

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** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

VISION A COMMUNITY CENTER OF VOLUNTEERISM, LEADERSHIP AND PHILANTHROPY THAT ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR FULL POTENTIAL THROUGH INCOME STABILITY, HEALTHY LIVES AND EDUCATION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 611,217 including grants of \$ 373,324) (Revenue \$)

See Additional Data

4b (Code) (Expenses \$ 127,066 including grants of \$ 62,936) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 156,604 including grants of \$ 58,677) (Revenue \$)

See Additional Data

(Code) (Expenses \$ 208,759 including grants of \$ 14,713) (Revenue \$)
















COMMUNITY SUPPORT SERVICES. UNITED WAY SUPPORTS PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP AND SUPPORT EFFORTS THAT ENCOURAGES AN INFORMED, SAFE AND CARING COMMUNITY. CURRENT INITIATIVES - NJ 2-1-1 PARTNERSHIP. 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 211 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. NJ2-1-1 IS AN ACTIVE PARTNER IN THE HUNTERDON THRIVE INITIATIVE. DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY RAISED AWARENESS OF AND ACCESS TO CRITICAL COMMUNITY RESOURCES PLANS FOR THE COMING YEAR. -UWHC WILL CONTINUE TO REVIEW OUR COLLABORATIONS AND INITIATIVES TO ENSURE THEY ARE SUPPORTING COMMUNITY NEEDS AND ASSISTING UWHC IN REACHING ITS 2020 GOALS AS WELL AS BEGIN TO ASSESS COMMUNITY NEEDS AND IDENTIFY GOALS BEYOND 2020. -VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS). UNITED WAY OF HUNTERDON COUNTY WILL BE CHAIRING AND LEAD THE VOAD/COAD EFFORTS, BRINGING TOGETHER STAKEHOLDERS TO BETTER PREPARE AND SUPPORT RECOVERY EFFORTS IN THE EVENT OF A DISASTER. -COMMUNITY VOLUNTEER CENTER. UNITED WAY OF HUNTERDON COUNTY'S COMMUNITY VOLUNTEER CENTER WILL CONTINUE TO BE A HUB OF VOLUNTEER ACTIVITY. IT WILL WELCOME AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND NAMI. THE COMMUNITY VOLUNTEER CENTER WILL FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY. THE COMMITTEE ALSO WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 208,759 including grants of \$ 14,713) (Revenue \$)

4e Total program service expenses **▶** 1,103,646

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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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 ComplianceCheck 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	12	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	11	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	
	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	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►THE ORGANIZATION 4 WALTER FORAN BLVD 401 FLEMINGTON, NJ 08822 (908) 782-3414

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) MARIA B DUNCAN CEO	40 00	X						104,539	0	9,095
(2) HAEKYOUNG SUH BOARD MEMBER	1 00	X						0	0	0
(3) PETER GAKOS BOARD MEMBER	1 00	X						0	0	0
(4) STEFANIE GAGLIARDI ESQ BOARD MEMBER	1 00	X						0	0	0
(5) MATTHEW HOLT BOARD MEMBER	1 00	X						0	0	0
(6) ROBERT BARTER BOARD MEMBER	1 00	X						0	0	0
(7) LINDA F BRYANT BOARD MEMBER	1 00	X						0	0	0
(8) JEFFREY M GREENDA BOARD MEMBER	1 00	X						0	0	0
(9) MICHAEL YOUNG BOARD MEMBER	1 00	X						0	0	0
(10) ELOISE KEANE BOARD MEMBER	1 00	X						0	0	0
(11) AMY MUSOLINO BOARD MEMBER	1 00	X						0	0	0
(12) JOHN C PACIGA BOARD MEMBER	1 00	X						0	0	0
(13) ISIDORO PEREZ BOARD MEMBER	1 00	X						0	0	0
(14) KENDRA K SCHROEDER BOARD MEMBER	1 00	X						0	0	0
(15) PAUL STRAMAGLIA BOARD MEMBER	1 00	X						0	0	0
(16) BARRY GOODMAN ESQ LEGAL COUNSEL	1 00	X						0	0	0
(17) KATHY CLOSS CHAIR, VCC	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) DIANA FREDERICKS ESQ VP, CRISP	1 00			X				0	0	0
(19) ANIX P VYAS CHAIR, FC	1 00			X				0	0	0
(20) BRADFORD W MULLER CHAIR, GC	1 00			X				0	0	0
(21) ANN MCCRYSTAL PRESIDENT	1 00			X				0	0	0
(22) PATRICE F MARKS SECRETARY	1 00			X				0	0	0
(23) GAIL KOSYLA TREASURER	1 00			X				0	0	0
(24) BARBARA PIWINSKI VP, RESOURCE	1 00			X				0	0	0
(25) JOSEPH DEPINTO IMMEDIATE PA	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)	104,539		26,198

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <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 ▶		

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	1,297,009				
	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					
	g Noncash contributions included in lines 1a-1f \$ _____		238,722				
	h Total. Add lines 1a-1f ▶			1,297,009			
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) ▶		13,149			13,149	
	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						
	c Gain or (loss)						
	d Net gain or (loss) ▶			222	222		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . . . ▶						
	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 ▶			1,310,380	222		13,149	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	509,650	509,650		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	113,634	69,317	24,999	19,318
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.	287,678	175,483	63,290	48,905
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	17,869	10,900	3,931	3,038
9 Other employee benefits.	56,266	34,322	12,379	9,565
10 Payroll taxes.	42,019	25,632	9,244	7,143
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	15,007	9,155	3,302	2,550
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	1,500			1,500
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).	51,472	32,313	11,654	7,505
12 Advertising and promotion.				
13 Office expenses.	30,539	18,629	6,719	5,191
14 Information technology.	13,891	8,474	3,056	2,361
15 Royalties.				
16 Occupancy.	29,253	17,843	6,436	4,974
17 Travel.	6,204	3,784	1,365	1,055
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	16,281	9,931	3,582	2,768
20 Interest.	18,782	17,512	964	306
21 Payments to affiliates.	9,971	6,083	2,193	1,695
22 Depreciation, depletion, and amortization.	30,963	18,887	6,812	5,264
23 Insurance.	12,649	7,716	2,783	2,150
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMUNITY PROGRAMS	58,727	58,727		
b BAD DEBT EXPENSE	44,945	44,945		
c PRINTING AND PROMOTIONAL	25,174	15,356	5,538	4,280
d SUPPLIES	10,625	6,481	2,338	1,806
e All other expenses	13,432	2,506	10,228	698
25 Total functional expenses. Add lines 1 through 24e.	1,416,531	1,103,646	180,813	132,072
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		197,543	1	204,738	
	2	Savings and temporary cash investments		384,179	2	285,496	
	3	Pledges and grants receivable, net		232,249	3	230,539	
	4	Accounts receivable, net		5,199	4	922	
	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		6,996	9	7,584	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	1,315,764			
	b	Less: accumulated depreciation	10b	242,817	1,103,850	10c	1,072,947
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		895,751	12	929,940	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,825,767	16	2,732,166		
Liabilities	17	Accounts payable and accrued expenses		36,812	17	54,223	
	18	Grants payable		392,431	18	331,826	
	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		271,915	23	263,301	
	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	33,367	
	26	Total liabilities. Add lines 17 through 25		701,158	26	682,717	
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		2,114,609	27	2,042,449	
	28	Temporarily restricted net assets		10,000	28	7,000	
	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		2,124,609	33	2,049,449		
34	Total liabilities and net assets/fund balances		2,825,767	34	2,732,166		

Part XI Reconciliation of Net AssetsCheck 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	1,310,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,416,531
3	Revenue less expenses Subtract line 2 from line 1	3	-106,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,124,609
5	Net unrealized gains (losses) on investments	5	62,559
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-31,568
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,049,449

Part XII Financial Statements and ReportingCheck 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
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

FINANCIAL STABILITY A FAMILY OF FOUR MUST EARN ABOUT 82,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS 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 INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND POSITIVELY IMPACT OUR ECONOMIC DEVELOPMENT CONTINUE TO BE VITAL TO OUR COMMUNITY, AND TO ALICE UWHC IS MAKING SIGNIFICANT 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 2016-17 HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, IS IN ITS THIRD YEAR OF ITS PILOT PHASE HUNTERDON THRIVE PROVIDES ALICE WITH SYSTEM NAVIGATION, COACHING AND GOAL SETTING WHILE AT THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA TO 1 MEASURE PROGRESS AGAINST THE COMMUNITY GOAL OF 10 BY 20, 2 IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT, AND 3 THE OUTCOMES OF THE PILOT YEARS WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE OUTCOMES OF THE KEY INITIATIVES AND PROGRAMS SUPPORTED THROUGH GRANTS AND THE GENEROSITY OF OUR DONOR-INVESTORS HELPING US REACH OUR COMMUNITY GOAL -HUNTERDON THRIVE IS WORKING TOWARDS ITS GOAL OF REACHING 300 CLIENTS BY MAY OF 2018, AS OF AUGUST 2017 THERE WERE 133 REFERRALS AND 34 'THRIVERS'- HAVING ACHIEVED OR SET FINANCIAL GOALS HUNTERDON THRIVE MAY NOT ENGAGE HUGE NUMBERS OF INDIVIDUALS BUT THE POWER OF CREATING BEHAVIOR CHANGES AMONG THOSE IT DOES ENGAGE IS FAR REACHING EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM, CONTRIBUTES TEN- FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY -THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) FREE TAX PROGRAM GENERATED ALMOST 1.8 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1,240 INDIVIDUALS WITH THE HELP OF 67 IRS TRAINED VOLUNTEERS LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME WHILE SAVING THEM PREPARER FEES VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES -UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,735 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON THE 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 DONORS' FINANCIAL INVESTMENTS IN UNITED WAY HELPED STRENGTHEN THE PORTFOLIO OF FINANCIAL STABILITY PROGRAMS THE ORGANIZATION SUPPORTS INCLUDING FINANCIAL COACHING, AFFORDABLE CHILD CARE, SHELTER, THE FOOD BANK, LEGAL SERVICES AND JOB TRAINING THIS SELECT GROUP OF PROGRAMS WAS IDENTIFIED AS AN EFFICIENT APPROACH TO IMPROVING THE FINANCIAL STABILITY OF 10,000 RESIDENTS BY 2020 PLANS FOR THE COMING YEAR UWHC IS UTILIZING DATA COLLECTED TO FINE-TUNE AND IMPLEMENT PROGRAMS AND SYSTEM CHANGES THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE FINANCIAL COACHING WILL BE THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND A ROBUST ROSTER OF FINANCIALLY-FOCUSED WORKSHOPS AND PROGRAMS ARE UNDER CONSIDERATION OR IN DEVELOPMENT

Form 990, Part III, Line 4b:

EDUCATION EDUCATION IS FUNDAMENTAL TO THE HEALTH AND WELLNESS OF A COMMUNITY AN EDUCATED COMMUNITY IS VITAL FOR 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 -YOUTH 4 UNITED WAY A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM CELEBRATES A DECADE OF RAISING AWARENESS AMONG STUDENTS OF COMMUNITY NEEDS FURTHERMORE, IT PROVIDES A FORUM 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 -STUDENT UNITED WAY A CAMPUS BASED COMMUNITY CHANGE ORGANIZATION, LED BY STUDENTS, LAUNCHED IN THE FALL OF 2016 STUDENT UNITED WAY IS A PARTNERSHIP BETWEEN UNITED WAY OF HUNTERDON COUNTY, HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, AND THE COMMUNITY AT LARGE STUDENT UNITED WAY MEMBERS ARE PART OF AN INTERNATIONAL NETWORK OF YOUNG PEOPLE WORKING TO ADVANCE THE COMMON GOOD IT IS AN OPPORTUNITY FOR STUDENTS TO ENGAGE IN SOMETHING BIGGER THAN THEMSELVES AND TAKE THE LEAD IN BETTERING THEIR COMMUNITIES BY GIVING, ADVOCATING AND VOLUNTEERING IN THE AREAS OF EDUCATION, INCOME AND HEALTH -TOOLS 4 SCHOOL THE TOOLS 4 SCHOOL PROGRAM HAS BEEN ENSURING STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS BY PROVIDING NECESSARY BASIC SCHOOL SUPPLIES SINCE 2004 FOR THE 2017 SCHOOL YEAR UWHC AND 225 VOLUNTEERS SERVED OVER 1300 STUDENTS THE PROGRAM SAVED FAMILIES OVER 52,000 IN SCHOOL SUPPLIES ADDITIONALLY, UNITED WAY RAN ITS FOURTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR 81 CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO -BOARD DEVELOPMENT PRIMER UWHC 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 PLANS FOR THE COMING YEAR -LATINO COALITION THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH A PILOT MENTORSHIP PROGRAM IN COLLABORATION WITH THE HUNTERDON CENTRAL REGIONAL HIGH SCHOOL'S ESL PROGRAM AND RVCC'S LATINO ORGULLO THE GOAL IS TO PROVIDE MENTORSHIP SUPPORT TO LATINO STUDENTS TO GUIDE THEM TOWARDS EDUCATIONAL AND WORKFORCE READINESS THE MENTORSHIP PROGRAM WILL BE THE CORNERSTONE OF A BROADER EDUCATIONAL STRATEGY IN PARTNERSHIP WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS -DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING CAREER SERVICES, CAREER EDUCATION AND AWARENESS PROGRAMS AND LITERACY EDUCATION

Form 990, Part III, Line 4c:

HEALTH HUNTERDON IS A HEALTHY COMMUNITY, HOWEVER, THERE IS ALWAYS ROOM FOR IMPROVEMENT AND A NEED TO FOCUS ON HEALTH DISPARITIES AND THE DIFFICULTIES OF ACCESS TO HEALTHCARE, ESPECIALLY WITHIN MARGINALIZED COMMUNITIES CURRENT INITIATIVES AND PROGRAMS -TIRO (TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OBESITY) FOCUSES ON BETTER MEETING THE NEEDS OF THE LATINO COMMUNITY, AND OBTAINING PROGRAM GRANTS AIMED AT DECREASING HEALTH DISPARITIES WITHIN THE LATINO COMMUNITY TO THAT END, UWHC CONTINUES TO PARTNER WITH THE HUNTERDON HEALTHCARE SYSTEM, THE YMCA OF HUNTERDON COUNTY, SHOPRITE OF HUNTERDON, BASECAMP 31 AND THE FAITH-BASED COMMUNITY TO EXPAND TIRO THE TIRO PROGRAM CURRICULUM PROVIDES 6-WEEK FAITHFUL FAMILIES EAT SMART MOVE MORE SESSIONS FOR PARISHIONERS OF ST MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACION CHURCHES THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION TIRO ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS THE ANNUAL HEALTH FAIR CONTINUES TO EXPAND AND INCLUDE A VARIETY OF COMMUNITY MEMBERS FOCUSED ON HEALTH AND WELLNESS -HUNTERDON DIAPER BANK A KEY PROGRAM IN SUPPORT OF UNITED WAY'S HEALTH FOCUS, THE HUNTERDON DIAPER BANK HELPS GROWING FAMILIES STRETCH THEIR BUDGETS AND CONNECTS THEM TO OTHER COMMUNITY RESOURCES AS NEEDED THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS 1,200 ALMOST 14,000 DIAPERS WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2016-2017 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 PLANS FOR THE COMING YEAR -LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) UWHC WILL BE DISTRIBUTING THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) HUNTERDON COUNTY'S LATINO/HISPANIC COMMUNITY CONTINUES TO GROW AND THRIVE IN FACT THIS POPULATION HAS MORE THAN TRIPLED OVER THE PAST 30 YEARS AND NOW ACCOUNTS FOR 6.3% OR APPROXIMATELY 7,500 OF OUR NEIGHBORS -PARTNERSHIP FOR HEALTH UWHC WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IN EXISTENCE SINCE 1995, THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) COMPRISES APPROXIMATELY 30 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON THE VISION OF THE PFH IS SIMPLE EVERY INDIVIDUAL OF HUNTERDON COUNTY HAS A STATE OF OPTIMAL PHYSICAL, MENTAL, SPIRITUAL, AND SOCIAL WELL-BEING, WHICH ALLOWS THE INDIVIDUAL TO PURSUE THE MOST FULFILLING LIFE POSSIBLE, AND NOT MERELY A LIFE ABSENT OF DISEASE OR INFIRMITY PFH INCLUDES REPRESENTATION FROM LEADERS ACROSS DIVERSE COMMUNITY STAKEHOLDER GROUPS INCLUDING HEALTHCARE, GOVERNMENT, LAW ENFORCEMENT, BUSINESS, EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, FAITH-BASED ORGANIZATIONS AND MEMBERS OF THE COMMUNITY THE FOCUS OF THE PFH IS IN THE SECOND YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT -DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED HEALTHY EATING PROGRAMS FOR SENIORS AND SUBSTANCE ABUSE PREVENTION PROGRAMS

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization UNITED WAY OF HUNTERDON COUNTY		Employer identification number 22-2431065

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
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	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
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						6,245,554

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,662	14,426	12,388	12,426	13,149	98,051
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 VI.)		7,315	1,608	5,794		14,717
11 Total support. Add lines 7 through 10						6,358,322
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.230 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	98.030 %

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2015. 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 VI 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

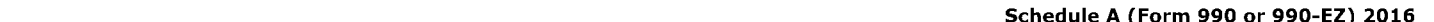
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	14,717



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 9349309401138	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization UNITED WAY OF HUNTERDON COUNTY				Employer identification number 22-2431065	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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) Revenue included on 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	Revenue included on 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) 2016	

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	895,751	872,081	926,351	923,343	855,195
b Contributions					
c Net investment earnings, gains, and losses	83,374	72,472	-4,870	132,189	97,183
d Grants or scholarships					
e Other expenditures for facilities and programs	40,000	40,000	40,000	120,000	20,000
f Administrative expenses	9,185	8,802	9,400	9,181	9,035
g End of year balance	929,940	895,751	872,081	926,351	923,343

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 on 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" on 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' on 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		1,153,019	181,808	971,211
c Leasehold improvements				
d Equipment		65,245	61,009	4,236
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,072,947

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) DOMESTIC COMMON STOCK	533,477	F
(B) MUTUAL FUNDS	185,928	F
(C) EXCHANGE-TRADED FUNDS	156,489	F
(D) PREFERRED STOCK	51,058	F
(E) SHORT-TERM INVESTMENTS	2,988	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	929,940	

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
BENEFITS PAYABLE	33,367
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	33,367

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,327,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	62,559
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	62,559
3	Subtract line 2e from line 1	3	1,265,435
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	44,945
c	Add lines 4a and 4b	4c	44,945
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,310,380

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,371,586
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	
3	Subtract line 2e from line 1	3	1,371,586
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	44,945
c	Add lines 4a and 4b	4c	44,945
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,416,531

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	BAD DEBT EXPENSE 44,945

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 44,945

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," on 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

2016

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PAGE 1, PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED WAY OF HUNTERDON COUNTY UNDERGOES AN ANNUAL CITIZEN REVIEW PROCESS FOR OUR RESOURCE INVESTMENT THIS PROCESS INCLUDES AN OPEN REQUEST FOR PROPOSAL WITH COMMITTEE REVIEWS FOCUSED ON OUTCOMES MEASUREMENT AND ANNUAL DATA REVIEWS AND EVALUATIONS FUNDED PARTNERS ADHERE TO AN AGREED CONTRACT

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON HOUSE INC 532 ROUTE 523 WHITEHOUSE, NJ 08889	52-1786469	501C3	25,000		FMV		WOMEN'S SUPPORT
HOUSING ACCESSIBILITY & REHAB 4 WALTER FORAN BLVD SUITE 410 FLEMINGTON, NJ 08822	80-0181325	501C3	10,000		FMV		HOUSING ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF NORTHWEST JERSEY 82 PARK AVE FLEMINGTON, NJ 08822	22-2068191	501C3	25,000		FMV		FREE LEGAL SERVICES
MEALS ON WHEELS IN HUNTERDON COUNTY 5 WALTER FORAN BLVD SUITE 2006 FLEMINGTON, NJ 08822	22-3084358	501C3	25,000		FMV		MEALS DELIVERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWESCAP - FOOD BANK 21 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	22-1777156	501C3	25,000		FMV		FEED THE HUNGRY
YMCA OF HUNTERDON COUNTY 144 W WOODSCHURCH RD FLEMINGTON, NJ 08822	22-1524183	501C3	25,000		FMV		HEALTHY LIFESTYLES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON, NJ 08822	22-3049800	501C3	25,000		FMV		CASE MANAGEMENT
NORWESCAP - CLTC 21 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	22-1777156	501C3	25,000		FMV		WOMEN'S ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMESHARING 120 FINDERNE AVE BRIDGEWATER, NJ 08807	22-2893508	501C3	10,000		FMV		HOMELESSNESS
HUNTERDON PREVENTION RESOURCES 4 WALTER FORAN BLVD SUITE 410 FLEMINGTON, NJ 08822	23-7215126	501C3	15,000		FMV		LEAP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHERMAN'S MARK 37 S MAIN ST LAMBERTVILLE, NJ 08530	22-2302255	501C3	20,000		FMV		FINANCIAL STABILITY
JEWISH FAMILY SERVICES 150-A WEST HIGH ST SOMERVILLE, NJ 08876	22-2306902	501C3	10,000		FMV		CAREER SERVICES

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

2016

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		238,722	RETAIL VALUE
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

30a

No

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

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

31

No

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

32a

No

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493094011138
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
Name of the organization UNITED WAY OF HUNTERDON COUNTY		Employer identification number 22-2431065	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>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 2016-17 HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, IS IN ITS THIRD YEAR OF ITS PILOT PHASE HUNTERDON THRIVE PROVIDES ALICE WITH SYSTEM NAVIGATION, COACHING AND GOAL SETTING WHILE AT THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA TO 1 MEASURE PROGRESS AGAINST THE COMMUNITY GOAL OF 10 BY 20, 2 IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT, AND 3 THE OUTCOMES OF THE PILOT YEARS WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE OUTCOMES OF THE KEY INITIATIVES AND PROGRAMS SUPPORTED THROUGH GRANTS AND THE GENEROSITY OF OUR DONOR-INVESTORS HELPING US REACH OUR COMMUNITY GOAL -HUNTERDON THRIVE IS WORKING TOWARDS ITS GOAL OF REACHING 300 CLIENTS BY MAY OF 2018, AS OF AUGUST 2017 THERE WERE 133 REFERRALS AND 34 'THRIVERS'-HAVING ACHIEVED OR SET FINANCIAL GOALS HUNTERDON THRIVE MAY NOT ENGAGE HUGE NUMBERS OF INDIVIDUALS BUT THE POWER OF CREATING BEHAVIOR CHANGES AMONG THOSE IT DOES ENGAGE IS FAR REACHING EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM, CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY -THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) FREE TAX PROGRAM GENERATED ALMOST 1.8 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1,240 INDIVIDUALS WITH THE HELP OF 67 IRS TRAINED VOLUNTEERS LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME WHILE SAVING THEM PREPARER FEES VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES -UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,735 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON THE 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 DONORS' FINANCIAL INVESTMENTS IN UNITED WAY HELPED STRENGTHEN THE PORTFOLIO OF FINANCIAL STABILITY PROGRAMS THE ORGANIZATION SUPPORTS INCLUDING FINANCIAL COACHING, AFFORDABLE CHILD CARE, SHELTER, THE FOOD BANK, LEGAL SERVICES AND JOB TRAINING THIS SELECT GROUP OF PROGRAMS WAS IDENTIFIED AS AN EFFICIENT APPROACH TO IMPROVING THE FINANCIAL STABILITY OF 10,000 RESIDENTS BY 2020 PLANS FOR THE COMING YEAR UWHC IS UTILIZING DATA COLLECTED TO FINE-TUNE AND IMPLEMENT PROGRAMS AND SYSTEM CHANGES THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE FINANCIAL COACHING WILL BE THE ENTRY POINT FOR ALL C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	LIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND A ROBUST ROSTER OF FINANCIAL LY- FOCUSED WORKSHOPS AND PROGRAMS ARE UNDER CONSIDERATION OR IN DEVELOPMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM CELEBRATES A DECADE OF RAISING AWARENESS AMONG STUDENTS OF COMMUNITY NEEDS. FURTHERMORE, IT PROVIDES A FORUM 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. -STUDENT UNITED WAY: A CAMPUS BASED COMMUNITY CHANGE ORGANIZATION, LED BY STUDENTS, LAUNCHED IN THE FALL OF 2016. STUDENT UNITED WAY IS A PARTNERSHIP BETWEEN UNITED WAY OF HUNTERDON COUNTY, HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, AND THE COMMUNITY AT LARGE. STUDENT UNITED WAY MEMBERS ARE PART OF AN INTERNATIONAL NETWORK OF YOUNG PEOPLE WORKING TO ADVANCE THE COMMON GOOD. IT IS AN OPPORTUNITY FOR STUDENTS TO ENGAGE IN SOMETHING BIGGER THAN THEMSELVES AND TAKE THE LEAD IN BETTERING THEIR COMMUNITIES BY GIVING, ADVOCATING AND VOLUNTEERING IN THE AREAS OF EDUCATION, INCOME AND HEALTH. -TOOLS 4 SCHOOL: THE TOOLS 4 SCHOOL PROGRAM HAS BEEN ENSURING STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS BY PROVIDING NECESSARY BASIC SCHOOL SUPPLIES SINCE 2004. FOR THE 2017 SCHOOL YEAR UWHC AND 225 VOLUNTEERS SERVED OVER 1300 STUDENTS. THE PROGRAM SAVED FAMILIES OVER 52,000 IN SCHOOL SUPPLIES. ADDITIONALLY, UNITED WAY RAN ITS FOURTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR 81 CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST. TOO -BOARD DEVELOPMENT PRIMER: UWHC 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. PLANS FOR THE COMING YEAR. -LATINO COALITION: THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH A PILOT MENTORSHIP PROGRAM IN COLLABORATION WITH THE HUNTERDON CENTRAL REGIONAL HIGH SCHOOL'S ESL PROGRAM AND RVCC'S LATINO ORGULLO. THE GOAL IS TO PROVIDE MENTORSHIP SUPPORT TO LATINO STUDENTS TO GUIDE THEM TOWARDS EDUCATIONAL AND WORKFORCE READINESS. THE MENTORSHIP PROGRAM WILL BE THE CORNERSTONE OF A BROADER EDUCATIONAL STRATEGY IN PARTNERSHIP WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS. -DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING CAREER SERVICES, CAREER EDUCATION AND AWARENESS PROGRAMS AND LITERACY EDUCATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>AND THE FAITH-BASED COMMUNITY TO EXPAND TIRO THE TIRO PROGRAM CURRICULUM PROVIDES 6-WEEK FAITHFUL FAMILIES EAT SMART MOVE MORE SESSIONS FOR PARISHIONERS OF ST MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACION CHURCHES THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION TIRO ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS THE ANNUAL HEALTH FAIR CONTINUES TO EXPAND AND INCLUDE A VARIETY OF COMMUNITY MEMBERS FOCUSED ON HEALTH AND WELLNESS -HUNTERDON DIAPER BANK A KEY PROGRAM IN SUPPORT OF UNITED WAY'S HEALTH FOCUS, THE HUNTERDON DIAPER BANK HELPS GROWING FAMILIES STRETCH THEIR BUDGETS AND CONNECTS THEM TO OTHER COMMUNITY RESOURCES AS NEEDED THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS 1,200 ALMOST 14,000 DIAPERS WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2016-2017 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 PLANS FOR THE COMING YEAR -LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) UWHC WILL BE DISTRIBUTING THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) HUNTERDON COUNTY'S LATINO/HISPANIC COMMUNITY CONTINUES TO GROW AND THRIVE IN FACT THIS POPULATION HAS MORE THAN TRIPLED OVER THE PAST 30 YEARS AND NOW ACCOUNTS FOR 6 3% OR APPROXIMATELY 7,500 OF OUR NEIGHBORS -PARTNERSHIP FOR HEALTH UWHC WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IN EXISTENCE SINCE 1995, THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) COMPRISES APPROXIMATELY 30 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON THE VISION OF THE PFH IS SIMPLE EVERY INDIVIDUAL OF HUNTERDON COUNTY HAS A STATE OF OPTIMAL PHYSICAL, MENTAL, SPIRITUAL, AND SOCIAL WELL-BEING, WHICH ALLOWS THE INDIVIDUAL TO PURSUE THE MOST FULFILLING LIFE POSSIBLE, AND NOT MERELY A LIFE ABSENT OF DISEASE OR INFIRMITY PFH INCLUDES REPRESENTATION FROM LEADERS ACROSS DIVERSE COMMUNITY STAKEHOLDER GROUPS INCLUDING HEALTHCARE, GOVERNMENT, LAW ENFORCEMENT, BUSINESS, EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, FAITH-BASED ORGANIZATIONS AND MEMBERS OF THE COMMUNITY THE FOCUS OF THE PFH IS IN THE SECOND YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT -DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED HEALTHY EATING PROGRAMS FOR SENIORS AND SUBSTANCE ABUSE PREVENTION PROGRAMS</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>COMMUNITY SUPPORT SERVICES UNITED WAY SUPPORTS PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP AND SUPPORT EFFORTS THAT ENCOURAGES AN INFORMED, SAFE AND CARING COMMUNITY CURRENT INITIATIVES -NJ 2-1-1 PARTNERSHIP 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 211 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 NJ2-1-1 IS AN ACTIVE PARTNER IN THE HUNTERDON THRIVE INITIATIVE DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY RAISED AWARENESS OF AND ACCESS TO CRITICAL COMMUNITY RESOURCES PLANS FOR THE COMING YEAR -UWHC WILL CONTINUE TO REVIEW OUR COLLABORATIONS AND INITIATIVES TO ENSURE THEY ARE SUPPORTING COMMUNITY NEEDS AND ASSISTING UWHC IN REACHING ITS 2020 GOALS AS WELL AS BEGIN TO ASSESS COMMUNITY NEEDS AND IDENTIFY GOALS BEYOND 2020 -VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) UNITED WAY OF HUNTERDON COUNTY WILL BE CHAIRING AND LEAD THE VOAD/COAD EFFORTS, BRINGING TOGETHER STAKEHOLDERS TO BETTER PREPARE AND SUPPORT RECOVERY EFFORTS IN THE EVENT OF A DISASTER -COMMUNITY VOLUNTEER CENTER UNITED WAY OF HUNTERDON COUNTY'S COMMUNITY VOLUNTEER CENTER WILL CONTINUE TO BE A HUB OF VOLUNTEER ACTIVITY IT WILL WELCOME AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND NAMI THE COMMUNITY VOLUNTEER CENTER WILL FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY THE COMMITTEE ALSO WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	ANY VACANCY OCCURING 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

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS AND NON-BOARD MEMBERS, WITH A MINIMUM OF TWO MEMBERS WITH FINANCIAL EXPERIENCE 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

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	IN CONJUNCTION WITH THE FIRST BOARD MEETING OF THE FISCAL YEAR, ALL BOARD MEMBERS, VOLUNTEERS AND STAFF REVIEW AND SIGN OFF ON A CONFLICT OF INTEREST POLICY

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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 WAY'S AND NON PROFIT ORGANIZATIONS IN THE GEOGRAPHIC AREA

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	YES, AVAILABLE THROUGH WEBSITE, BOARD BINDER, AND UPON REQUEST

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	BAD DEBT EXPENSE -44,945 BAD DEBT EXPENSE 44,945