) MICHAEL D YOUNG TREASURER/ FINANCE COMMITTEE CHAIR	1 00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

2

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

0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0		

Part VIII

Statement of Revenue

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			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,322,834		
	g	Noncash contributions included in lines 1a-1f \$		209,622		
	h	Total. Add lines 1a-1f		1,322,834		
Program Service Revenue	2a		Business Code			
	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)	14,426		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	45,021			
c		Gain or (loss)	0			
d		Net gain or (loss)	45,021			45,021
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	7,316		
b		Less direct expenses	b	0		
c		Net income or (loss) from fundraising events		7,316		7,316
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		1,389,597	0	0	66,763

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.	626,596	626,596		
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.	102,301	60,358	27,621	14,322
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.	214,777	126,718	57,990	30,069
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,132	7,747	3,547	1,838
9	Other employee benefits.	48,675	26,523	15,709	6,443
10	Payroll taxes.	27,665	16,724	6,973	3,968
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	14,000	8,260	1,960	3,780
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).	34,790	21,830	8,478	4,482
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.	8,737	5,028	2,535	1,174
15	Royalties.				
16	Occupancy.	17,348	10,437	4,613	2,298
17	Travel.	9,721	7,875	1,218	628
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	10,350	6,497	2,568	1,285
20	Interest.	553		553	
21	Payments to affiliates.	7,198	3,818	2,339	1,041
22	Depreciation, depletion, and amortization.	18,485	10,906	4,991	2,588
23	Insurance.	9,472	5,771	2,449	1,252
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	PRINTING	24,849	19,977	2,542	2,330
b	TELEPHONE	19,841	13,215	5,343	1,283
c	COMMUNITY PROGRAMS	19,516	19,516		
d	SUPPLIES	16,428	12,592	3,068	768
e	All other expenses	27,147	5,581	20,260	1,306
25	Total functional expenses. Add lines 1 through 24e.	1,271,581	1,015,969	174,757	80,855
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 <input type="checkbox"/> 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			216,295	1	231,883
	2	Savings and temporary cash investments			860,706	2	864,475
	3	Pledges and grants receivable, net				3	344,332
	4	Accounts receivable, net			292,896	4	1,947
	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			8,894	9	5,140
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	910,593			
	b	Less accumulated depreciation	10b	157,209	381,868	10c	753,384
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11			923,343	12	926,351
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	31,519
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,684,002	16	3,159,031
Liabilities	17	Accounts payable and accrued expenses			34,325	17	37,287
	18	Grants payable			526,755	18	523,611
	19	Deferred revenue				19	
	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	290,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			561,080	26	850,898
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			2,118,881	27	2,304,092
	28	Temporarily restricted net assets			4,041	28	4,041
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,122,922	33	2,308,133
	34	Total liabilities and net assets/fund balances			2,684,002	34	3,159,031

Part XI Reconciliation 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	1,389,597
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,271,581
3	Revenue less expenses Subtract line 2 from line 1	3	118,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,122,922
5	Net unrealized gains (losses) on investments	5	67,195
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,308,133

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **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 HUNTERDON COUNTY	Employer identification number 22-2431065
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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 ")	1,682,004	2,344,478	1,460,320	974,407	1,322,851	7,784,060
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	1,682,004	2,344,478	1,460,320	974,407	1,322,851	7,784,060
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						7,784,060

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	1,682,004	2,344,478	1,460,320	974,407	1,322,851	7,784,060
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,330	21,635	29,179	45,662	14,426	138,232
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.)	16,295	20,553	245		7,315	44,408
11	Total support (Add lines 7 through 10)						7,966,700
12	Gross receipts from related activities, etc. (see instructions)					12	306,322
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97 710 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	96 120 %
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 IIISupport 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	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization UNITED WAY OF HUNTERDON COUNTY	Employer identification number 22-2431065
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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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

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▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	923,343	855,195	778,084	683,195	675,409
b Contributions					
c Net investment earnings, gains, and losses	132,189	97,183	100,032	102,004	14,139
d Grants or scholarships					
e Other expenditures for facilities and programs	120,000	20,000	15,000		
f Administrative expenses	9,181	9,035	7,921	7,115	6,352
g End of year balance	926,351	923,343	855,195	778,084	683,196

- 2

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

Board designated or quasi-endowment

100 000 %
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

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		97,500		97,500
b Buildings		756,445	105,529	650,916
c Leasehold improvements				
d Equipment		56,648	51,680	4,968
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				753,384

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	1,442,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	67,195
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	67,195
3	Subtract line 2e from line 1	3	1,375,597
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	14,000
c	Add lines 4a and 4b	4c	14,000
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,389,597

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	1,257,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,257,581
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	14,000
c	Add lines 4a and 4b	4c	14,000
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,271,581

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 XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSES
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE

[illegible]

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 HUNTERDON COUNTY

Employer identification number
22-2431065

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

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

(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
PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED WAY OF HUNTERDON COUNTY IS CURRENTLY USING A 3 YEAR FUNDING CYCLE WE UNDERGO AN ANNUAL CITIZEN REVIEW PROCESS FOR OUR RESOURCE INVESTMENT THIS PROCESS INCLUDES BOTH AGENCY CERTIFICATION MEETINGS AND PROGRAM REVIEW MEETINGS, WITH A FOCUS ON OUTCOMES MEASUREMENT, AND EVALUATIONS PARTNER AGENCIES ARE ALSO REQUIRED TO SUBMIT AND ADHERE TO ANNUAL PARTNER AGENCY AGREEMENT

Additional Data

Software ID:
Software Version:
EIN: 22-2431065
Name: UNITED WAY OF HUNTERDON COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON HOUSE INC 532 ROUTE 523 WHITEHOUSE,NJ 08889	52-1786469	501 (C)(3)	55,000		FMV		PROVIDES SHORT TERM HOUSING, EDUCATION, AND SUPPORT FOR WOMEN WHO ARE RECOVERING FROM THE DISEASE OF ALCHOLISM AND OR DRUG ADDICTION

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 HUNTERDON COUNTY 1322 ROUTE 31 NORTH SUITE 5 ANNANDALE, NJ 08801	22-1659502	501 (C)(3)	50,000		FMV		PROVIDES A VARIETY OF SERVICES TO CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES THROUGH FAMILY SUPPORT, RECREATION, DAY AND RESIDENTIAL PROGRAMS

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 - HUNTERDON FAMILY SERVICES OFFICE 6 PARK AVE FLEMINGTON, NJ 08822	22-2423496	501 (C)(3)	20,000		FMV		PROVIDES SERVICES TO INDIVIDUALS, FAMILIES, COMMUNITIES, REFLECTS CONCERNS OF CHURCH, PEOPLE OF GOOD WILL ON BEHALF OF NEEDY, ECONOMICALLY POOR AND THOSE DEVALUED BY SOCIETY

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 ACCESSBILITY & REHABILITATION PROGRAM 4 WALTER FORAN BLVD SUITE 410 FLEMINGTON,NJ 08822	80-0181325	501 (C)(3)	5,000		FMV		ASSISTANCE WITH HOUSING ACCESSIBILITY AND REHABILITATION

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
INSTITUTE FOR MEDICATION ACCESS & COMPLIANCE PO BOX 2156 FLEMINGTON,NJ 08822	02-0564689	501 (C)(3)	12,000		FMV		PROVIDES ASSISTANCE WITH ACCESS TO MEDICATION

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
HUNTERDON HELPLINE INC 14 MINE STREET FLEMINGTON, NJ 08822	22-2265896	501 (C)(3)	8,228		FMV		24 HOUR HOTLINE, INFORMATION AND ADVOCACY, EMERGENCY SHELTERING, REASSURANCE CALLS, FRIENDLY VISITING AND COMPASSIONATE LISTENING

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 INC - HUNTERDON COUNTY DIVISION 82 PARK AVE FLEMINGTON,NJ 08822	22-2068191	501 (C)(3)	50,033		FMV		FREE LEGAL SERVICES TO INDIGENT RESIDENTS OF HUNTERDON COUNTY WHO HAVE CIVIL LAW PROBLEMS

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
MEALS OF WHEELS IN HUTERDON COUNTY 5 WALTER FORAN BLVD SUITE 2006 FLEMINGTON, NJ 08822	22-3084358	501 (C)(3)	29,000		FMV		DELIVERIES EACH WEEKDAY TO HOMEBOUND SENIORS AS WELL AS FOUR CONGREGATE NUTRITION SITES FOR THE INDEPENDENT SENIOR IN HUNTERDON LOW SODIUM AND WEEKEND MEALS AVAILABLE

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
NORWESCAPFOOD BANK STAR PROGRAM 21 NORTH BROAD STREET PHILLIPSBURG,NJ 08865	22-1777156	501 (C)(3)	49,500		FMV		DISTRIBUTES DONATED FOOD TO NON-PROFIT ORGANIZATIONS THAT FEED THE HUNGRY

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 HUNTERDON COUNTY 144 W WOODSCHURCH RD FLEMINGTON, NJ 08822	22-1524183	501 (C)(3)	33,000		FMV		PROMOTES HEALTHY LIFESTYLES FOR PEOPLE OF ALL AGES AND ABILITIES THROUGH FITNESS/HEALTH, AQUATICS, PRE-SCHOOL, AND SENIOR PROGRAMS FINANCIAL ASSISTANCE AVAILABLE ENSURING ALL CAN PARTICIPATE

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 HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON, NJ 08822	22-3049800	501 (C)(3)	30,000		FMV		PROVIDES SHELTER, CASE MANAGEMENT, COUNSELING TO HOMELESS FAMILIES, AND HOMELESS PREVENTION AND RAPID RE-HOUSING SERVICES TO ALL ELGIBLE RESIDENTS OF HUNTERDON COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMESHARING 120 FINDERNE AVE BRIDGEWATER, NJ 08807	22-2893508	501 (C)(3)	10,000		FMV		PREVENTS HOMELESSNESS BY MATCHING "PROVIDERS," RESIDENTS WHO NEED TO SHARE THEIR HOMES OR APARTMENTS IN ORDER TO MAINTAIN THEM, WITH "SEEKERS," INDIVUALS SEARCHING FOR SHARED AFFORDABLE HOUSING

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 1415 WYCKOFF RD FARMINGDALE, NJ 07727	37-1446108	501 (C)(3)	14,414		FMV		INFORMATION AND REFERRAL SERVICES AND DISASTER RESPONSE SUPPORT

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 SERVICES 150-A WEST HIGH STREET SOMERVILLE, NJ 08876	22-2306902	501 (C)(3)	10,000		FMV		JFS CAREER SERVICES PROGRAM HELPS INDIVIDUALS WHO ARE UNEMPLOYED AND UNDEREMPLOYED SERVICES INCLUDE CAREER COUNSELING, A JOB SEEKER'S SUPPORT GROUP, RESUME AND JOB SEARCH ASSISTANCE

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
HUNTERDON COUNTY POLYTECH 8 BARTLES CORNER ROAD FLEMINGTON,NJ 08822	22-3182369	501 (C)(3)	25,000		FMV		SERIES OF SEMINARS/CAREER SERVICES TO RAISE COMMUNITY AWARENESS TO JOB OPTIONS IN HIGH WAGE, HIGH DEMAND OCCUPATIONS SO THAT THE COMMUNITY MAY LEARN ABOUT SUSTAINABLE JOBS AND REQUIRED CREDENTIALS

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 HUNTERDON COUNTY

Employer identification number
22-2431065

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		209,622	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29

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

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

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

No

32a

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

32a

Yes

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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
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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 HUNTERDON COUNTY	Employer identification number 22-2431065
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN REVISED BY-LAWS, ONLY BOARD OF TRUSTEES ARE VOTING MEMBERS
FORM 990, PART VI, SECTION A, LINE 6	EVERY PERSON, FIRM, ASSOCIATION AND CORPORATION WHO MAKES A CONTRIBUTION TO OR FOR THE BENEFIT OF THIS CORPORATION SHALL AUTOMATICALLY, UPON MAKING SUCH CONTRIBUTION, BECOME A MEMBER OF THIS CORPORATION AND REMAIN A MEMBER UNTIL THE COMPLETION DATE OF THE NEXT ANNUAL CAMPAIGN OF THIS CORPORATION. EACH CONTRIBUTING MEMBER MAY BE REPRESENTED AT MEETINGS OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A	ANY VACANCY OCCURRING IN THE MEMBERSHIP OF THE BOARD OF TRUSTEES MAY BE FILLED BY THE BOARD OF TRUSTEES BY ELECTION OF A SUCCESSOR TRUSTEE FOR THE REMAINDER OF THE UNEXPIRED TERM. THE NOMINATING COMMITTEE SHALL SUBMIT NOMINATIONS TO FILL ANY VACANCY OCCURRING WITHIN THE MEMBERSHIP OF THE BOARD OF TRUSTEES. THE BOARD MAY ELECT A SUCCESSOR TRUSTEE AT ANY REGULAR OR SPECIAL MEETING, UPON GIVING AT LEAST SEVEN (7) DAYS WRITTEN NOTICE OF INTENTION TO HOLD SUCH AN ELECTION AND THE NAME OR NAMES OF THE NOMINEES FOR SUCH VACANCY OR VACANCIES.
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH IS COMPOSED OF BOARD MEMBERS AND NON-BOARD MEMBERS. THE FINALIZED FORM 990 IS CIRCULATED VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT WITHIN A GIVEN TIMEFRAME. AFTER TIMEFRAME, FORM 990 IS FINALIZED, SIGNED AND FILED WITH IRS. THE BOARD IS ADVISED AT SUBSEQUENT BOARD MEETING OF DATE OF FILING AND ACCEPTANCE BY IRS, IF APPLICABLE.
FORM 990, PART VI, SECTION B, LINE 12C	IN CONJUNCTION WITH THE FIRST BOARD MEETING OF THE FISCAL YEAR, ALL BOARD MEMBERS, VOLUNTEERS AND STAFF REVIEW AND SIGN OFF ON AN CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A	ON AN ANNUAL BASIS, THE CEO COMPLETES A PERFORMANCE COMPETENCY ASSESSMENT WHICH IS REVIEWED AND RATED BY THE EXECUTIVE COMMITTEE. THE BOARD PRESIDENT CONDUCTS THE FINALIZED REVIEW AND REPORTS TO THE BOARD. COMPENSATION ADJUSTMENTS, IF WARRANTED, ARE DETERMINED BY REVIEW OF COMPARABLE DATA OF LIKE POSITIONS AT OTHER UNITED WAYS AND NON-PROFIT ORGANIZATIONS IN THE GEOGRAPHIC AREA.
FORM 990, PART VI, SECTION C, LINE 19	YES, AVAILABLE THROUGH WEBSITE, BOARD BINDER, AND UPON REQUEST.