

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning 09/01/17, and ending 08/31/18**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>UNITED WAY OF HUNTERDON COUNTY</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4 WALTER FORAN BLVD.</b> City or town, state or province, country, and ZIP or foreign postal code <b>FLEMINGTON NJ 08822</b>	<b>D</b> Employer identification number <p style="text-align: center;"><b>22-2431065</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>908-782-3414</b></p> <b>G</b> Gross receipts \$ <b>1,337,398</b>
<b>F</b> Name and address of principal officer: <b>MARIA B. DUNCAN</b> <b>4 WALTER FORAN BLVD., #401</b> <b>FLEMINGTON NJ 08822</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.UWHUNTERDON.ORG</b>		<b>L</b> Year of formation: <b>1982</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY.</b>		
	2	Check this box <input type="checkbox"/> 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	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	1450
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,297,009	1,285,571
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,371	51,827
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,380	1,337,398
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	509,650	321,301
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	517,466	566,008
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,500	12,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>124,456</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	387,915	316,224
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,416,531	1,215,533
	19	Revenue less expenses. Subtract line 18 from line 12	-106,151	121,865
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,732,166	2,694,317
	22	Net assets or fund balances. Subtract line 21 from line 20	682,717	454,313
			2,049,449	2,240,004

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>MARIA B. DUNCAN</b></p> Type or print name and title	Date <p style="text-align: center;"><b>CEO</b></p>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL A. HOLK, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01315390</b>
	Firm's name ▶ <b>BKC, CPAS, PC</b>			Firm's EIN ▶ <b>22-3299874</b>	
	Firm's address ▶ <b>114 BROAD ST FLEMINGTON, NJ 08822</b>			Phone no. <b>908-782-7900</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 441,344 including grants of \$ 242,040 ) (Revenue \$ )

FINANCIAL STABILITY -

A FAMILY OF FOUR MUST EARN ~\$90,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY (\$8,000 MORE THAN JUST A FEW YEARS AGO) AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS. ALMOST ONE-THIRD OF HUNTERDON HOUSEHOLDS DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT. OF THOSE, OVER 22% REPRESENT OUR TARGET "ALICE" POPULATION - ASSET LIMITED INCOME CONSTRAINED, BUT EMPLOYED. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND POSITIVELY IMPACT OUR ECONOMIC DEVELOPMENT CONTINUE TO BE VITAL TO OUR COMMUNITY, AND TO ALICE.

UWHC IS MAKING SIGNIFICANT INROADS TOWARD THE COMMUNITY GOAL TO IMPROVE THE

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

COMMUNITY VOLUNTEER CENTER AND PARTNER SUPPORT SERVICES:

UNITED WAY SUPPORTS PROGRAMS AND INITIATIVES THAT REFLECT HUNTERDON COUNTY'S UNIQUE DEMOGRAPHIC, SOCIAL, AND GEOGRAPHIC MAKEUP AND ENCOURAGE AN INFORMED, SAFE AND CARING COMMUNITY.

CURRENT INITIATIVES:

COMMUNITY VOLUNTEER CENTER - THE UNITED WAY OF HUNTERDON COUNTY COMMUNITY VOLUNTEER CENTER WELCOMED MORE THAN 1,000 VOLUNTEERS WHO TOOK PART IN HOLIDAY HANDS, TOOLS 4 SCHOOL, VITA, TIRO, THRIVE FINANCIALLY FIT WORKSHOPS AND MANY OTHER UNITED WAY AND COMMUNITY PARTNER PROGRAMS.

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

HEALTH:

HUNTERDON IS A HEALTHY COMMUNITY; HOWEVER, THERE IS ALWAYS ROOM FOR IMPROVEMENT AND A NEED TO FOCUS ON HEALTH DISPARITIES AND THE DIFFICULTIES OF ACCESS TO HEALTHCARE, ESPECIALLY WITHIN MARGINALIZED COMMUNITIES.

CURRENT INITIATIVES AND PROGRAMS:

TIRO - (TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OBESITY) FOCUSES ON BETTER MEETING THE NEEDS OF THE LATINO COMMUNITY, AND OBTAINING PROGRAM GRANTS AIMED AT DECREASING HEALTH DISPARITIES WITHIN THE LATINO COMMUNITY. TO THAT END, UWHC CONTINUES TO PARTNER WITH THE HUNTERDON HEALTHCARE SYSTEM, THE YMCA OF HUNTERDON COUNTY, SHOPRITE OF HUNTERDON, BASECAMP 31

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 906,957

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] 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
FLEMINGTON

4 WALTER FORAN BLVD, NO. 401

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA B. DUNCAN ..... CEO	40.00 ..... 0.00			X				116,475	0	24,923
(2) KATHY CLOSS ..... VOLUNTEER CENTER	1.00 ..... 0.00			X				0	0	0
(3) DIANA FREDERICKS, ESQ. ..... VICE PRESIDENT, CRIS	1.00 ..... 0.00			X				0	0	0
(4) ANIX P. VYAS ..... FINANCE/AUDIT COMMIT	1.00 ..... 0.00			X				0	0	0
(5) BRADFORD W. MULLER ..... PRESIDENT ELECT	1.00 ..... 0.00			X				0	0	0
(6) ANN MCCRYSTAL ..... PRESIDENT	1.00 ..... 0.00			X				0	0	0
(7) PATRICE F. MARKS ..... SECRETARY	1.00 ..... 0.00			X				0	0	0
(8) GAIL KOSYLA ..... TREASURER	1.00 ..... 0.00			X				0	0	0
(9) BARRY GOODMAN, ESQ. ..... LEGAL COUNSEL	1.00 ..... 0.00	X						0	0	0
(10) ROBERT BARTER ..... VP RESOURCE DEV	1.00 ..... 0.00			X				0	0	0
(11) LINDA F. BRYANT ..... VP RESOURCE DEV	1.00 ..... 0.00			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			
(12) <b>PETER GAKOS</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) <b>STEFANIE GAGLIARDI</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) <b>JEFFREY M. GRENDA</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) <b>ELOISE KEANE</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) <b>AMY MUSOLINO</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) <b>JOHN C. PACIGA</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) <b>ISIDORO PEREZ</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) <b>KENDRA K. SCHROEDER</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>116,475</b>		<b>24,923</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>116,475</b>		<b>24,923</b>	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**Section B. Independent Contractors**

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

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

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include: Contributions, Gifts, Grants and Other Similar Amounts (1a-1f), Program Service Revenue (2a-2f), Other Revenue (3-12).

Client Copy

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	321,301	321,301		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	116,475	73,379	25,625	17,471
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	325,506	205,069	71,611	48,826
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,165	11,444	3,996	2,725
<b>9</b> Other employee benefits	61,692	38,866	13,572	9,254
<b>10</b> Payroll taxes	44,170	27,827	9,718	6,625
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	219	138	48	33
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	12,000			12,000
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57,419	42,474	14,832	113
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	41,716	26,281	9,177	6,258
<b>14</b> Information technology	16,222	11,480	4,009	733
<b>15</b> Royalties				
<b>16</b> Occupancy	32,990	20,783	7,258	4,949
<b>17</b> Travel	6,653	4,191	1,464	998
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,789	4,277	1,494	1,018
<b>20</b> Interest	18,839	17,741	653	445
<b>21</b> Payments to affiliates	9,940	6,262	2,187	1,491
<b>22</b> Depreciation, depletion, and amortization	32,933	20,748	7,245	4,940
<b>23</b> Insurance	15,443	9,729	3,398	2,316
<b>24</b> 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.)				
<b>a</b> <b>COMMUNITY PROGRAMS</b>	47,072	47,072		
<b>b</b> <b>PRINTING AND PROMOTIONAL SUPPLIES</b>	18,931	11,927	4,164	2,840
<b>c</b> <b>SUPPLIES</b>	9,473	5,968	2,084	1,421
<b>d</b> <b>OTHER OUTREACHES</b>	1,585		1,585	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,215,533	906,957	184,120	124,456
<b>26</b> 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)	100%	75%	15%	10%

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF HUNTERDON COUNTY**

Employer identification number

**22-2431065**

**FORM 990 - ORGANIZATION'S MISSION**

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

**EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO THRIVE. UNITED WAY OF  
HUNTERDON COUNTY (UWHC) FOCUSES ON POVERTY PREVENTION, FINANCIAL  
EMPOWERMENT AND ADVOCACY TO CREATE POSITIVE CHANGE IN OUR COMMUNITY. WE  
INVEST IN INITIATIVES AND PROGRAMS THAT ARE ALIGNED WITH THE OBJECTIVES  
UNDER THE ORGANIZATION'S THREE COMMUNITY IMPACT FOCUS AREAS - INCOME  
(FINANCIAL STABILITY), HEALTH AND EDUCATION. THE FINAL PORTFOLIO COMPRISES  
INITIATIVES AND PROGRAMS WITH AN EMPHASIS ON SUSTAINED COMMUNITY IMPACT.  
GREAT THINGS HAPPEN WHEN WE LIVE UNITED.**

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

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**FINANCIAL STABILITY OF 10,000 HUNTERDON COUNTY RESIDENTS BY 2020 - 10 BY 20  
IS HOW WE LIVE UNITED. THANKS TO THE GENEROUS SUPPORT OF OUR  
DONORS/INVESTORS AND OUR VOLUNTEERS, WE ONCE AGAIN HAVE BEEN ABLE TO ASSIST  
MORE THAN 7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2017-18.  
HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, SUCCESSFULLY  
COMPLETED ITS 3-YEAR PILOT PHASE. HUNTERDON THRIVE PROVIDES ALICE WITH  
SYSTEM NAVIGATION, COACHING AND GOAL SETTING WHILE AT THE SAME TIME**

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA TO:

1. MEASURE PROGRESS AGAINST THE COMMUNITY GOAL OF 10 BY 20;

2. IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT.

OUTCOMES OF THE KEY INITIATIVES AND PROGRAMS SUPPORTED THROUGH GRANTS AND THE GENEROSITY OF OUR DONOR-INVESTORS HELPING US REACH OUR COMMUNITY GOAL:

"HUNTERDON THRIVE HAD A TOTAL OF 253 REFERRALS AND 96 'THRIVERS" (38% OF REFERRALS) ACHIEVED OR SET FINANCIAL GOALS BY THE END OF THE PILOT PHASE. THESE NUMBERS ARE SIGNIFICANTLY HIGHER THAN SEEN IN SIMILAR LONG-TERM, BEHAVIOR MODIFICATION PROGRAMS. EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY.

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"THRIVE FINANCIAL COACHING IS THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND NOW FEATURES A SERIES OF 6 FINANCIALLY FIT WORKSHOPS THAT BOTH DRAW NEW CLIENTS AND OFFER EDUCATIONAL REINFORCEMENT FOR EXISTING CLIENTS.

"THE VOLUNTEER INCOME TAX ASSISTANT (VITA) FREE TAX PROGRAM GENERATED MORE THAN \$2.1 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1300 HOUSEHOLDS WITH THE HELP OF 74 IRS-TRAINED VOLUNTEERS. LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES.

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NOT ONLY DID CLIENTS RECEIVE MORE THAN \$2 MILLION IN TAX REFUNDS, THEY SAVED APPROXIMATELY \$286,000 IN PREPARATION FEES. VOLUNTEERS ALSO ASSISTED 100 SENIORS APPLY FOR THE SENIOR PROPERTY TAX FREEZE SO THAT THEY ARE BETTER POSITIONED TO STAY IN THEIR HOMES LONGER TERM.

A LACK OF SAVINGS IS ONE OF THE BIGGEST CHALLENGES FACING LOW-INCOME FAMILIES SO THE VITA FREE TAX PROGRAM, IN COLLABORATION WITH COMMONWEALTH, ADDED A SAVINGS INCENTIVE COMPONENT. MORE THAN 10% OF CLIENTS PUT ALL OR A PORTION OF THEIR REFUND INTO A SAVINGS ACCOUNT; UNITED WAY OF HUNTERDON COUNTY WAS RECOGNIZED AS ROOKIE OF THE YEAR BY COMMONWEALTH BECAUSE THAT NUMBER WAS FAR BEYOND THE 2%-3% OF CLIENTS WHO TYPICALLY PUT MONEY INTO SAVINGS.

THE VITA FREE TAX PROGRAM SEES A TREMENDOUS RETURN ON THE \$45 PER CLIENT INVESTMENT MADE BY UNITED WAY OF HUNTERDON COUNTY.

"UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,761 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENTS ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING WITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS.

DONORS' FINANCIAL INVESTMENTS IN UNITED WAY STRENGTHENED AN ARRAY OF POVERTY PREVENTION PROGRAMS INCLUDING FINANCIAL COACHING, YMCA SCHOLARSHIPS FOR AFFORDABLE CHILD CARE, FAMILY PROMISE HOMELESS SHELTER, NORWESCAP FOOD BANK, LEGAL SERVICES OF NORTHERN NEW JERSEY, NORWESCAP WOMEN IN TRANSITION,

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JEWISH FAMILY SERVICES CAREER TRAINING, FISHERMAN'S MARK BRIDGE TO SELF-SUFFICIENCY, ANDERSON HOUSE FINANCIAL FITNESS HOUSING ACCESSIBILITY AND REPAIR, AND HOMESHARING. THIS SELECT GROUP OF PROGRAMS WAS IDENTIFIED AS AN EFFICIENT APPROACH TO IMPROVING THE FINANCIAL STABILITY OF 10,000 RESIDENTS BY 2020.

PLANS FOR THE COMING YEAR:

UWHC UTILIZES DATA-SUPPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. THE OUTCOMES OF THE HUNTERDON THRIVE 3-YEAR PILOT WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE. IN ADDITION, UWHC IS CREATING A SPONSORSHIP PORTFOLIO TO ATTRACT MORE ROBUST FINANCIAL SUPPORT FOR THE THRIVE POVERTY PREVENTION INITIATIVE SO THAT MORE ALICE HOUSEHOLDS CAN BE REACHED.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE CENTER IS MORE THAN A PLACE WHERE THINGS GET DONE. IT IS A PLACE WHERE LIVES GET CHANGED THROUGH POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY FOR ALICE - THE 27% OF HUNTERDON HOUSEHOLDS WHO STRUGGLE EVERY DAY TO MAKE ENDS MEET. WE BELIEVE THAT ALICE - OUR NEIGHBORS WHO ARE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED - AND EVERY INDIVIDUAL DESERVES THE OPPORTUNITY TO THRIVE.

THE CENTER ALSO SERVED AS THE BACKDROP FOR THE META THEATRE COMPANY'S WHAT WERE YOU WEARING EXHIBIT DURING THE HEALTH FAIR AS WELL AS AN ORIGINAL PERFORMANCE BASED ON THE REAL-LIFE STORIES OF THE META THEATER COMPANY. THE

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FAMILY-FRIENDLY INSTALLATION PROVIDED A TANGIBLE RESPONSE TO ONE OF OUR CULTURE'S MOST PERVASIVE MYTHS ABOUT RAPE AND SEXUAL ASSAULT AND SEEKS TO CHALLENGE THIS DANGEROUS AND PATRIARCHAL LINE OF THINKING.

THE COMMUNITY VOLUNTEER CENTER WELCOMED AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, FAMILY PROMISE, LA LECHE LEAGUE, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES AND HUNTERDON YMCA.

VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS): THE VOLUNTEER CENTER IS ALSO A PLACE FOR FOLKS TO COME TOGETHER TO ENGAGE IN LONG TERM RECOVERY EFFORTS AFTER ANY DISASTER. AS THE LEAD AGENCY IN VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS) UNITED WAY DOESN'T WAIT FOR RECOVERY EFFORTS TO COME TO THEM. THIS YEAR UWHC ASSISTED WITH THE RECOVERY EFFORTS AFTER A DEVASTATING FIRE DISPLACED RESIDENTS OF FOUR APARTMENTS AND DESTROYED TWO BUSINESSES IN THE RIVERSIDE BOROUGH OF FRENCHTOWN.

NJ 2-1-1 PARTNERSHIP - WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1. DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME, SEVEN DAYS A WEEK FOR HELP IN NAVIGATING AVAILABLE ASSISTANCE SERVICES - EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE. IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 211 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR. THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY -

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DEPARTMENT OF HUMAN SERVICES, OFFICE OF HOMELAND SECURITY AND PREPAREDNESS, AND THE DEPARTMENT OF CHILDREN AND FAMILIES. NJ2-1-1 IS AN ACTIVE PARTNER IN THE VITA FREE TAX PREP PROGRAM.

DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY RAISED AWARENESS OF AND ACCESS TO CRITICAL COMMUNITY RESOURCES.

PLANS FOR THE COMING YEAR:

UWHC WILL CONTINUE TO REVIEW OUR COLLABORATIONS AND INITIATIVES TO ENSURE THEY ARE SUPPORTING COMMUNITY NEEDS AND ASSISTING UWHC IN REACHING ITS 2020 GOALS AS WELL AS BEGIN TO ASSESS COMMUNITY NEEDS AND IDENTIFY GOALS BEYOND 2020.

VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS):

UNITED WAY OF HUNTERDON COUNTY WILL CONTINUE TO LEAD THE VOAD/COAD EFFORTS, BRINGING TOGETHER STAKEHOLDERS TO BETTER PREPARE AND SUPPORT RECOVERY EFFORTS IN THE EVENT OF A DISASTER.

COMMUNITY VOLUNTEER CENTER: UNITED WAY OF HUNTERDON COUNTY'S COMMUNITY VOLUNTEER CENTER WILL FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY. UWHC WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

AND THE FAITH-BASED COMMUNITY TO EXPAND TIRO. THE TIRO PROGRAM CURRICULUM

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PROVIDES 6-WEEK FAITHFUL FAMILIES THRIVING COMMUNITIES SESSIONS FOR PARISHIONERS OF ST. MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACION CHURCHES. THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION. TIRO ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS.

## HEALTH FAIR

UNITED WAY OF HUNTERDON COUNTY MARKED NATIONAL MINORITY HEALTH MONTH WITH ITS ANNUAL HEALTH FAIR THIS EVENT IS SUPPORTED BY THE NEW JERSEY OFFICE OF MINORITIES & MULTICULTURAL HEALTH.

HUNTERDON DIAPER BANK -- THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200. UWHC SAVED FAMILIES AND INDIVIDUALS ALMOST \$17,000 OF DIAPERS AND ADULT INCONTINENCE PRODUCTS THAT WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2017-2018.

THE HUNTERDON DIAPER BANK CENTRALIZES THE FUNDRAISING AND DISTRIBUTION OF FREE DIAPERS TO STRUGGLING PARENTS AND CAREGIVERS THROUGH EXISTING SERVICE PROVIDERS, INCLUDING LOCAL FOOD PANTRIES, DAYCARE CENTERS, SOCIAL SERVICE AGENCIES AND SHELTERS.

DISCOUNT PRESCRIPTION PROGRAM - UWHC PARTNERS WITH FAMILYWIZE TO OFFER FREE PRESCRIPTION DRUG DISCOUNT CARDS TO HUNTERDON COUNTY RESIDENTS AND EMPLOYEES.

LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS) - UWHC PUBLISHED AND DISTRIBUTED THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK

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FACTOR SURVEILLANCE SURVEY (BRFSS). THE 2016-2017 LATINO BRFSS REVEALED THAT OUR LATINO NEIGHBORS ARE FEELING BETTER THAN THEY DID WHEN THEY LAST TOOK THE SURVEY IN 2011. WHEN ASKED TO RATE THEIR OVERALL HEALTH, 25.2% RATED THEIR HEALTH AS FAIR TO POOR COMPARED WITH 42% IN 2011. THAT CERTAINLY IS A SIGNIFICANT IMPROVEMENT; HOWEVER THERE IS STILL A HUGE DISPARITY BETWEEN 25% AND THE 7.8% OF OVERALL HUNTERDON RESIDENTS WHO RATED THEIR HEALTH AS FAIR TO POOR IN THE 2010 HUNTERDON BRFSS. OVERALL, 24% OF THE LATINO COMMUNITY REPORTED NOT BEING ABLE TO SEE A DOCTOR IN THE LAST YEAR DUE TO COSTS, AN 11% IMPROVEMENT FROM 2011; AND 50% INDICATED THEY HAD A MEDICAL HOME - AN INCREASE FROM 2011. AND ONLY 17% SAID THEY COULDN'T GET HEALTH CARE BECAUSE OF A LANGUAGE BARRIER.

IT IS ENCOURAGING TO SEE THESE POSITIVE RESULTS BUT THERE IS STILL NEED FOR IMPROVEMENT. ALMOST 74% OF OUR LATINO NEIGHBORS LACK HEALTH CARE INSURANCE AND 13.5% ARE MORBIDLY OBESE.

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PARTNERSHIP FOR HEALTH - UWHC CONTINUES TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH. IN EXISTENCE SINCE 1995, THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) COMPRISES APPROXIMATELY 60 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON. THE FOCUS PFH IS IN THE THIRD YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT.

DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED MEALS ON WHEELS AND PREVENTION RESOURCES' LAW ENFORCEMENT ADOLESCENT PROGRAM (LEAP).

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UNITED WAY WILL CONTINUE TO EXPAND TIRO - (TECHNICAL INTERVENTIONS FOR THE REDUCTION OF OBESITY) TO BETTER MEET THE NEEDS OF THE LATINO AND OTHER MARGINALIZED COMMUNITIES. UWHC WILL MAKE STRONGER CONNECTIONS BETWEEN HEALTH AND POVERTY PREVENTION AND FOCUS ON ACCESS TO HEALTHY FOOD AND HEALTH CARE AS WELL AS OFFER A GET YOUR BUDGET FIT FINANCIAL WORKSHOP IN SPANISH. THE ANNUAL HEALTH FAIR WILL CONTINUE TO GROW AND PLANS ARE TO EXPAND IN COLLABORATION WITH EFFORTS OF THE FLEMINGTON COMMUNITY PARTNERSHIP.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

EDUCATION:

EDUCATION IS FUNDAMENTAL TO THE HEALTH AND WELLNESS OF A COMMUNITY. AN EDUCATED COMMUNITY IS VITAL FOR SUSTAINED ECONOMIC GROWTH. UWHC SUPPORTS A RANGE OF EFFORTS TO ENSURE EVERYONE IN OUR COMMUNITY HAS ACCESS TO THE EDUCATIONAL SUPPORTS THEY NEED -FROM MENTORING PROGRAMS TO LITERACY TRAINING; ENSURING ALL STUDENTS HAVE THE TOOLS THEY NEED TO START THE SCHOOL YEAR READY TO LEARN, AND TEACHING THE NEXT GENERATION OF VOLUNTEERS AND PHILANTHROPIC LEADERS.

CURRENT INITIATIVES:

YOUTH 4 UNITED WAY - A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM CELEBRATES A DECADE OF RAISING AWARENESS OF COMMUNITY NEEDS AMONG STUDENTS. THE PROGRAM ALSO PROVIDES YOUNG PEOPLE WITH A FORUM TO DETERMINE HOW THEY CAN CONTRIBUTE TO THE FULFILLMENT OF THOSE NEEDS. THIS SERVICE LEARNING CURRICULUM ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN.

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TOOLS FOR SCHOOL - SINCE ITS INCEPTION IN 2004, THIS PROGRAM PROVIDING NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS. FOR THE 2018 SCHOOL YEAR UWHC AND 171 VOLUNTEERS SERVED OVER 1100 STUDENTS. THE PROGRAM SAVED FAMILIES OVER \$30,000 IN SCHOOL SUPPLIES. ADDITIONALLY, UNITED WAY PARTNERED WITH AREA SALONS TO RUN ITS FIFTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO!

BOARD DEVELOPMENT PRIMER - UNITED WAY OF HUNTERDON COUNTY BELIEVES IN THE VALUE OF TRAINING VOLUNTEERS TO BE EFFECTIVE LEADERS. THIS IN-DEMAND PROGRAM DEFINES BOARD ROLES, RESPONSIBILITIES AND BOUNDARIES TO BETTER PREPARE NEW BOARD MEMBERS OR REINFORCE THE GOVERNANCE AND FIDUCIARY ROLES FOR EXISTING BOARD MEMBERS. THE ULTIMATE GOAL IS TO ENCOURAGE THE RECRUITMENT, DEVELOPMENT AND RETENTION OF COMMUNITY LEADERS ON BOARDS AND COMMITTEES THROUGHOUT THE COMMUNITY.

PLANS FOR THE COMING YEAR:

LATINO COALITION

THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH AN EDUCATIONAL PARTNERSHIP STRATEGY WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS.

THE GOAL IS TO INCREASE AWARENESS /EDUCATION OPPORTUNITIES FOR IN DEMAND JOBS, WITH A LIVING WAGE AND POTENTIAL CAREER PATHS; INCREASE COLLABORATION

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BETWEEN HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, HUNTERDON POLYTECH,  
HUNTERDON HEALTHCARE SYSTEM AND RARITAN VALLEY COMMUNITY COLLEGE AND TO  
REDUCE THE DISPARITY OF LATINOS NOT GRADUATING HIGH SCHOOL.

DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE  
DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING A CAREER WORKSHOP SERIES BY  
THE PROFESSIONAL SERVICE GROUP OF CENTRAL NEW JERSEY.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS  
EVERY PERSON, FIRM, ASSOCIATION AND CORPORATION WHO MAKES A CONTRIBUTION TO  
OR FOR THE BENEFIT OF THIS CORPORATION SHALL AUTOMATICALLY, UPON MAKING  
SUCH CONTRIBUTION, BECOME A MEMBER OF THIS CORPORATION AND REMAIN A MEMBER  
UNTIL THE COMPLETION DATE OF THE NEXT ANNUAL CAMPAIGN OF THIS CORPORATION.  
EACH CONTRIBUTING MEMBER MAY BE REPRESENTED AT MEETINGS OF THE MEMBERSHIP.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 IS PREPARED AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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.

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION YES, AVAILABLE THROUGH WEBSITE, BOARD BINDER, AND UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

	\$	1
AMORTIZATION	\$	-1