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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF HUNTERDON COUNTY

Doing business as

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

4 WALTER FORAN BLVD

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

FLEMINGTON, NJ 08822

F Name and address of principal officer

MARIA B DUNCAN

4 WALTER FORAN BLVD 401

FLEMINGTON, NJ 08822

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

22-2431065

E Telephone number

(908) 782-3414

G Gross receipts \$ 1,337,398

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWHUNTERDON.ORG

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

L Year of formation 1982

M State of legal domicile NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶124,456

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

MARIA B DUNCAN CEO

Type or print name and title

2019-03-04

Date

Paid Preparer Use Only

Print/Type preparer's name

MICHAEL A HOLK CPA

Preparer's signature

MICHAEL A HOLK CPA

Date

2019-03-13

Check ☐ if self-employed

PTIN

P01315390

Firm's name ▶ BKC CPAS PC

Firm's EIN ▶ 22-3299874

Firm's address ▶ 114 BROAD ST

Phone no (908) 782-7900

FLEMINGTON, NJ 08822

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 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MISSION TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO THRIVE UNITED WAY OF HUNTERDON COUNTY (UWHC) FOCUSES ON POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY TO CREATE POSITIVE CHANGE IN OUR COMMUNITY WE INVEST IN INITIATIVES AND PROGRAMS THAT ARE ALIGNED WITH THE OBJECTIVES UNDER THE ORGANIZATION'S THREE COMMUNITY IMPACT FOCUS AREAS - INCOME (FINANCIAL STABILITY), HEALTH AND EDUCATION THE FINAL PORTFOLIO COMPRISES INITIATIVES AND PROGRAMS WITH AN EMPHASIS ON SUSTAINED COMMUNITY IMPACT GREAT THINGS HAPPEN WHEN WE LIVE UNITED VISION A COMMUNITY 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 \$ 441,344 including grants of \$ 242,040) (Revenue \$)
See Additional Data	

4b	(Code) (Expenses \$ 255,681 including grants of \$ 30,638) (Revenue \$)
See Additional Data	

4c	(Code) (Expenses \$ 106,375 including grants of \$ 18,600) (Revenue \$)
See Additional Data	

(Code) (Expenses \$ 103,557 including grants of \$ 30,023) (Revenue \$)

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 OF COMMUNITY NEEDS AMONG STUDENTS THE PROGRAM ALSO PROVIDES YOUNG PEOPLE WITH A FORUM TO DETERMINE HOW THEY CAN CONTRIBUTE TO THE FULFILLMENT OF THOSE NEEDS THIS SERVICE LEARNING CURRICULUM ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN TOOLS FOR SCHOOL - SINCE ITS INCEPTION IN 2004, THIS PROGRAM PROVIDING NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS FOR THE 2018 SCHOOL YEAR UWHC AND 171 VOLUNTEERS SERVED OVER 1100 STUDENTS THE PROGRAM SAVED FAMILIES OVER 30,000 IN SCHOOL SUPPLIES ADDITIONALLY, UNITED WAY PARTNERED WITH AREA SALONS TO RUN ITS FIFTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO BOARD DEVELOPMENT PRIMER - UNITED WAY OF HUNTERDON COUNTY BELIEVES IN THE VALUE OF TRAINING VOLUNTEERS TO BE EFFECTIVE LEADERS THIS IN-DEMAND PROGRAM DEFINES BOARD ROLES, RESPONSIBILITIES AND BOUNDARIES TO BETTER PREPARE NEW BOARD MEMBERS OR REINFORCE THE GOVERNANCE AND FIDUCIARY ROLES FOR EXISTING BOARD MEMBERS THE ULTIMATE GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY PLANS FOR THE COMING YEAR LATINO COALITION THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH AN EDUCATIONAL PARTNERSHIP STRATEGY WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS THE GOAL IS TO INCREASE AWARENESS /EDUCATION OPPORTUNITIES FOR IN DEMAND JOBS, WITH A LIVING WAGE AND POTENTIAL CAREER PATHS, INCREASE COLLABORATION BETWEEN HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, HUNTERDON POLYTECH, HUNTERDON HEALTHCARE SYSTEM AND RARITAN VALLEY COMMUNITY COLLEGE AND TO REDUCE THE DISPARITY OF LATINOS NOT GRADUATING HIGH SCHOOL DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING A CAREER WORKSHOP SERIES BY THE PROFESSIONAL SERVICE GROUP OF CENTRAL NEW JERSEY

4d	Other program services (Describe in Schedule O)
(Expenses \$ 103,557 including grants of \$ 30,023) (Revenue \$)	

4e	Total program service expenses 906,957
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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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>		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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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	No
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	9	
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	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. 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 NO 401 FLEMINGTON, NJ 08822 (908) 782-3414

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA B DUNCAN CEO	40 00			X				116,475	0	24,923
(2) KATHY CLOSS VOLUNTEER CE	1 00			X				0	0	0
(3) DIANA FREDERICKS ESQ VICE PRESIDE	1 00			X				0	0	0
(4) ANIX P VYAS FINANCE/AUDI	1 00			X				0	0	0
(5) BRADFORD W MULLER PRESIDENT EL	1 00			X				0	0	0
(6) ANN MCCRYSTAL PRESIDENT	1 00			X				0	0	0
(7) PATRICE F MARKS SECRETARY	1 00			X				0	0	0
(8) GAIL KOSYLA TREASURER	1 00			X				0	0	0
(9) BARRY GOODMAN ESQ LEGAL COUNSE	1 00	X						0	0	0
(10) ROBERT BARTER VP RESOURCE	1 00			X				0	0	0
(11) LINDA F BRYANT VP RESOURCE	1 00			X				0	0	0
(12) PETER GAKOS BOARD MEMBER	1 00	X						0	0	0
(13) STEFANIE GAGLIARDI BOARD MEMBER	1 00	X						0	0	0
(14) JEFFREY M GREENDA BOARD MEMBER	1 00	X						0	0	0
(15) ELOISE KEANE BOARD MEMBER	1 00	X						0	0	0
(16) AMY MUSOLINO BOARD MEMBER	1 00	X						0	0	0
(17) JOHN C PACIGA BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ISIDORO PEREZ BOARD MEMBER	1 00	X						0	0	0
(19) KENDRA K SCHROEDER BOARD MEMBER	1 00	X						0	0	0
(20) PAUL STRAMAGLIA BOARD MEMBER	1 00	X						0	0	0
(21) JUSTIN EISENBERG BOARD MEMBER	1 00	X						0	0	0
(22) JOSEPH GALIOTO BOARD MEMBER	1 00	X						0	0	0
(23) JOHN HIGGINS BOARD MEMBER	1 00	X						0	0	0
(24) REBECCA TESTA BOARD MEMBER	1 00	X						0	0	0
(25) BARBARA PIWINSKI BOARD MEMBER	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)								116,475		24,923

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 ☐

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a 1,285,571			
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 \$	242,900			
h Total. Add lines 1a-1f	1,285,571			

Program Service Revenue

	Business Code			
2a				
b				
c				
d				
e				
f All other program service revenue				
g Total. Add lines 2a-2f				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		20,869			20,869
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	30,958				
c Gain or (loss)	30,958				
d Net gain or (loss)		30,958	30,958		
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		1,337,398	30,958		20,869

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.	321,301	321,301		
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.	116,475	73,379	25,625	17,471
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.	325,506	205,069	71,611	48,826
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	18,165	11,444	3,996	2,725
9 Other employee benefits.	61,692	38,866	13,572	9,254
10 Payroll taxes.	44,170	27,827	9,718	6,625
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	219	138	48	33
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	12,000			12,000
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).	57,419	42,474	14,832	113
12 Advertising and promotion.				
13 Office expenses.	41,716	26,281	9,177	6,258
14 Information technology.	16,222	11,480	4,009	733
15 Royalties.				
16 Occupancy.	32,990	20,783	7,258	4,949
17 Travel.	6,653	4,191	1,464	998
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	6,789	4,277	1,494	1,018
20 Interest.	18,839	17,741	653	445
21 Payments to affiliates.	9,940	6,262	2,187	1,491
22 Depreciation, depletion, and amortization.	32,933	20,748	7,245	4,940
23 Insurance.	15,443	9,729	3,398	2,316
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	47,072	47,072		
b PRINTING AND PROMOTIONAL	18,931	11,927	4,164	2,840
c SUPPLIES	9,473	5,968	2,084	1,421
d OTHER OUTREACHES	1,585		1,585	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,215,533	906,957	184,120	124,456
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		204,738	1	249,379
	2	Savings and temporary cash investments		285,496	2	154,537
	3	Pledges and grants receivable, net		230,539	3	222,014
	4	Accounts receivable, net		922	4	790
	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		7,584	9	6,616
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,327,755		
	b	Less: accumulated depreciation	10b	275,691		
				1,072,947	10c	1,052,064
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		929,940	12	1,008,917
	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)		2,732,166	16	2,694,317	
Liabilities	17	Accounts payable and accrued expenses		54,223	17	45,420
	18	Grants payable		331,826	18	119,476
	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		263,301	23	254,148
	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		33,367	25	35,269
	26	Total liabilities. Add lines 17 through 25		682,717	26	454,313
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		2,042,449	27	2,235,472
	28	Temporarily restricted net assets		7,000	28	4,532
	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		2,049,449	33	2,240,004	
34	Total liabilities and net assets/fund balances		2,732,166	34	2,694,317	

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	1,337,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,215,533
3	Revenue less expenses Subtract line 2 from line 1	3	121,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,049,449
5	Net unrealized gains (losses) on investments	5	78,011
6	Donated services and use of facilities	6	
7	Investment expenses	7	-9,321
8	Prior period adjustments	8	
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	2,240,004

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		

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

Form 990 (2017)

Form 990, Part III, Line 4a:

FINANCIAL STABILITY - A FAMILY OF FOUR MUST EARN ~90,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY (8,000 MORE THAN JUST A FEW YEARS AGO) AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS. ALMOST ONE-THIRD OF HUNTERDON HOUSEHOLDS DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT. OF THOSE, OVER 22% 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 ONCE AGAIN HAVE BEEN ABLE TO ASSIST MORE THAN 7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2017-18. HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, SUCCESSFULLY COMPLETED ITS 3-YEAR 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. 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 HAD A TOTAL OF 253 REFERRALS AND 96 "THRIVERS" (38% OF REFERRALS) ACHIEVED OR SET FINANCIAL GOALS BY THE END OF THE PILOT PHASE. THESE NUMBERS ARE SIGNIFICANTLY HIGHER THAN SEEN IN SIMILAR LONG-TERM, BEHAVIOR MODIFICATION PROGRAMS. EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY. "THRIVE FINANCIAL COACHING IS THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND NOW FEATURES A SERIES OF 6 FINANCIALLY FIT WORKSHOPS THAT BOTH DRAW NEW CLIENTS AND OFFER EDUCATIONAL REINFORCEMENT FOR EXISTING CLIENTS. "THE VOLUNTEER INCOME TAX ASSISTANT (VITA) FREE TAX PROGRAM GENERATED MORE THAN 2.1 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1300 HOUSEHOLDS WITH THE HELP OF 74 IRS-TRAINED VOLUNTEERS. LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES. NOT ONLY DID CLIENTS RECEIVE MORE THAN 2 MILLION IN TAX REFUNDS, THEY SAVED APPROXIMATELY 286,000 IN PREPARATION FEES. VOLUNTEERS ALSO ASSISTED 100 SENIORS APPLY FOR THE SENIOR PROPERTY TAX FREEZE SO THAT THEY ARE BETTER POSITIONED TO STAY IN THEIR HOMES LONGER TERM. A LACK OF SAVINGS IS ONE OF THE BIGGEST CHALLENGES FACING LOW-INCOME FAMILIES SO THE VITA FREE TAX PROGRAM, IN COLLABORATION WITH COMMONWEALTH, ADDED A SAVINGS INCENTIVE COMPONENT. MORE THAN 10% OF CLIENTS PUT ALL OR A PORTION OF THEIR REFUND INTO A SAVINGS ACCOUNT, UNITED WAY OF HUNTERDON COUNTY WAS RECOGNIZED AS ROOKIE OF THE YEAR BY COMMONWEALTH BECAUSE THAT NUMBER WAS FAR BEYOND THE 2%-3% OF CLIENTS WHO TYPICALLY PUT MONEY INTO SAVINGS. THE VITA FREE TAX PROGRAM SEES A TREMENDOUS RETURN ON THE 45 PER CLIENT INVESTMENT MADE BY UNITED WAY OF HUNTERDON COUNTY. "UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,761 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 STRENGTHENED AN ARRAY OF POVERTY PREVENTION PROGRAMS INCLUDING FINANCIAL COACHING, YMCA SCHOLARSHIPS FOR AFFORDABLE CHILD CARE, FAMILY PROMISE HOMELESS SHELTER, NORWESCAP FOOD BANK, LEGAL SERVICES OF NORTHERN NEW JERSEY, NORWESCAP WOMEN IN TRANSITION, JEWISH FAMILY SERVICES CAREER TRAINING, FISHERMAN'S MARK BRIDGE TO SELF-SUFFICIENCY, ANDERSON HOUSE FINANCIAL FITNESS HOUSING ACCESSIBILITY AND REPAIR, AND HOMESHARING. 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 UTILIZES DATA-SUPPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. THE OUTCOMES OF THE HUNTERDON THRIVE 3-YEAR PILOT WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE. IN ADDITION, UWHC IS CREATING A SPONSORSHIP PORTFOLIO TO ATTRACT MORE ROBUST FINANCIAL SUPPORT FOR THE THRIVE POVERTY PREVENTION INITIATIVE SO THAT MORE ALICE HOUSEHOLDS CAN BE REACHED.

Form 990, Part III, Line 4b:

COMMUNITY VOLUNTEER CENTER AND PARTNER SUPPORT SERVICES UNITED WAY SUPPORTS PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP AND ENCOURAGE AN INFORMED, SAFE AND CARING COMMUNITY CURRENT INITIATIVES COMMUNITY VOLUNTEER CENTER - THE UNITED WAY OF HUNTERDON COUNTY COMMUNITY VOLUNTEER CENTER WELCOMED MORE THAN 1,000 VOLUNTEERS WHO TOOK PART IN HOLIDAY HANDS, TOOLS 4 SCHOOL, VITA, TIRO, THRIVE FINANCIALLY FIT WORKSHOPS AND MANY OTHER UNITED WAY AND COMMUNITY PARTNER PROGRAMS THE CENTER IS MORE THAN A PLACE WHERE THINGS GET DONE IT IS A PLACE WHERE LIVES GET CHANGED THROUGH POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY FOR ALICE - THE 27% OF HUNTERDON HOUSEHOLDS WHO STRUGGLE EVERY DAY TO MAKE ENDS MEET WE BELIEVE THAT ALICE - OUR NEIGHBORS WHO ARE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED - AND EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO THRIVE THE CENTER ALSO SERVED AS THE BACKDROP FOR THE META THEATRE COMPANY'S WHAT WERE YOU WEARING EXHIBIT DURING THE HEALTH FAIR AS WELL AS AN ORIGINAL PERFORMANCE BASED ON THE REAL-LIFE STORIES OF THE META THEATER COMPANY THE FAMILY-FRIENDLY INSTALLATION PROVIDED A TANGIBLE RESPONSE TO ONE OF OUR CULTURE'S MOST PERVERSIVE MYTHS ABOUT RAPE AND SEXUAL ASSAULT AND SEEKS TO CHALLENGE THIS DANGEROUS AND PATRIARCHAL LINE OF THINKING THE COMMUNITY VOLUNTEER CENTER WELCOMED AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, FAMILY PROMISE, LA LECHE LEAGUE, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES AND HUNTERDON YMCA VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) THE VOLUNTEER CENTER IS ALSO A PLACE FOR FOLKS TO COME TOGETHER TO ENGAGE IN LONG TERM RECOVERY EFFORTS AFTER ANY DISASTER AS THE LEAD AGENCY IN VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) UNITED WAY DOESN'T WAIT FOR RECOVERY EFFORTS TO COME TO THEM THIS YEAR UWHC ASSISTED WITH THE RECOVERY EFFORTS AFTER A DEVASTATING FIRE DISPLACED RESIDENTS OF FOUR APARTMENTS AND DESTROYED TWO BUSINESSES IN THE RIVERSIDE BOROUGH OF FRENCHTOWN 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 VITA FREE TAX PREP PROGRAM 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 CONTINUE TO 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 FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY UWHC WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES

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 THRIVING COMMUNITIES 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 HEALTH FAIR UNITED WAY OF HUNTERDON COUNTY MARKED NATIONAL MINORITY HEALTH MONTH WITH ITS ANNUAL HEALTH FAIR THIS EVENT IS SUPPORTED BY THE NEW JERSEY OFFICE OF MINORITIES & MULTICULTURAL HEALTH HUNTERDON DIAPER BANK -- THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS 1,200 UWHC SAVED FAMILIES AND INDIVIDUALS ALMOST 17,000 OF DIAPERS AND ADULT INCONTINENCE PRODUCTS THAT WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2017-2018 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 LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) - UWHC PUBLISHED AND DISTRIBUTED THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) THE 2016-2017 LATINO BRFSS REVEALED THAT OUR LATINO NEIGHBORS ARE FEELING BETTER THAN THEY DID WHEN THEY LAST TOOK THE SURVEY IN 2011 WHEN ASKED TO RATE THEIR OVERALL HEALTH, 25 2% RATED THEIR HEALTH AS FAIR TO POOR COMPARED WITH 42% IN 2011 THAT CERTAINLY IS A SIGNIFICANT IMPROVEMENT, HOWEVER THERE IS STILL A HUGE DISPARITY BETWEEN 25% AND THE 7 8% OF OVERALL HUNTERDON RESIDENTS WHO RATED THEIR HEALTH AS FAIR TO POOR IN THE 2010 HUNTERDON BRFSS OVERALL, 24% OF THE LATINO COMMUNITY REPORTED NOT BEING ABLE TO SEE A DOCTOR IN THE LAST YEAR DUE TO COSTS, AN 11% IMPROVEMENT FROM 2011, AND 50% INDICATED THEY HAD A MEDICAL HOME - AN INCREASE FROM 2011 AND ONLY 17% SAID THEY COULDN'T GET HEALTH CARE BECAUSE OF A LANGUAGE BARRIER IT IS ENCOURAGING TO SEE THESE POSITIVE RESULTS BUT THERE IS STILL NEED FOR IMPROVEMENT ALMOST 74% OF OUR LATINO NEIGHBORS LACK HEALTH CARE INSURANCE AND 13 5% ARE MORBIDLY OBESE PARTNERSHIP FOR HEALTH - UWHC CONTINUES 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 60 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON THE FOCUS PFH IS IN THE THIRD YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED MEALS ON WHEELS AND PREVENTION RESOURCES' LAW ENFORCEMENT ADOLESCENT PROGRAM (LEAP) PLANS FOR THE COMING YEAR UNITED WAY WILL CONTINUE TO EXPAND TIRO - (TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OBESITY) TO BETTER MEET THE NEEDS OF THE LATINO AND OTHER MARGINALIZED COMMUNITIES UWHC WILL MAKE STRONGER CONNECTIONS BETWEEN HEALTH AND POVERTY PREVENTION AND FOCUS ON ACCESS TO HEALTHY FOOD AND HEALTH CARE AS WELL AS OFFER A GET YOUR BUDGET FIT FINANCIAL WORKSHOP IN SPANISH THE ANNUAL HEALTH FAIR WILL CONTINUE TO GROW AND PLANS ARE TO EXPAND IN COLLABORATION WITH EFFORTS OF THE FLEMINGTON COMMUNITY PARTNERSHIP

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
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						6,556,718

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,426	12,388	12,426	13,149	20,869	73,258
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						6,644,693
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 98.680 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 98.230 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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>		

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>		
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>		

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>		

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?		
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>		
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>		

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>		
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>		
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>		
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>		

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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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: 93493080003169

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF HUNTERDON COUNTY

Employer identification number
22-2431065

Part I

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

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?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

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

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

11

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

1b

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) 2017

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	929,940	895,751	872,081	926,351	923,343
b Contributions					
c Net investment earnings, gains, and losses	128,298	83,374	72,472	-4,870	132,189
d Grants or scholarships					
e Other expenditures for facilities and programs	40,000	40,000	40,000	40,000	120,000
f Administrative expenses	9,321	9,185	8,802	9,400	9,181
g End of year balance	1,008,917	929,940	895,751	872,081	926,351

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		1,153,020	210,635	942,385
c Leasehold improvements				
d Equipment		73,194	65,056	8,138
e Other		4,041		4,041
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,052,064

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	604,125	F
(B) MUTUAL FUNDS	336,786	F
(C) SHORT-TERM INVESTMENTS	42,350	F
(D) PREFERRED STOCK	25,656	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1,008,917	

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
BENEFITS PAYABLE	35,269	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	35,269	

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	1,406,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	78,011
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	78,011
3	Subtract line 2e from line 1	3	1,328,077
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	9,321
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	9,321
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,337,398

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	1,215,533
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	1,215,533
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,215,533

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
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF HUNTERDON COUNTY

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

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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		PROVIDES SHORT TERM
FAMILY PROMISE OF HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON, NJ 08822	22-3049800	501C3	25,000		FMV		SUB-GRANTEE PROVIDES

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 LAMBERTVILLE, NJ 08530	22-2302255	501C3	20,000		FMV		FINANCIAL STABILITY
HOMESHARING 120 FINDERNE AVE BRIDGEWATER, NJ 08807	22-2893508	501C3	10,000		FMV		HOMELESSNESS

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
HOUSING ACCESSBILITY & REHABILITATI 4 WALTER FORAN BLVD SUITE 410 FLEMINGTON, NJ 08822	80-0181325	501C3	10,000		FMV		ASSISTANCE WITH HOUS
HUNTERDON PREVENTION RESOURCES 4 WALTER FORAN BLVD 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
JEWISH FAMILY SERVICES 150-A WEST HIGH STREET SOMERVILLE, NJ 08876	22-2306902	501C3	10,000		FMV		CAREER SERVICES
LEGAL SERVICES OF NORTHWEST JERSEY 82 PARK AVE FLEMINGTON, NJ 08822	22-2068191	501C3	25,000		FMV		FREE LEGAL SERVICES

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
MEALS ON WHEELS IN HUNTERDON COUNTY 5 WALTER FORAN BLVD SUITE 2006 FLEMINGTON, NJ 08822	22-3084358	501C3	25,000		FMV		DELIVERIES EACH WEEK
NORWESCAPFOOD BANK STAR PROGRAM 21 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	22-1777156	501C3	50,000		FMV		DISTRIBUTES DONATED

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
YMCA OF HUNTERDON COUNTY 144 W WOODSCHURCH RD FLEMINGTON, NJ 08822	22-1524183	501C3	25,000		FMV		PROMOTES HEALTHY LIF
			81,301				

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

2017

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		242,900	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

Yes

No

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

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

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II

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

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

Cat No 51227J

Schedule M (Form 990) (2017)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF HUNTERDON COUNTY

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

2017

Open to Public Inspection

Employer identification number

22-2431065

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	MISSION TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO THRIVE UNITED WAY OF HUNTERDON COUNTY (UWHC) FOCUSES ON POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY TO CREATE POSITIVE CHANGE IN OUR COMMUNITY WE INVEST IN INITIATIVES AND PROGRAMS THAT ARE ALIGNED WITH THE OBJECTIVES UNDER THE ORGANIZATION'S THREE COMMUNITY IMPACT FOCUS AREAS - INCOME (FINANCIAL STABILITY), HEALTH AND EDUCATION THE FINAL PORTFOLIO COMPRISES INITIATIVES AND PROGRAMS WITH AN EMPHASIS ON SUSTAINED COMMUNITY IMPACT GREAT THINGS HAPPEN WHEN WE LIVE UNITED VISION A COMMUNITY 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

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 ONCE AGAIN HAVE BEEN ABLE TO ASSIST MORE THAN 7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2017-18 HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, SUCCESSFULLY COMPLETED ITS 3-YEAR 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 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. 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 HAD A TOTAL OF 253 REFERRALS AND 96 'THRIVERS' (38% OF REFERRALS) ACHIEVED OR SET FINANCIAL GOALS BY THE END OF THE PILOT PHASE. THESE NUMBERS ARE SIGNIFICANTLY HIGHER THAN SEEN IN SIMILAR LONG-TERM, BEHAVIOR MODIFICATION PROGRAMS. EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY. "THRIVE FINANCIAL COACHING IS THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND NOW FEATURES A SERIES OF 6 FINANCIALLY FIT WORKSHOPS THAT BOTH DRAW NEW CLIENTS AND OFFER EDUCATIONAL REINFORCEMENT FOR EXISTING CLIENTS. "THE VOLUNTEER INCOME TAX ASSISTANT (VITA) FREE TAX PROGRAM GENERATED MORE THAN 2.1 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1300 HOUSEHOLDS WITH THE HELP OF 74 IRS-TRAINED VOLUNTEERS. LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES. NOT ONLY DID CLIENTS RECEIVE MORE THAN 2 MILLION IN TAX REFUNDS, THEY SAVED APPROXIMATELY 286,000 IN PREPARATION FEES. VOLUNTEERS ALSO ASSISTED 100 SENIORS APPLY FOR THE SENIOR PROPERTY TAX FREEZE SO THAT THEY ARE BETTER POSITIONED TO STAY IN THEIR HOMES LONGER TERM. A LACK OF SAVINGS IS ONE OF THE BIGGEST CHALLENGES FACING LOW-INCOME FAMILIES SO THE VITA FREE TAX PROGRAM, IN COLLABORATION WITH COMMONWEALTH, ADDED A SAVINGS INCENTIVE COMPONENT. MORE THAN 10% OF CLIENTS PUT ALL OR A PORTION OF THEIR REFUND INTO A SAVINGS ACCOUNT. UNITED WAY OF HUNTERDON COUNTY WAS RECOGNIZED AS ROOKIE OF THE YEAR BY COMMONWEALTH BECAUSE THAT NUMBER WAS FAR BEYOND THE 2%-3% OF CLIENTS WHO TYPICALLY PUT MONEY INTO SAVINGS. THE VITA FREE TAX PROGRAM SEES A TREMENDOUS RETURN ON THE 45 PER CLIENT INVESTMENT MADE BY UNITED WAY OF HUNTERDON COUNTY. "UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,761 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>RES 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 STRENGTHENED AN ARRAY OF POVERTY PREVENTION PROGRAMS INCLUDING FINANCIAL COACHING, YMCA SCHOLARSHIPS FOR AFFORDABLE CHILD CARE, FAMILY PROMISE HOMELESS SHELTER, NORWESCAP FOOD BANK, LEGAL SERVICES OF NORTHERN NEW JERSEY, NORWESCAP WOMEN IN TRANSITION, JEWISH FAMILY SERVICES CAREER TRAINING, FISHERMAN'S MARK BRIDGE TO SELF-SUFFICIENCY, ANDERSON HOUSE FINANCIAL FITNESS HOUSING ACCESSIBILITY AND REPAIR, AND HOMESHARING. 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 UTILIZES DATA-SUPPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. THE OUTCOMES OF THE HUNTERDON THRIVE 3-YEAR PILOT WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE. IN ADDITION, UWHC IS CREATING A SPONSORSHIP PORTFOLIO TO ATTRACT MORE ROBUST FINANCIAL SUPPORT FOR THE THRIVE POVERTY PREVENTION INITIATIVE SO THAT MORE ALICE HOUSEHOLDS CAN BE REACHED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>THE CENTER IS MORE THAN A PLACE WHERE THINGS GET DONE IT IS A PLACE WHERE LIVES GET CHANG ED THROUGH POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY FOR ALICE - THE 27% OF H UNTERDON HOUSEHOLDS WHO STRUGGLE EVERY DAY TO MAKE ENDS MEET WE BELIEVE THAT ALICE - OUR NEIGHBORS WHO ARE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED - AND EVERY INDIVIDUAL DE SERVES THE OPPORTUNITY TO THRIVE THE CENTER ALSO SERVED AS THE BACKDROP FOR THE META THEA TRE COMPANY'S WHAT WERE YOU WEARING EXHIBIT DURING THE HEALTH FAIR AS WELL AS AN ORIGINAL PERFORMANCE BASED ON THE REAL-LIFE STORIES OF THE META THEATER COMPANY THE FAMILY-FRIENDL Y INSTALLATION PROVIDED A TANGIBLE RESPONSE TO ONE OF OUR CULTURE'S MOST PERVASIVE MYTHS A BOUT RAPE AND SEXUAL ASSAULT AND SEEKS TO CHALLENGE THIS DANGEROUS AND PATRIARCHAL LINE OF THINKING THE COMMUNITY VOLUNTEER CENTER WELCOMED AN INCREASED NUMBER OF COMMUNITY ORGANI ZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, FAM ILY PROMISE, LA LECHE LEAGUE, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES AND HUNTERDON Y MCA VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) THE VOLUNTEER CENT ER IS ALSO A PLACE FOR FOLKS TO COME TOGETHER TO ENGAGE IN LONG TERM RECOVERY EFFORTS AFTE R ANY DISASTER AS THE LEAD AGENCY IN VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) UNITED WAY DOESN'T WAIT FOR RECOVERY EFFORTS TO COME TO THEM THIS YEAR UWHC ASSISTED WITH THE RECOVERY EFFORTS AFTER A DEVASTATING FIRE DISPLACED RESIDENTS OF FOUR A PARTMENTS AND DESTROYED TWO BUSINESSES IN THE RIVERSIDE BOROUGH OF FRENCHTOWN NJ 2-1-1 PA RTNERSHIP - 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 AVAI LABLE ASSISTANCE SERVICES - EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWE R 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 DES IGNATED 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 N EW JERSEY - DEPARTMENT OF HUMAN SERVICES, OFFICE OF HOMELAND SECURITY AND PREPAREDNESS, AN D THE DEPARTMENT OF CHILDREN AND FAMILIES NJ2-1-1 IS AN ACTIVE PARTNER IN THE VITA FREE T AX PREP PROGRAM 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 NEED S 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 DI SASTERS) UNITED WAY OF HUNTERDON COUNTY WILL CONTINUE TO LEAD THE VOAD/COAD EFFORTS, BRIN GING TOGETHER STAKEHOLDERS TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	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 FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY UWHC WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES

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 THRIVING COMMUNITIES SESSIONS FOR PARISHIONERS OF ST MAGDALEN'S AND TEM PLO 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 HEALTH FAIR UNITED WAY OF HUNTERDON COUNTY MARKED NATIONAL MINORITY HEALTH MONTH WITH ITS ANNUAL HEALTH FAIR THIS EVENT IS SUPPORTED BY THE NEW JERSEY OFFICE OF MINORITIES & MULTICULTURAL HEALTH HUNTERDON DIAPER BANK -- THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS 1,200 UWHC SAVED FAMILIES AND INDIVIDUALS ALMOST 17,000 OF DIAPERS AND ADULT INCONTINENCE PRODUCTS THAT WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2017-2018 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 LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) - UWHC PUBLISHED AND DISTRIBUTED THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) THE 2016-2017 LATINO BRFSS REVEALED THAT OUR LATINO NEIGHBORS ARE FEELING BETTER THAN THEY DID WHEN THEY LAST TOOK THE SURVEY IN 2011 WHEN ASKED TO RATE THEIR OVERALL HEALTH, 25.2% RATED THEIR HEALTH AS FAIR TO POOR COMPARED WITH 42% IN 2011 THAT CERTAINLY IS A SIGNIFICANT IMPROVEMENT, HOWEVER THERE IS STILL A HUGE DISPARITY BETWEEN 25% AND THE 7.8% OF OVERALL HUNTERDON RESIDENTS WHO RATED THEIR HEALTH AS FAIR TO POOR IN THE 2010 HUNTERDON BRFSS OVERALL, 24% OF THE LATINO COMMUNITY REPORTED NOT BEING ABLE TO SEE A DOCTOR IN THE LAST YEAR DUE TO COSTS, AN 11% IMPROVEMENT FROM 2011, AND 50% INDICATED THEY HAD A MEDICAL HOME - AN INCREASE FROM 2011 AND ONLY 17% SAID THEY COULDN'T GET HEALTH CARE BECAUSE OF A LANGUAGE BARRIER IT IS ENCOURAGING TO SEE THESE POSITIVE RESULTS BUT THERE IS STILL NEED FOR IMPROVEMENT ALMOST 74% OF OUR LATINO NEIGHBORS LACK HEALTH CARE INSURANCE AND 13.5% ARE MORBIDLY OBESE PARTNERSHIP FOR HEALTH - UWHC CONTINUES 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 60 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON THE FOCUS PFH IS IN THE THIRD YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED MEALS ON WHEELS AND PR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	EVENTION RESOURCES' LAW ENFORCEMENT ADOLESCENT PROGRAM (LEAP) PLANS FOR THE COMING YEAR UNITED WAY WILL CONTINUE TO EXPAND TIRO - (TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OB ESITY) TO BETTER MEET THE NEEDS OF THE LATINO AND OTHER MARGINALIZED COMMUNITIES UWHC WIL L MAKE STRONGER CONNECTIONS BETWEEN HEALTH AND POVERTY PREVENTION AND FOCUS ON ACCESS TO H EALTHY FOOD AND HEALTH CARE AS WELL AS OFFER A GET YOUR BUDGET FIT FINANCIAL WORKSHOP IN S PANISH THE ANNUAL HEALTH FAIR WILL CONTINUE TO GROW AND PLANS ARE TO EXPAND IN COLLABORAT ION WITH EFFORTS OF THE FLEMINGTON COMMUNITY PARTNERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>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 OF COMMUNITY NEEDS AMONG STUDENTS THE PROGRAM ALSO PROVIDES YOUNG PEOPLE WITH A FORUM TO DETERMINE HOW THEY CAN CONTRIBUTE TO THE FULFILLMENT OF THOSE NEEDS THIS SERVICE LEARNING CURRICULUM ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN TOOLS FOR SCHOOL - SINCE ITS INCEPTION IN 2004, THIS PROGRAM PROVIDING NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS FOR THE 2018 SCHOOL YEAR UWHC AND 171 VOLUNTEERS SERVED OVER 1100 STUDENTS THE PROGRAM SAVED FAMILIES OVER 30,000 IN SCHOOL SUPPLIES ADDITIONALLY, UNITED WAY PARTNERED WITH AREA SALONS TO RUN ITS FIFTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO BOARD DEVELOPMENT PRIMER - UNITED WAY OF HUNTERDON COUNTY BELIEVES IN THE VALUE OF TRAINING VOLUNTEERS TO BE EFFECTIVE LEADERS THIS IN-DEMAND PROGRAM DEFINES BOARD ROLES, RESPONSIBILITIES AND BOUNDARIES TO BETTER PREPARE NEW BOARD MEMBERS OR REINFORCE THE GOVERNANCE AND FIDUCIARY ROLES FOR EXISTING BOARD MEMBERS THE ULTIMATE GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY PLANS FOR THE COMING YEAR LATINO COALITION THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH AN EDUCATIONAL PARTNERSHIP STRATEGY WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS THE GOAL IS TO INCREASE AWARENESS /EDUCATION OPPORTUNITIES FOR IN DEMAND JOBS, WITH A LIVING WAGE AND POTENTIAL CAREER PATHS, INCREASE COLLABORATION BETWEEN HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, HUNTERDON POLYTECH, HUNTERDON HEALTHCARE SYSTEM AND RARITAN VALLEY COMMUNITY COLLEGE AND TO REDUCE THE DISPARITY OF LATINOS NOT GRADUATING HIGH SCHOOL DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING A CAREER WORKSHOP SERIES BY THE PROFESSIONAL SERVICE GROUP OF CENTRAL NEW JERSEY</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 MEMEBERS WITH FINANCIAL EXPERIENCE THE FINALIZED FORM 990 IS CIRCULATED VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT WITHIN A GIVEN TIMEFRAME AFTER THE TIMEFRAME, FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS THE BOARD IS ADVISED AT SUBSEQUENT BOARD MEETINGS OF DATE OF FILING AND ACCEPTANCE BY IRS, IS APPLICABLE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PROCESS FOR TOP OFFICAL ON AN ANNUAL BASIS, THE CEO COMPLETES A PERFORMANCE COMPENTENCY ASSESSMENT WHICH IS REVIEWED AND RATED BY THE EXECUTIVE COMMITTEE THE BOARD PRESIDENT CONDUCTS THE FINALIZED REVIEW AND REPORTS TO THE BOARD COMPENSATION ADJUSTMENTS, IF WARRANTED, ARE DETERMINED BY REVIEW OF COMPARABLE DATA OF LIKE POSITIONS AT OTHER UNITED WAYS AND NON PROFIT ORGANIZATIONS IN THE GEOGRAPHICAL AREA

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	1 AMORTIZATION -1