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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021

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

D Employer identification number
22-2431065

E Telephone number
(908) 782-3414

G Gross receipts \$ 1,281,008

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWHUNTERDON.ORG

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

L Year of formation: 1982

M State of legal domicile: NJ

Part I Summary

Activities & Governance

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) 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 8

6 Total number of volunteers (estimate if necessary) 6 528

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 1,357,771 1,239,524

9 Program service revenue (Part VIII, line 2g) 9 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17,838 41,484

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 108,000 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,483,609 1,281,008

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 392,096 286,129

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 576,928 500,839

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶81,163

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 396,623 371,213

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 1,365,647 1,158,181

19 Revenue less expenses. Subtract line 18 from line 12 19 117,962 122,827

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 3,028,787 3,249,215

21 Total liabilities (Part X, line 26) 21 575,250 523,055

22 Net assets or fund balances. Subtract line 21 from line 20 22 2,453,537 2,726,160

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
Date 2022-02-24
MARIA B DUNCAN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BKC CPAS PC
Firm's address ▶ 39 STATE ROUTE 12 STE 2
FLEMINGTON, NJ 08822

Preparer's signature
Date 2022-02-24
Check ☐ if self-employed
PTIN P01315390
Firm's EIN ▶ 22-3299874
Phone no. (908) 782-7900

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

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

MISSION: TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY. SEE SCHEDULE O

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 \$ 439,278 including grants of \$ 203,694) (Revenue \$)
See Additional Data	

4b	(Code:) (Expenses \$ 208,293 including grants of \$ 32,793) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 102,678 including grants of \$ 30,242) (Revenue \$)
See Additional Data	










(Code:) (Expenses \$ 57,751 including grants of \$ 19,400) (Revenue \$)
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CURRENT INITIATIVES: YOUTH 4 UNITED WAY - A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM RAISES STUDENTS' AWARENESS OF COMMUNITY NEEDS AND DISPARITIES. 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 EFFECTIVE SERVICE AND ADVOCACY PLANS. 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 GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT, AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY. AS WAS THE TREND FOR MOST PROGRAMMING, UWHC'S LEADERSHIP PROGRAMS WENT VIRTUAL BEGINNING IN MARCH BUT CONTINUE TO IDENTIFY AND EMPOWER TOMORROW'S LEADERS. TOOLS 4 SCHOOL BACK-TO-SCHOOL BACKPACK DRIVE THIS PROGRAM PROVIDES NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS. BY THE START OF THE 2021 SCHOOL YEAR, ALL HUNTERDON COUNTY PUBLIC SCHOOLS WERE BACK TO IN-PERSON LEARNING, MEANING OUR TOOLS 4 SCHOOL PROGRAM WOULD RETURN TO TRADITIONAL BACKPACK DISTRIBUTION. WE PROVIDED BACKPACKS WITH GRADE-SPECIFIC SUPPLIES TO 805 STUDENTS IN HUNTERDON COUNTY, WITH AN ESTIMATED VALUE OF 50 OF SUPPLIES PER BACKPACK. TOOLS 4 SCHOOL TECHNOLOGY PROGRAM LAST YEAR WITH SCHOOLS SHIFTING TO REMOTE LEARNING, THE LACK OF INTERNET SERVICES FOR SOME OF OUR FAMILIES HAD THE POTENTIAL TO HAVE SOME OF OUR STUDENTS FALL BEHIND ACADEMICALLY AND JEOPARDIZE THEIR FUTURE ACADEMIC SUCCESS. THE COVID-19 PANDEMIC IS EXPOSING CRITICAL SHORTCOMINGS IN OUR ECONOMY, HEALTH CARE SYSTEM, AND PUBLIC EDUCATION. THE TOP PRESCRIPTION FOR COMBATting THE SPREAD OF THE VIRUS - SOCIAL DISTANCING - DEMANDS WORKING FROM HOME, KEEPING CHILDREN OUT OF SCHOOL, AND LIMITING PERSON-TO-PERSON CONTACT. THESE ACTIONS, WHILE NECESSARY FOR FIGHTING THE VIRUS, PUT A SUBSTANTIAL SEGMENT OF OUR WORKING POPULATION AT SERIOUS FINANCIAL RISK AND HIGHLIGHTED THE DIGITAL DIVIDE, ESPECIALLY AMONG OUR LATINO FAMILIES. IN THE SUMMER OF 2021, WE LAUNCHED OUR TOOLS 4 SCHOOL TECHNOLOGY PROGRAM TO BRIDGE THE "DIGITAL DIVIDE," WHICH IS THE GAP BETWEEN INDIVIDUALS WITH ACCESS TO COMPUTERS, TOOLS, AND INTERNET CONNECTIVITY AS COMPARED TO THOSE WITH MINIMAL OR NO ACCESS. IN HUNTERDON COUNTY, WE WORK WITH MANY ADULTS WITH LIMITED COMPUTER SKILLS, AND MANY INDIVIDUALS WHO HAVE NO ACCESS TO COMPUTERS. THIS PROGRAM AIMS TO BRIDGE THIS DIGITAL INEQUITY GAP BY PROVIDING LOANER LAPTOPS TO OUR PARTICIPANTS, AS WELL AS HOSTING GROUP SKILLS CLASSES AND 1-ON-1 TRAINING. PLANS FOR THE COMING YEAR THE TOOLS 4 SCHOOL TECHNOLOGY PROGRAM HAS THE POTENTIAL TO REACH A SIGNIFICANT NUMBER OF PARENTS AND NON-ENGLISH SPEAKING MEMBERS OF OUR COMMUNITY, HELPING THEM TO BRIDGE THE DIGITAL DIVIDE NOT ONLY FOR THEIR SCHOOL-AGED CHILDREN, BUT TO ALSO ACCESS OPPORTUNITIES TO INCREASE THEIR DIGITAL LITERACY THAT WILL HELP WITH GENERAL COMMUNICATION SKILLS AND EVEN EMPLOYMENT OPPORTUNITIES.

4d	Other program services (Describe in Schedule O.)
(Expenses \$ 57,751 including grants of \$ 19,400) (Revenue \$)	

4e	Total program service expenses ► 808,000
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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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax 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	1a	11
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 8			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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-A 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.

See instructions for the order in which to list the persons above.

☐ 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		X				122,540	0	22,828
(2) REBECCA TESTA PRESIDENT	1.00	X		X				0	0	0
(3) PETER J GAKOS JR BOARD MEMBER	1.00	X		X				0	0	0
(4) JUSTIN EISENBERG ETHICS OFFIC	1.00	X		X				0	0	0
(5) JOSEPH GALIOTO SECRETARY	1.00	X		X				0	0	0
(6) BARRY GOODMAN ESQ LEGAL COUNSE	1.00	X						0	0	0
(7) CINDY BARTER LATINO COALI	1.00	X						0	0	0
(8) JOHN C PACIGA THRU 6172021 BOARD MEMBER	1.00	X						0	0	0
(9) BRIAN REISS R&D LIAISON	1.00	X						0	0	0
(10) PAUL STRAMAGLIA BOARD MEMBER	1.00	X						0	0	0
(11) MICHAEL HARPER JR THRU 6172021 BOARD MEMBER	1.00	X						0	0	0
(12) RENE MARINICH BOARD MEMBER	1.00	X						0	0	0
(13) RICHARD F MORRIS III TREASURER &	1.00	X						0	0	0
(14) MURALI PARTHASARATHY BOARD MEMBER	1.00	X						0	0	0
(15) LACY PHELPS THRU 6172021 CRISP CHAIR	1.00	X		X				0	0	0
(16) WENDY REID THRU 6172021 GOVERNANCE C	1.00	X						0	0	0
(17) BRANDON T WELDON THRU 6172021 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) MICHAEL C WELLONS BOARD MEMBER	1.00	X						0	0	0
(19) MR JOSEPH W GUNNET JR BOARD MEMBER	1.00	X						0	0	0
(20) MR JOHN L RICE 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)								122,540		22,828

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 <input type="checkbox"/>						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	1,032,943		
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	206,581		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	237,287		
	h	Total. Add lines 1a-1f ▶		1,239,524		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g	Total. Add lines 2a-2f. ▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		10,991		10,991
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	7a	30,493		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c	30,493		
	d	Net gain or (loss) ▶		30,493		30,493
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances . . .	10a				
b	Less: cost of goods sold . . .	10b				
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 ▶		1,281,008			41,484

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	286,129	286,129		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,693	74,816	36,161	13,716
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	284,187	174,601	78,325	31,261
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,937	10,942	5,022	1,973
9 Other employee benefits	40,765	24,867	11,414	4,484
10 Payroll taxes	33,257	20,287	9,312	3,658
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,597		15,597	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,512	9,136	41,615	761
12 Advertising and promotion				
13 Office expenses	47,575	29,021	13,320	5,234
14 Information technology	31,342	19,119	8,776	3,447
15 Royalties				
16 Occupancy	34,565	21,085	9,678	3,802
17 Travel	4,873	2,973	1,364	536
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,757	2,292	1,052	413
20 Interest	17,972	16,169	1,294	509
21 Payments to affiliates	14,630	8,924	4,097	1,609
22 Depreciation, depletion, and amortization	30,951	18,880	8,666	3,405
23 Insurance	18,200	11,102	5,096	2,002
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 EVENT EXPENSES	53,518	53,518		
b SUPPLIES	21,856	13,331	6,121	2,404
c PRINTING	15,055	9,184	4,215	1,656
d MISCELLANEOUS	7,148		7,148	
e All other expenses	2,662	1,624	745	293
25 Total functional expenses. Add lines 1 through 24e	1,158,181	808,000	269,018	81,163
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		478,867	1	695,119	
	2	Savings and temporary cash investments		355,773	2	357,008	
	3	Pledges and grants receivable, net		216,191	3	95,969	
	4	Accounts receivable, net		690	4	4,768	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		9,132	9	12,546	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,361,762			
	b	Less: accumulated depreciation	10b	375,001	1,002,653	10c	986,761
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		965,481	12	1,095,064	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14	1,980	
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 33)		3,028,787	16	3,249,215		
Liabilities	17	Accounts payable and accrued expenses		208,040	17	197,749	
	18	Grants payable		85,279	18	58,472	
	19	Deferred revenue		8,334	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		234,194	23	225,185	
	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		39,403	25	41,649	
	26	Total liabilities. Add lines 17 through 25		575,250	26	523,055	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		2,396,487	27	2,668,610	
	28	Net assets with donor restrictions		57,050	28	57,550	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,453,537	32	2,726,160	
33	Total liabilities and net assets/fund balances		3,028,787	33	3,249,215		

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	1,281,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,158,181
3	Revenue less expenses. Subtract line 2 from line 1	3	122,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,453,537
5	Net unrealized gains (losses) on investments	5	149,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,726,160

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

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

Form 990 (2020)

Form 990, Part III, Line 4a:

APPROXIMATELY ONE IN FOUR HUNTERDON HOUSEHOLDS WALK A FINANCIAL TIGHTROPE. THESE ARE OUR ALICE NEIGHBORS - THOSE WHO ARE ASSET LIMITED INCOME CONSTRAINED AND EMPLOYED OR LIVING IN POVERTY. ACCORDING TO THE 2018 ALICE REPORT PUBLISHED BY UNITED WAY OF NORTHERN NEW JERSEY, THE AVERAGE ALICE HOUSEHOLD SURVIVAL BUDGET IN NEW JERSEY WAS 30,240 FOR A SINGLE ADULT, 33,552 FOR A SINGLE SENIOR, AND 88,224 FOR A FAMILY OF FOUR. THESE HOUSEHOLDS STRUGGLE TO SAVE AND BUILD ASSETS, WHICH FURTHER WIDENS THE EXISTING WEALTH GAP. SEE SCHEDULE O

Form 990, Part III, Line 4b:

UNITED WAY PARTNERS WITH OTHER COMMUNITY LEADERS ACROSS SECTORS IN ORDER TO BETTER MEET COMMUNITY NEEDS THROUGH PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP AND ENCOURAGE AN INFORMED, SAFE AND CARING COMMUNITY. SEE SCHEDULE O

Form 990, Part III, Line 4c:

HUNTERDON IS A HEALTHY COMMUNITY; HOWEVER, THE PANDEMIC HIGHLIGHTED THE ONGOING NEED TO FOCUS ON HEALTH DISPARITIES AND THE DIFFICULTIES OF ACCESS TO HEALTHCARE, ESPECIALLY WITHIN MARGINALIZED COMMUNITIES WHERE UWHC'S EFFORTS TO INCREASE VACCINE RATES AND ITS CONTINUED FOCUS ON FINANCIAL STABILITY, A KEY SOCIAL DETERMINANT OF GOOD HEALTH, IS ESSENTIAL. SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,297,009	1,285,571	1,287,202	1,357,771	1,239,524	6,467,077
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	1,297,009	1,285,571	1,287,202	1,357,771	1,239,524	6,467,077
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.						6,467,077

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	1,297,009	1,285,571	1,287,202	1,357,771	1,239,524	6,467,077
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	13,149	20,869	23,224	15,005	10,991	83,238
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.). . .				108,000		108,000
11	Total support. Add lines 7 through 10						6,658,315
12	Gross receipts from related activities, etc. (see instructions)						12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ **►** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.130 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	97.040 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒ **►** ☒

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐ **►** ☐

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐ **►** ☐

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐ **►** ☐

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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? 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.		
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? 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.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 lines 2a and 2b 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? 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.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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	PAYCHECK PROTECTION PROGRAM LOAM 108,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493059002192

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

b If the organization elected, as permitted under FASB 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 FASB 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) 2020

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	965,481	963,419	1,008,917	929,940	895,751
b Contributions					
c Net investment earnings, gains, and losses	199,097	70,820	23,411	128,298	83,374
d Grants or scholarships					
e Other expenditures for facilities and programs	60,000	60,000	60,000	40,000	40,000
f Administrative expenses	9,514	8,758	8,909	9,321	9,185
g End of year balance	1,095,064	965,481	963,419	1,008,917	929,940

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

Term 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)

Yes

No

(ii) Related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		1,185,841	297,756	888,085
c Leasehold improvements				
d Equipment		78,421	77,245	1,176
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				986,761

Schedule D (Form 990) 2020

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	564,390	F
(B) MUTUAL FUNDS	335,095	F
(C) EQUITY MUTUAL FUNDS	191,184	F
(D) SHORT TERM INVESTMENTS	4,395	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,095,064	

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)		
(10)		
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)	
(10)	
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	
(2) BENEFITS PAYABLE	41,649
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	41,649

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	1,430,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	149,796
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	149,796
3	Subtract line 2e from line 1	3	1,281,008
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,281,008

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	1,158,121
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	1,158,121
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	60
c	Add lines 4a and 4b	4c	60
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,158,181

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION FOLLOWS THE GUIDANCE OF FASB'S ACCOUNTING STANDARDS CODIFICATION (ASC) TO PIC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAX PROVISIONS, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT, FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT, THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 60

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493059002192	
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.					
Schedule I (Form 990)		<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.</div>			
Department of the Treasury Internal Revenue Service		<div>OMB No. 1545-0047</div> <div>2020</div> <div>Open to Public Inspection</div>			
Name of the organization UNITED WAY OF HUNTERDON COUNTY				Employer identification number 22-2431065	

Part I General Information on Grants and Assistance	
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>
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) UNITED WAY OF NORTHERN NEW JERSEY 222 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	22-1487247	501C3	20,000		FMV		ALICE RECOVERY FUND
(2) NJ 211 16 WING DR SUITE 201 CEDAR KNOLLS, NJ 07927	22-3338917	501C3	28,142		FMV		INFORMATION&REFERRAL

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

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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		237,287	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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493059002192
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2020
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization UNITED WAY OF HUNTERDON COUNTY		Employer identification number 22-2431065	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>FORM 990, PART III, LINE 1 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 OUR COMMUNITY IMPACT GOALS, AND SPECIFICALLY ON THE FINANCIAL STABILITY OF ALICE, OUR NEIGHBORS WHO ARE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED (OR RETIRED). RECOGNIZING THAT FINANCIAL STABILITY IS A KEY SOCIAL DETERMINANT OF HEALTH AND EDUCATION (AND VICE-VERSA), THE FINAL PORTFOLIO COMPRISES INITIATIVES AND PROGRAMS WITH AN EMPHASIS ON HOLISTIC AND SUSTAINED COMMUNITY IMPACT. VISION: UNITED WAY OF HUNTERDON COUNTY IS A COMMUNITY CENTER OF VOLUNTEERISM, LEADERSHIP AND PHILANTHROPY THAT ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS DESERVE AN OPPORTUNITY TO THRIVE. FORM 990, PART III, LINE 4A THIS YEAR COVID-19 CONTINUED TO CONTRIBUTE TO THE GROWING DISPARITIES FACED BY ALICE AND THOSE IN POVERTY IN OUR COMMUNITIES. ACCORDING TO THE UNITED FOR ALICE REPORT, "THE PANDEMIC DIVIDE: AN ALICE ANALYSIS OF NATIONAL COVID SURVEYS," WE KNOW THAT HOUSEHOLDS BELOW THE ALICE THRESHOLD FARED FAR WORSE DURING THE PANDEMIC THAN HIGH-INCOME HOUSEHOLDS. IN THE REPORT, 42% OF INDIVIDUALS BELOW THE ALICE THRESHOLD REPORTED THEY WERE STRUGGLING TO GET BY, COMPARED TO 9% OF THOSE ABOVE THE THRESHOLD. FURTHER, 60% OF ALICE REPORTED LOST INCOME (COMPARED TO 40% ABOVE ALICE), AND 68% REPORTED HAVING NO RAINY-DAY FUNDS (COMPARED TO 29% ABOVE ALICE). UWHC IS COMMITTED TO SUPPORTING INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO GREATER FINANCIAL STABILITY, ULTIMATELY STRENGTHENING THE ECONOMY AND ENSURING A BETTER QUALITY OF LIFE FOR THE ENTIRE COMMUNITY. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND ULTIMATELY STRENGTHEN THE ECONOMY LEAD TO AN OVERALL BETTER QUALITY OF LIFE FOR US ALL. UWHC'S FOCUS CONTINUES TO BE ON THE ECONOMIC EMPOWERMENT AND SELF-SUFFICIENCY OF ALICE, OUR NEIGHBORS WHO DON'T QUALIFY FOR MOST STATE AND FEDERALLY FUNDED SUPPORT SERVICES. FINANCIAL COACHING IS AN OUTCOMES-DRIVEN INITIATIVE THAT PROVIDES ALICE WITH SYSTEM NAVIGATION ASSISTANCE, FINANCIAL COACHING AND GOAL SETTING, WHILE AT THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA USED TO IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT. 10-MINUTE MONEY MANAGEMENT IN 2019-2020, 10 MINUTE MONEY MANAGEMENT, A SELF-DIRECTED FINANCIAL WELLNESS INITIATIVE WAS CREATED. THIS INITIATIVE WAS DESIGNED TO TARGET INDIVIDUALS AND FAMILIES NOT YET IN THE ACTION PHASE OF BEHAVIOR CHANGE TO CREATE INTEREST IN THE BENEFITS OF FINANCIAL COACHING AND AT A MINIMUM HELP THEM WORK TOWARD THE SECURITY ELEMENTS OF FINANCIAL WELL-BEING. THE INITIATIVE FOCUSES ON HELPING CLIENTS GET CONTROL OVER THEIR EXPENSES AND SPENDING AND DEVELOP THE ABILITY TO ABSORB A FINANCIAL SHOCK. IN 2020-21 UWHC PUBLISHED THE "10 MINUTE MONEY MANAGEMENT" GUIDE AS A MEANINGFUL STEP TOWARDS GETTING FOLKS READY FOR FIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>ANCIAL SUCCESS. VOLUNTEER INCOME TAX ASSISTANCE (VITA) THIS FREE TAX PREPARATION PROGRAM I S THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK. SIXTY-FOUR PROGRAM VOLUNTEERS WERE A BLE TO HELP CLIENTS COMPLETE 1,449 TOTAL FILINGS USING DROP & GO TAX RETURNS, MYFREETAXES. COM, TAX SLAYER, AND OTHER REMOTE PREPARATION OPTIONS. OVER 2,580,000 IN FEDERAL AND STATE REFUNDS AND CREDITS WERE GIVEN TO HARD-WORKING NEIGHBORS. ADDITIONALLY, VITA TAX PREPARER S HELPED SENIORS WITH PROPERTY TAX REIMBURSEMENT (BLUE BOOK) FORMS AND HOMESTEAD BENEFIT F ORMS. THE VITA FREE TAX PROGRAM SEES A TREMENDOUS RETURN ON THE 45 PER CLIENT INVESTMENT MADE BY UNITED WAY OF HUNTERDON COUNTY, AND LAST YEAR WE ESTIMATED THE VALUE OF OUR TAX SER VICES EQUALED 434,700. HOLIDAY HANDS UWHC'S 2020 PROGRAM HELPED ENSURE THAT OVER 2600 ADUL TS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINA NCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENT S ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING W ITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS. ALICE RECOVERY FUND WHEN WE IMAGINED OURSELVES IN THE SHOES OF OUR NEIGHBORS WHO FOUND THEMSELVES SUDDENLY UNEMPLOYED AT THE ONSET OF THE PANDEMIC, THE ALICE RECOVERY FUND WAS OUR FIRST RESPONSE. IN JUNE 202 0, WE CONDUCTED A SURVEY IN PARTNERSHIP WITH UNITED WAY OF NORTHERN NEW JERSEY TO BETTER I NFORM PHASE 2 OF THE FUND TO ASSIST WITH LONGER-TERM NEEDS. EMPLOYMENT AND CHILDCARE STRAT EGIES WERE DEVELOPED. DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY SUPPORTED FINA NCIAL WELLNESS AND ASSET BUILDING EFFORTS. PLANS FOR THE COMING YEAR UWHC UTILIZES DATA-SU PPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WIL L PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. UWHC IS IMPLEMENTING ITS 2020-2023 LONG RANGE PLAN, WITH A FOCUS ON PARTNERSHIPS AND ADVOCACY TO ADDRESS SYSTEMIC BARRIERS TO FINANCIAL STABILITY. EMPLOYER SUPPORTED WELLNESS EVENT UWHC WILL CONTINUE TO DEVELOP AN E MPLOYER SUPPORTED WELLNESS PROGRAM AIMED AT INTRODUCING FINANCIAL COACHING AND ITS BENEFIT S TO EMPLOYEES OF LOCAL HUNTERDON BUSINESSES. UWHC ALSO WILL BE LOOKING AT WAYS TO ADDRESS SYSTEMIC RACISM AND LESSEN ITS IMPACT ON ECONOMIC PROSPERITY. FORM 990, PART III, LINE 4B</p> <p>CURRENT INITIATIVES COMMUNITY VOLUNTEER CENTER - THE UNITED WAY OF HUNTERDON COUNTY COMMUNITY VOLUNTEER CENTER USUALLY WELCOMES OVER 1,000 PROGRAM VOLUNTEERS ANNUALLY AS WELL AS A N ARRAY OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALI TION, SAFE COMMUNITIES, LA LECHE LEAGUE, FAMILY PROMISE, GIRL SCOUTS, META THEATER, HUNTER DON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA, AND THE HUNTERDON BAR ASSOCIATION. IN MID-2021, WE BEGAN TO WELCOME BACK VISITORS AND GUESTS TO THE VOLUNTEER CENTER WITH PO LICIES TO MAINTAIN PHYSICAL DISTANCE WHILE WEARING A MASK. WE LEVERAGED OUR VOLUNTEER CENT ER AND PARTNERED WITH OUR LOCA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>L HEALTHCARE PROFESSIONALS (HUNTERDON HEALTHCARE SYSTEM, HUNTERDON COUNTY DEPT. OF HEALTH AND SHOPRITE) TO HOST 8 POP-UP VACCINATION CLINICS FOR THE MOST MARGINALIZED IN OUR COMMUNITY, PROTECTING ALMOST 500 OF OUR MOST VULNERABLE NEIGHBORS FROM COVID-19. WE HOSTED SEVERAL CPR CLASSES, CITIZENSHIP CLASSES, TOOLS 4 SCHOOL TECHNOLOGY TRAININGS, AND HOLIDAY HANDS. OUR TOOLS 4 SCHOOL BACKPACK DISTRIBUTION WAS HELD OUTSIDE OF THE VOLUNTEER CENTER ON A WARM SUMMER DAY, ALLOWING HUNDREDS OF PARENTS AND GUARDIANS TO PICK UP THEIR STUDENTS' BACK TO SCHOOL SUPPLIES WHILE MAINTAINING PHYSICAL DISTANCE. 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 NUMBER OF LATINOS NOT GRADUATING HIGH SCHOOL. 2020 CENSUS UWHC RECEIVED GRANT FUNDING THROUGH THE STATE OF NJ AND IN COLLABORATION WITH THE HUNTERDON COUNTY COMMISSIONERS EMBARKED ON A GET OUT THE COUNT INITIATIVE. THESE EFFORTS WERE WRAPPED UP IN SEPTEMBER 2020 WITH UWHC HOSTING HERITAGE DAY IN ORDER TO OUTREACH TO MARGINALIZED COMMUNITIES AND ENCOURAGE PARTICIPATION. THE LEAGUE OF WOMEN VOTERS ALSO PARTNERED TO PROVIDE INFORMATION ON VOTER REGISTRATION. HUNTERDON COUNTY REACHED 2ND PLACE FOR THE HIGHEST NUMBER OF SURVEYS COMPLETED IN NJ. THE STATE SURPASSED ITS 2010 RATES, EVEN WITH THE ADDED PANDEMIC-RELATED OBSTACLES. VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) THE VOLUNTEER CENTER REMAINS A KEY LOCATION FOR FOLKS TO COME TOGETHER TO ENGAGE IN PREPAREDNESS AND LONG-TERM RECOVERY EFFORTS AFTER ANY DISASTER. AS A LEAD AGENCY IN VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS), UNITED WAY IS PREPARED TO ASSIST IN COUNTY-WIDE RECOVERY EFFORTS, THROUGH DONOR AND VOLUNTEER MANAGEMENT AS WELL AS VACCINE EFFORTS. MEETINGS OF THE MEMBERSHIP CONTINUE VIRTUALLY. 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. 211 PROVIDES INFORMATION ON 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. NJ2-1-1 IS AN ACTIVE PARTNER IN THE VITA FREE TAX PREP PROGRAM. DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY SUPPO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>CURRENT INITIATIVES: YOUTH 4 UNITED WAY - A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM RAISES STUDENTS' AWARENESS OF COMMUNITY NEEDS AND DISPARITIES. 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 EFFECTIVE SERVICE AND ADVOCACY PLANS. 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 GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT, AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY. AS WAS THE TREND FOR MOST PROGRAMMING, UWHC'S LEADERSHIP PROGRAMS WENT VIRTUAL BEGINNING IN MARCH BUT CONTINUE TO IDENTIFY AND EMPOWER TOMORROW'S LEADERS. TOOLS 4 SCHOOL BACK-TO-SCHOOL BACKPACK DRIVE THIS PROGRAM PROVIDES NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS. BY THE START OF THE 2021 SCHOOL YEAR, ALL HUNTERDON COUNTY PUBLIC SCHOOLS WERE BACK TO IN-PERSON LEARNING, MEANING OUR TOOLS 4 SCHOOL PROGRAM WOULD RETURN TO TRADITIONAL BACKPACK DISTRIBUTION. WE PROVIDED BACKPACKS WITH GRADE-SPECIFIC SUPPLIES TO 805 STUDENTS IN HUNTERDON COUNTY, WITH AN ESTIMATED VALUE OF 50 OF SUPPLIES PER BACKPACK. TOOLS 4 SCHOOL TECHNOLOGY PROGRAM LAST YEAR WITH SCHOOLS SHIFTING TO REMOTE LEARNING, THE LACK OF INTERNET SERVICES FOR SOME OF OUR FAMILIES HAD THE POTENTIAL TO HAVE SOME OF OUR STUDENTS FALL BEHIND ACADEMICALLY AND JEOPARDIZE THEIR FUTURE ACADEMIC SUCCESS. THE COVID-19 PANDEMIC IS EXPOSING CRITICAL SHORTCOMINGS IN OUR ECONOMY, HEALTH CARE SYSTEM, AND PUBLIC EDUCATION. THE TOP PRESCRIPTION FOR COMBATING THE SPREAD OF THE VIRUS - SOCIAL DISTANCING - DEMANDS WORKING FROM HOME, KEEPING CHILDREN OUT OF SCHOOL, AND LIMITING PERSON-TO-PERSON CONTACT. THESE ACTIONS, WHILE NECESSARY FOR FIGHTING THE VIRUS, PUT A SUBSTANTIAL SEGMENT OF OUR WORKING POPULATION AT SERIOUS FINANCIAL RISK AND HIGHLIGHTED THE DIGITAL DIVIDE, ESPECIALLY AMONG OUR LATINO FAMILIES. IN THE SUMMER OF 2021, WE LAUNCHED OUR TOOLS 4 SCHOOL TECHNOLOGY PROGRAM TO BRIDGE THE "DIGITAL DIVIDE," WHICH IS THE GAP BETWEEN INDIVIDUALS WITH ACCESS TO COMPUTERS, TOOLS, AND INTERNET CONNECTIVITY AS COMPARED TO THOSE WITH MINIMAL OR NO ACCESS. IN HUNTERDON COUNTY, WE WORK WITH MANY ADULTS WITH LIMITED COMPUTER SKILLS, AND MANY INDIVIDUALS WHO HAVE NO ACCESS TO COMPUTERS. THIS PROGRAM AIMS TO BRIDGE THIS DIGITAL INEQUITY GAP BY PROVIDING LOANER LAPTOPS TO OUR PARTICIPANTS, AS WELL AS HOSTING GROUP SKILLS CLASSES AND 1-ON-1 TRAINING. PLANS FOR THE COMING YEAR THE TOOLS 4 SCHOOL TECHNOLOGY PROGRAM HAS THE POTENTIAL TO REACH A SIGNIFICANT NUMBER OF PARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	NTS AND NON-ENGLISH SPEAKING MEMBERS OF OUR COMMUNITY, HELPING THEM TO BRIDGE THE DIGITAL DIVIDE NOT ONLY FOR THEIR SCHOOL-AGED CHILDREN, BUT TO ALSO ACCESS OPPORTUNITIES TO INCREASE THEIR DIGITAL LITERACY THAT WILL HELP WITH GENERAL COMMUNICATION SKILLS AND EVEN EMPLOYMENT OPPORTUNITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	<p>LINE 6. MEMBERS. THE CORPORATION SHALL NOT HAVE MEMBERS ENTITLED TO VOTE ON ANY MATTER. ANY PROVISION OF THE NEW JERSEY NONPROFIT CORPORATION ACT, AS AMENDED (THE "ACT"), OR ANY OTHER PROVISION OF LAW REQUIRING NOTICE TO, THE PRESENCE OF, OR THE VOTE, CONSENT OR OTHER ACTION BY MEMBERS OF THE CORPORATION, SHALL BE SATISFIED BY NOTICE TO, THE PRESENCE OF, OR THE VOTE, CONSENT OR OTHER ACTION BY THE BOARD. COMMUNITY PARTNERS. EVERY PERSON, FIRM, ASSOCIATION, GOVERNMENT, AND CORPORATION WHO MAKES A CONTRIBUTION TO OR FOR THE BENEFIT OF THIS CORPORATION, INCLUDING MONEY, GOODS OR SERVICES, VOLUNTEER TIME AND/OR ACTIVE PARTICIPATION IN PROGRAM AND/OR COMMUNITY COLLABORATIONS SHALL, UPON MAKING SUCH CONTRIBUTION, BECOME A COMMUNITY PARTNER OF THE CORPORATION AND REMAIN A COMMUNITY PARTNER UNTIL THE COMPLETION OF THE CORPORATION'S NEXT FISCAL YEAR. COMMUNITY PARTNERS MAY ATTEND PUBLIC MEETINGS OF THE CORPORATION, BUT ARE NOT ENTITLED TO VOTE ON ANY MATTERS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	ANY VACANCY OCCURRING IN THE MEMBERSHIP OF THE BOARD OF TRUSTEES MAY BE FILLED BY THE BOARD OF TRUSTEES BY ELECTION OF A SUCCESSOR TRUSTEE FOR THE REMAINDER OF THE UNEXPIRED TERM. THE NOMINATING COMMITTEE SHALL SUBMIT NOMINATIONS TO FILL ANY VACANCY OCCURRING WITHIN THE MEMBERSHIP OF THE BOARD OF TRUSTEES. THE BOARD MAY ELECT A SUCCESSOR TRUSTEE AT ANY REGULAR OR SPECIAL MEETING, UPON GIVING AT LEAST SEVEN (7) DAYS WRITTEN NOTICE OF INTENTION TO HOLD SUCH AN ELECTION AND THE NAME OR NAMES OF THE NOMINEES FOR SUCH VACANCY OR VACANCIES.

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 MEMBERS 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, IF 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 OFFICIAL ON AN ANNUAL BASIS, THE CEO COMPLETES A PERFORMANCE COMPETENCY ASSESSMENT WHICH IS REVIEWED AND RATED BY THE EXECUTIVE COMMITTEE. THE BOARD PRESIDENT CONDUCTS THE FINALIZED REVIEW AND REPORTS TO THE BOARD. COMPENSATION ADJUSTMENTS, IF WARRANTED, ARE DETERMINED BY REVIEW OF COMPARABLE DATA OF LIKE POSITIONS AT OTHER UNITED WAYS AND NON-PROFIT ORGANIZATIONS IN THE GEOGRAPHICAL AREA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH WEBSITE, BOARD BINDER, AND UPON REQUEST.