



Certified Public Accountants, PC
www.bkc-cpa.com

CONFIDENTIAL

United Way of Hunterdon County
4 Walter Foran Blvd., # 401
Flemington, NJ 08822

Enclosed are the original and one copy of the 2016 Exempt Organization Returns, as follows...

Return of Organization Exempt From Income Tax (Form 990)
2016 New Jersey Form CRI-300R

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

BKC, CPAs, PC

Filing Instructions

UNITED WAY OF HUNTERDON COUNTY

Exempt Organization Tax Return

Taxable Year Ended August 31, 2017

Date Due: July 16, 2018

Remittance: None is required. Your Form 990 for the tax year ended 8/31/17 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BKC, CPAs, PC
114 Broad St
Flemington, NJ 08822

Other: Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 9/01, 2016, and ending 8/31, 20 17

2016

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Name and title of officer

**MARIA B. DUNCAN
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,310,380
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____

Date } **04/04/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22220016516
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____

Date } **04/04/18**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 09/01/16, and ending 08/31/17

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	C Name of organization <p style="text-align: center;">UNITED WAY OF HUNTERDON COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 WALTER FORAN BLVD., #401 City or town, state or province, country, and ZIP or foreign postal code FLEMINGTON NJ 08822	D Employer identification number <p style="text-align: center;">22-2431065</p> E Telephone number <p style="text-align: center;">908-782-3414</p> G Gross receipts \$ 1,310,380
F Name and address of principal officer: MARIA B. DUNCAN 4 WALTER FORAN BLVD., #401 FLEMINGTON NJ 08822		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.UWHUNTERDON.ORG		L Year of formation: 1982 M State of legal domicile: NJ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

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 <input type="checkbox"/> u 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 2016 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	1253
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,270,045	Current Year 1,297,009
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,444	13,371
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,059	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,548	1,310,380
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	609,672	509,650
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	511,472	517,466
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,500
	b	Total fundraising expenses (Part IX, column (D), line 25) u 132,072		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,694	387,915
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,398,838	1,416,531	
19	Revenue less expenses. Subtract line 18 from line 12	-88,290	-106,151	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,825,767	End of Year 2,732,166
	21	Total liabilities (Part X, line 26)	701,158	682,717
	22	Net assets or fund balances. Subtract line 21 from line 20	2,124,609	2,049,449

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 <p style="text-align: center;">MARIA B. DUNCAN</p>	Date
	Type or print name and title <p style="text-align: center;">CEO</p>	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M. CARDUCCI, CPA	Preparer's signature	Date 04/04/18	Check <input type="checkbox"/> if self-employed	PTIN P00626953
	Firm's name } BKC, CPAS, PC	Firm's EIN } 22-3299874			
	Firm's address } 114 BROAD ST FLEMINGTON, NJ 08822	Phone no. 908-782-7900			

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:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 611,217 including grants of \$ 373,324) (Revenue \$)

FINANCIAL STABILITY:

A FAMILY OF FOUR MUST EARN ABOUT \$82,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS. APPROXIMATELY ONE QUARTER OF HOUSEHOLDS IN HUNTERDON DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT. OF THOSE, OVER 20% REPRESENT OUR TARGET "ALICE" POPULATION - ASSET LIMITED INCOME CONSTRAINED, BUT EMPLOYED. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND POSITIVELY IMPACT OUR ECONOMIC DEVELOPMENT CONTINUE TO BE VITAL TO OUR COMMUNITY, AND TO ALICE.

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

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

EDUCATION:

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

CURRENT INITIATIVES:

-YOUTH 4 UNITED WAY: A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL

4c (Code:) (Expenses \$ 156,604 including grants of \$ 58,677) (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 \$ 208,759 including grants of \$ 14,713) (Revenue \$)

4e Total program service expenses u 1,103,646

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 ID, Question Text, and Yes/No columns. Rows include: 1a (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u 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.
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: u

THE ORGANIZATION
FLEMINGTON

4 WALTER FORAN BLVD, #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				104,539	0	26,198
(2) HAEKYOUNG SUH BOARD MEMBER	1.00 0.00	X						0	0	0
(3) PETER GAKOS BOARD MEMBER	1.00 0.00	X						0	0	0
(4) STEFANIE GAGLIARDI, ESQ. BOARD MEMBER	1.00 0.00	X						0	0	0
(5) MATTHEW HOLT BOARD MEMBER	1.00 0.00	X						0	0	0
(6) ROBERT BARTER BOARD MEMBER	1.00 0.00	X						0	0	0
(7) LINDA F. BRYANT BOARD MEMBER	1.00 0.00	X						0	0	0
(8) JEFFREY M. GREEDA BOARD MEMBER	1.00 0.00	X						0	0	0
(9) MICHAEL YOUNG BOARD MEMBER	1.00 0.00	X						0	0	0
(10) ELOISE KEANE BOARD MEMBER	1.00 0.00	X						0	0	0
(11) AMY MUSOLINO BOARD MEMBER	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) JOHN C. PACIGA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) ISIDORO PEREZ	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) KENDRA K. SCHROEDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) PAUL STRAMAGLIA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) BARRY GOODMAN, ESQ.	1.00									
LEGAL COUNSEL	0.00	X					0	0	0	
(17) KATHY CLOSS	1.00									
CHAIR, VCC	0.00			X			0	0	0	
(18) DIANA FREDERICKS, ESQ.	1.00									
VP, CRISP	0.00			X			0	0	0	
(19) ANIX P. VYAS	1.00									
CHAIR, FC	0.00			X			0	0	0	
1b Sub-total							104,539		26,198	
c Total from continuation sheets to Part VII, Section A									0	
d Total (add lines 1b and 1c)							104,539		26,198	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 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>	3	X
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>	4	X
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>	5	X

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 1,297,009				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$	238,722				
	h Total. Add lines 1a-1f	u	1,297,009			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	13,149			13,149
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	222			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	222				
	d Net gain or (loss)	u	222	222		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	1,310,380	222	0	13,149	

Part IX Statement of Functional Expenses

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

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

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	509,650	509,650		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,634	69,317	24,999	19,318
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	287,678	175,483	63,290	48,905
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,869	10,900	3,931	3,038
9 Other employee benefits	56,266	34,322	12,379	9,565
10 Payroll taxes	42,019	25,632	9,244	7,143
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,007	9,155	3,302	2,550
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,500			1,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	51,472	32,313	11,654	7,505
12 Advertising and promotion				
13 Office expenses	30,539	18,629	6,719	5,191
14 Information technology	13,891	8,474	3,056	2,361
15 Royalties				
16 Occupancy	29,253	17,843	6,436	4,974
17 Travel	6,204	3,784	1,365	1,055
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,281	9,931	3,582	2,768
20 Interest	18,782	17,512	964	306
21 Payments to affiliates	9,971	6,083	2,193	1,695
22 Depreciation, depletion, and amortization	30,963	18,887	6,812	5,264
23 Insurance	12,649	7,716	2,783	2,150
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY PROGRAMS	58,727	58,727		
b BAD DEBT EXPENSE	44,945	44,945		
c PRINTING AND PROMOTIONAL	25,174	15,356	5,538	4,280
d SUPPLIES	10,625	6,481	2,338	1,806
e All other expenses	13,432	2,506	10,228	698
25 Total functional expenses. Add lines 1 through 24e	1,416,531	1,103,646	180,813	132,072
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	197,543	1	204,738
	2	Savings and temporary cash investments	384,179	2	285,496
	3	Pledges and grants receivable, net	232,249	3	230,539
	4	Accounts receivable, net	5,199	4	922
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,996	9	7,584
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,315,764		
	b	Less: accumulated depreciation	10b 242,817	10c	1,072,947
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	895,751	12	929,940
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,825,767	16	2,732,166	
Liabilities	17	Accounts payable and accrued expenses	36,812	17	54,223
	18	Grants payable	392,431	18	331,826
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	271,915	23	263,301
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	33,367
	26	Total liabilities. Add lines 17 through 25	701,158	26	682,717
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,114,609	27	2,042,449
	28	Temporarily restricted net assets	10,000	28	7,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,124,609	33	2,049,449	
34	Total liabilities and net assets/fund balances	2,825,767	34	2,732,166	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,310,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,416,531
3	Revenue less expenses. Subtract line 2 from line 1	3	-106,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,124,609
5	Net unrealized gains (losses) on investments	5	62,559
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-31,568
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,049,449

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
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.	X	
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?		X
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.		

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			
(20) BRADFORD W. MULLER	1.00									
CHAIR, GC	0.00			X			0	0	0	
(21) ANN MCCRYSTAL	1.00									
PRESIDENT	0.00			X			0	0	0	
(22) PATRICE F. MARKS	1.00									
SECRETARY	0.00			X			0	0	0	
(23) GAIL KOSYLA	1.00									
TREASURER	0.00			X			0	0	0	
(24) BARBARA PIWINSKI	1.00									
VP, RESOURCE DVLP.	0.00			X			0	0	0	
(25) JOSEPH DEPINTO	1.00									
IMMEDIATE PAST PRES.	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	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>		
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>		
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>		

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,245,554

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	974,407	1,322,851	1,381,242	1,270,045	1,297,009	6,245,554
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,662	14,426	12,388	12,426	13,149	98,051
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,315	1,608	5,794		14,717
11 Total support. Add lines 7 through 10						6,358,322

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.23%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.03%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer (a) and (b) below. Row 3: Parent of Supported Organizations. Answer (a) and (b) below.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 14,717

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization UNITED WAY OF HUNTERDON COUNTY	Employer identification number 22-2431065
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EXXONMOBIL RESEARCH AND ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 169,226	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EXXONMOBIL RESEARCH AND ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 275,532	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUNTERDON MEDICAL CENTER 2100 WESCOTT DRIVE FLEMINGTON NJ 08822	\$ 52,676	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHNSON & JOHNSON FAMILY COMPANIES PO BOX 4000 NEW BRUNSWICK NJ 08903	\$ 121,005	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF NJ DEPARTMENT OF HEALTH PO BOX 360 TRENTON NJ 08625	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		97,500		97,500
b Buildings		1,153,019	181,808	971,211
c Leasehold improvements				
d Equipment		65,245	61,009	4,236
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,072,947

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

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	33,367
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	33,367

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,327,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	62,559	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	62,559	
3	Subtract line 2e from line 1		3	1,265,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	44,945	
c	Add lines 4a and 4b	4c	44,945	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,310,380

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

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

1	Total expenses and losses per audited financial statements		1	1,371,586
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	1,371,586
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	44,945	
c	Add lines 4a and 4b	4c	44,945	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,416,531

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 44,945

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 44,945

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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)	ANDERSON HOUSE, INC. 532 ROUTE 523 WHITEHOUSE NJ 08889	52-1786469	501C3	25,000		FMV		WOMEN'S SUPPORT
(2)	HOUSING ACCESSIBILITY & REHAB 4 WALTER FORAN BLVD, SUITE 410 FLEMINGTON NJ 08822	80-0181325	501C3	10,000		FMV		HOUSING ASSISTANCE
(3)	LEGAL SERVICES OF NORTHWEST JERSEY 82 PARK AVE. FLEMINGTON NJ 08822	22-2068191	501C3	25,000		FMV		FREE LEGAL SERVICES
(4)	MEALS ON WHEELS IN HUNTERDON COUNTY 5 WALTER FORAN BLVD, SUITE 2006 FLEMINGTON NJ 08822	22-3084358	501C3	25,000		FMV		MEALS DELIVERIES
(5)	NORWESCAP - FOOD BANK 21 NORTH BROAD STREET PHILLIPSBURG NJ 08865	22-1777156	501C3	25,000		FMV		FEED THE HUNGRY
(6)	YMCA OF HUNTERDON COUNTY 144 W. WOODSCHURCH RD. FLEMINGTON NJ 08822	22-1524183	501C3	25,000		FMV		HEALTHY LIFESTYLES
(7)	FAMILY PROMISE OF HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON NJ 08822	22-3049800	501C3	25,000		FMV		CASE MANAGEMENT
(8)	NORWESCAP - CLTC 21 NORTH BROAD STREET PHILLIPSBURG NJ 08865	22-1777156	501C3	25,000		FMV		WOMEN'S ASSISTANCE
(9)	HOMESHARING 120 FINDERNE AVE BRIDGEWATER NJ 08807	22-2893508	501C3	10,000		FMV		HOMELESSNESS

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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)	HUNTERDON PREVENTION RESOURCES 4 WALTER FORAN BLVD, SUITE 410 FLEMINGTON NJ 08822	23-7215126	501C3	15,000		FMV		LEAP PROGRAM
(2)	FISHERMAN'S MARK 37 S. MAIN ST. LAMBERTVILLE NJ 08530	22-2302255	501C3	20,000		FMV		FINANCIAL STABILITY
(3)	JEWISH FAMILY SERVICES 150-A WEST HIGH ST. SOMERVILLE NJ 08876	22-2306902	501C3	10,000		FMV		CAREER SERVICES
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2016)

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		238,722	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

UNITED WAY OF HUNTERDON COUNTY**22-2431065****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 HAVE BEEN ABLE TO ASSIST MORE THAN 7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2016-17.

HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, IS IN ITS THIRD YEAR OF ITS PILOT PHASE. HUNTERDON THRIVE PROVIDES ALICE WITH SYSTEM NAVIGATION, COACHING AND GOAL SETTING WHILE AT THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA TO:

- 1. MEASURE PROGRESS AGAINST THE COMMUNITY GOAL OF 10 BY 20;**
- 2. IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT; AND**
- 3. THE OUTCOMES OF THE PILOT YEARS WILL BE PUBLISHED IN A PEER-REVIEWED JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN HUNTERDON AND ELSEWHERE.**

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

-HUNTERDON THRIVE IS WORKING TOWARDS ITS GOAL OF REACHING 300 CLIENTS BY MAY OF 2018; AS OF AUGUST 2017 THERE WERE 133 REFERRALS AND 34 'THRIVERS' HAVING ACHIEVED OR SET FINANCIAL GOALS. HUNTERDON THRIVE MAY NOT ENGAGE HUGE NUMBERS OF INDIVIDUALS BUT THE POWER OF CREATING BEHAVIOR CHANGES AMONG THOSE IT DOES ENGAGE IS FAR REACHING. EVERY INDIVIDUAL WHO IS

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM, CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY.

-THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) FREE TAX PROGRAM GENERATED ALMOST \$1.8 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1,240 INDIVIDUALS WITH THE HELP OF 67 IRS TRAINED VOLUNTEERS. LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME WHILE SAVING THEM PREPARER FEES. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES.

-UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,735 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENTS ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING WITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS..

DONORS' FINANCIAL INVESTMENTS IN UNITED WAY HELPED STRENGTHEN THE PORTFOLIO OF FINANCIAL STABILITY PROGRAMS THE ORGANIZATION SUPPORTS INCLUDING FINANCIAL COACHING, AFFORDABLE CHILD CARE, SHELTER, THE FOOD BANK, LEGAL SERVICES AND JOB TRAINING. THIS SELECT GROUP OF PROGRAMS WAS IDENTIFIED AS AN EFFICIENT APPROACH TO IMPROVING THE FINANCIAL STABILITY OF 10,000 RESIDENTS BY 2020.

PLANS FOR THE COMING YEAR:

UWHC IS UTILIZING DATA COLLECTED TO FINE-TUNE AND IMPLEMENT PROGRAMS AND

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

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SYSTEM CHANGES THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. FINANCIAL COACHING WILL BE THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND A ROBUST ROSTER OF FINANCIALLY-FOCUSED WORKSHOPS AND PROGRAMS ARE UNDER CONSIDERATION OR IN DEVELOPMENT.

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

REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM CELEBRATES A DECADE OF RAISING AWARENESS AMONG STUDENTS OF COMMUNITY NEEDS. FURTHERMORE, IT PROVIDES A FORUM TO DETERMINE HOW THEY WILL CONTRIBUTE TO MEETING THOSE NEEDS. THIS SERVICE LEARNING PROGRAM HAS A CURRICULAR COMPONENT THAT ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN.

-STUDENT UNITED WAY: A CAMPUS BASED COMMUNITY CHANGE ORGANIZATION, LED BY STUDENTS, LAUNCHED IN THE FALL OF 2016. STUDENT UNITED WAY IS A PARTNERSHIP BETWEEN UNITED WAY OF HUNTERDON COUNTY, HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, AND THE COMMUNITY AT LARGE. STUDENT UNITED WAY MEMBERS ARE PART OF AN INTERNATIONAL NETWORK OF YOUNG PEOPLE WORKING TO ADVANCE THE COMMON GOOD. IT IS AN OPPORTUNITY FOR STUDENTS TO ENGAGE IN SOMETHING BIGGER THAN THEMSELVES AND TAKE THE LEAD IN BETTERING THEIR COMMUNITIES BY GIVING, ADVOCATING AND VOLUNTEERING IN THE AREAS OF EDUCATION, INCOME AND HEALTH.

-TOOLS 4 SCHOOL: THE TOOLS 4 SCHOOL PROGRAM HAS BEEN ENSURING STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS BY PROVIDING NECESSARY BASIC SCHOOL SUPPLIES SINCE 2004. FOR THE 2017 SCHOOL YEAR UWHC AND 225 VOLUNTEERS SERVED OVER 1300 STUDENTS. THE PROGRAM SAVED FAMILIES OVER \$52,000 IN

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SCHOOL SUPPLIES. ADDITIONALLY, UNITED WAY RAN ITS FOURTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR 81 CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO!

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

PLANS FOR THE COMING YEAR:

-LATINO COALITION: THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH A PILOT MENTORSHIP PROGRAM IN COLLABORATION WITH THE HUNTERDON CENTRAL REGIONAL HIGH SCHOOL'S ESL PROGRAM AND RVCC'S LATINO ORGULLO. THE GOAL IS TO PROVIDE MENTORSHIP SUPPORT TO LATINO STUDENTS TO GUIDE THEM TOWARDS EDUCATIONAL AND WORKFORCE READINESS. THE MENTORSHIP PROGRAM WILL BE THE CORNERSTONE OF A BROADER EDUCATIONAL STRATEGY IN PARTNERSHIP WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS.

-DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING CAREER SERVICES, CAREER EDUCATION AND AWARENESS PROGRAMS AND LITERACY EDUCATION.

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

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AND THE FAITH-BASED COMMUNITY TO EXPAND TIRO. THE TIRO PROGRAM CURRICULUM PROVIDES 6-WEEK FAITHFUL FAMILIES EAT SMART MOVE MORE SESSIONS FOR PARISHIONERS OF ST. MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACION CHURCHES. THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION.

TIRO ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS. THE ANNUAL HEALTH FAIR CONTINUES TO EXPAND AND INCLUDE A VARIETY OF COMMUNITY MEMBERS FOCUSED ON HEALTH AND WELLNESS.

-HUNTERDON DIAPER BANK: A KEY PROGRAM IN SUPPORT OF UNITED WAY'S HEALTH FOCUS, THE HUNTERDON DIAPER BANK HELPS GROWING FAMILIES STRETCH THEIR BUDGETS AND CONNECTS THEM TO OTHER COMMUNITY RESOURCES AS NEEDED. THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200. ALMOST 14,000 DIAPERS WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2016-2017. THE HUNTERDON DIAPER BANK CENTRALIZES THE FUNDRAISING AND DISTRIBUTION OF FREE DIAPERS TO STRUGGLING PARENTS AND CAREGIVERS THROUGH EXISTING SERVICE PROVIDERS, INCLUDING LOCAL FOOD PANTRIES, DAYCARE CENTERS, SOCIAL SERVICE AGENCIES AND SHELTERS.

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

PLANS FOR THE COMING YEAR:

Name of the organization

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-LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS): UWHC WILL BE DISTRIBUTING THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS). HUNTERDON COUNTY'S LATINO/HISPANIC COMMUNITY CONTINUES TO GROW AND THRIVE. IN FACT THIS POPULATION HAS MORE THAN TRIPLED OVER THE PAST 30 YEARS AND NOW ACCOUNTS FOR 6.3% OR APPROXIMATELY 7,500 OF OUR NEIGHBORS.

-PARTNERSHIP FOR HEALTH: UWHC WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH. IN EXISTENCE SINCE 1995, THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) COMPRISES APPROXIMATELY 30 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON. THE VISION OF THE PFH IS SIMPLE: EVERY INDIVIDUAL OF HUNTERDON COUNTY HAS A STATE OF OPTIMAL PHYSICAL, MENTAL, SPIRITUAL, AND SOCIAL WELL-BEING, WHICH ALLOWS THE INDIVIDUAL TO PURSUE THE MOST FULFILLING LIFE POSSIBLE, AND NOT MERELY A LIFE ABSENT OF DISEASE OR INFIRMITY. PFH INCLUDES REPRESENTATION FROM LEADERS ACROSS DIVERSE COMMUNITY STAKEHOLDER GROUPS INCLUDING HEALTHCARE, GOVERNMENT, LAW ENFORCEMENT, BUSINESS, EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, FAITH-BASED ORGANIZATIONS AND MEMBERS OF THE COMMUNITY. THE FOCUS OF THE PFH IS IN THE SECOND YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT.

-DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED HEALTHY EATING PROGRAMS FOR SENIORS AND SUBSTANCE ABUSE PREVENTION PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
COMMUNITY SUPPORT SERVICES:

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

CURRENT INITIATIVES:

-NJ 2-1-1 PARTNERSHIP: WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1. DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME, SEVEN DAYS A WEEK FOR HELP IN NAVIGATING AVAILABLE ASSISTANCE SERVICES - EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE. IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 211 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR. THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY - DEPARTMENT OF HUMAN SERVICES, OFFICE OF HOMELAND SECURITY AND PREPAREDNESS, AND THE DEPARTMENT OF CHILDREN AND FAMILIES. NJ2-1-1 IS AN ACTIVE PARTNER IN THE HUNTERDON THRIVE INITIATIVE.

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

PLANS FOR THE COMING YEAR:

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

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

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

-COMMUNITY VOLUNTEER CENTER: UNITED WAY OF HUNTERDON COUNTY'S COMMUNITY VOLUNTEER CENTER WILL CONTINUE TO BE A HUB OF VOLUNTEER ACTIVITY. IT WILL WELCOME AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND NAMI.

THE COMMUNITY VOLUNTEER CENTER WILL FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY. THE COMMITTEE ALSO WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES.

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

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

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

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ORGANIZATIONS IN THE GEOGRAPHIC 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

BAD DEBT EXPENSE \$ -44,945

BAD DEBT EXPENSE \$ 44,945

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

UNITED WAY OF HUNTERDON COUNTY

Identifying number

22-2431065

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,377

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	30,377
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Walter Foran Building	8/31/05	463,945			463,945	40 MO S/L	128,118	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500			292,500	40 MO S/L	15,235	7,313
3	Office Furniture	11/14/01	5,182			5,182	10 MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318			4,318	10 MO S/L	4,318	0
5	IBM Equipment	8/31/04	908			908	10 MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225			1,225	5 MO S/L	1,225	0
7	Canon MF6550	8/11/08	670			670	5 MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374			374	5 MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374			374	5 MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374			374	5 MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400			400	5 MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200			1,200	5 MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384			384	3 MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477			477	3 MO S/L	477	0
18	Samsung 923NW 19' monitor	2/10/09	280			280	3 MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043			3,043	5 MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617			617	5 MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617			617	5 MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767			767	5 MO S/L	754	13
23	Konica Minolta Printer/Copier	7/16/10	1,471			1,471	3 MO S/L	1,471	0
24	Computer Equipment	2/01/12	1,710			1,710	3 MO S/L	1,710	0
25	Computer Equipment	8/14/12	2,906			2,906	3 MO S/L	2,906	0
26	Computer Equipment	1/31/13	2,399			2,399	3 MO S/L	2,399	0
27	Computer Equipment	2/28/13	2,833			2,833	3 MO S/L	2,833	0
28	Computer Equipment	3/31/13	2,370			2,370	3 MO S/L	2,370	0
29	Misc Other	8/31/08	1,861			1,861	3 MO S/L	1,861	0
30	Nortel T7316E Handsets	10/13/09	540			540	5 MO S/L	540	0
31	ANDAR/MIP License	8/31/04	12,300			12,300	10 MO S/L	12,300	0
32	Network And Server softare	8/31/06	1,156			1,156	5 MO S/L	1,156	0
33	Backup Exec 12.5	3/04/09	117			117	3 MO S/L	117	0
34	Windows Vista	3/10/09	50			50	3 MO S/L	50	0
35	ANDAR MIG Module	7/01/10	900			900	3 MO S/L	900	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797			2,797	3 MO S/L	2,797	0
37	Land	8/28/14	97,500			97,500	0 -- Land	0	0
38	Dell 2400MP DIP Projector	8/27/08	909			909	5 MO S/L	909	0
39	OFFICE Furniture	12/04/14	1,830			1,830	10 MO S/L	320	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200			1,200	5 MO S/L	400	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526			1,526	5 MO S/L	381	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842			64,842	40 MO S/L	1,891	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842			64,842	40 MO S/L	1,756	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830			29,830	40 MO S/L	808	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300			2,300	40 MO S/L	63	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220			2,220	40 MO S/L	61	56
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728			9,728	40 MO S/L	203	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172			2,172	40 MO S/L	45	54
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530			4,530	40 MO S/L	94	113
50	VOLUNTEER CENTER CHANGE ORDEI	11/01/15	32,644			32,644	40 MO S/L	680	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119			29,119	40 MO S/L	607	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319			1,319	5 MO S/L	132	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722			2,722	5 MO S/L	363	544
54	VOLUNTEER CENTER SEPTEMBER 201	11/01/15	64,842			64,842	40 MO S/L	1,351	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830			29,830	40 MO S/L	621	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239			2,239	40 MO S/L	47	56
57	VOLUNTEER CENTER NOVEMBER 201	11/01/15	37,487			37,487	40 MO S/L	781	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500			7,500	40 MO S/L	156	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550			3,550	40 MO S/L	15	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900			8,900	40 MO S/L	37	223
Total Other Depreciation			<u>1,315,765</u>			<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>
Total ACRS and Other Depreciation			<u>1,315,765</u>			<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		1,315,765		1,315,765		210,800	30,377
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>1,315,765</u>		<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Walter Foran Building	8/31/05	463,945				463,945	40	MO S/L	128,118	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	15,235	7,313
3	Office Furniture	11/14/01	5,182				5,182	10	MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318				4,318	10	MO S/L	4,318	0
5	IBM Equipment	8/31/04	908				908	10	MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225				1,225	5	MO S/L	1,225	0
7	Canon MF6550	8/11/08	670				670	5	MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374				374	5	MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400				400	5	MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200				1,200	5	MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384				384	3	MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477				477	3	MO S/L	477	0
18	Samsung 923NW 19' monitor	2/10/09	280				280	3	MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043				3,043	5	MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767				767	5	MO S/L	754	13
23	Konica Minolta Printer/Copier	7/16/10	1,471				1,471	3	MO S/L	1,471	0
24	Computer Equipment	2/01/12	1,710				1,710	3	MO S/L	1,710	0
25	Computer Equipment	8/14/12	2,906				2,906	3	MO S/L	2,906	0
26	Computer Equipment	1/31/13	2,399				2,399	3	MO S/L	2,399	0
27	Computer Equipment	2/28/13	2,833				2,833	3	MO S/L	2,833	0
28	Computer Equipment	3/31/13	2,370				2,370	3	MO S/L	2,370	0
29	Misc Other	8/31/08	1,861				1,861	3	MO S/L	1,861	0
30	Nortel T7316E Handsets	10/13/09	540				540	5	MO S/L	540	0
31	ANDAR/MIP License	8/31/04	12,300				12,300	10	MO S/L	12,300	0
32	Network And Server softare	8/31/06	1,156				1,156	5	MO S/L	1,156	0
33	Backup Exec 12.5	3/04/09	117				117	3	MO S/L	117	0
34	Windows Vista	3/10/09	50				50	3	MO S/L	50	0
35	ANDAR MIG Module	7/01/10	900				900	3	MO S/L	900	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797				2,797	3	MO S/L	2,797	0
37	Land	8/28/14	97,500				97,500	0	-- Land	0	0
38	Dell 2400MP DIP Projector	8/27/08	909				909	5	MO S/L	909	0
39	OFFICE Furniture	12/04/14	1,830				1,830	10	MO S/L	320	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	5	MO S/L	400	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	5	MO S/L	381	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	1,891	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	1,756	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	808	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	63	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	61	56
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728				9,728	40	MO S/L	203	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172				2,172	40	MO S/L	45	54
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530				4,530	40	MO S/L	94	113
50	VOLUNTEER CENTER CHANGE ORDEI	11/01/15	32,644				32,644	40	MO S/L	680	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119				29,119	40	MO S/L	607	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	5	MO S/L	132	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	363	544
54	VOLUNTEER CENTER SEPTEMBER 201	11/01/15	64,842				64,842	40	MO S/L	1,351	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830				29,830	40	MO S/L	621	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239				2,239	40	MO S/L	47	56
57	VOLUNTEER CENTER NOVEMBER 201	11/01/15	37,487				37,487	40	MO S/L	781	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500				7,500	40	MO S/L	156	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	15	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	37	223
Total Other Depreciation			1,315,765				1,315,765			210,800	30,377
Total ACRS and Other Depreciation			1,315,765				1,315,765			210,800	30,377

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		1,315,765			1,315,765		210,800	30,377
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,315,765</u>			<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>

6657 UNITED WAY OF HUNTERDON COUNTY

22-2431065

FYE: 8/31/2017

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Walter Foran Building	8/31/05	463,945	11,598	11,598
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500	7,312	7,312
3	Office Furniture	11/14/01	5,182	0	0
4	Walter Foran Building (build out)	8/31/05	4,318	0	0
5	IBM Equipment	8/31/04	908	0	0
6	HP 4250 Laserjet printer	8/31/04	1,225	0	0
7	Canon MF6550	8/11/08	670	0	0
8	Dell Inspiron 530S/E2200	8/11/08	373	0	0
9	Dell Inspiron 530S/E2200	8/11/08	373	0	0
10	Dell Inspiron 530S/E2200	8/11/08	373	0	0
11	Dell Inspiron 530S/E2200	8/11/08	374	0	0
12	Dell Inspiron 530S/E2200	8/11/08	374	0	0
13	Dell Inspiron 530S/E2200	8/12/08	374	0	0
14	Hp LaserJet P4014n	8/27/08	400	0	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200	0	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384	0	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477	0	0
18	Samsung 923NW 19" monitor	2/10/09	280	0	0
19	Dell E6405 Server	2/19/09	3,043	0	0
20	Dell Inspiron 530S	8/31/09	617	0	0
21	Dell Inspiron 530S	8/31/09	617	0	0
22	HP LaserJet P4014N (2)	2/09/10	767	0	0
23	Konica Minolta Printer/Copier	7/16/10	1,471	0	0
24	Computer Equipment	2/01/12	1,710	0	0
25	Computer Equipment	8/14/12	2,906	0	0
26	Computer Equipment	1/31/13	2,399	0	0
27	Computer Equipment	2/28/13	2,833	0	0
28	Computer Equipment	3/31/13	2,370	0	0
29	Misc Other	8/31/08	1,861	0	0
30	Nortel T7316E Handsets	10/13/09	540	0	0
31	ANDAR/MIP License	8/31/04	12,300	0	0
32	Network And Server softare	8/31/06	1,156	0	0
33	Backup Exec 12.5	3/04/09	117	0	0
34	Windows Vista	3/10/09	50	0	0
35	ANDAR MIG Module	7/01/10	900	0	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797	0	0
37	Land	8/28/14	97,500	0	0
38	Dell 2400MP DIP Projector	8/27/08	909	0	0
39	OFFICE Furniture	12/04/14	1,830	183	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200	240	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526	305	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842	1,621	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842	1,621	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830	746	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300	57	57
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220	55	55
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728	243	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172	55	55
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530	114	114
50	VOLUNTEER CENTER CHANGE ORDERS	11/01/15	32,644	816	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119	728	728
52	TOSHIBA SATELLITE C55C5268 LAPTOPS	2/18/16	1,319	264	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722	545	545
54	VOLUNTEER CENTER SEPTEMBER 2015	11/01/15	64,842	1,621	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830	746	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239	56	56
57	VOLUNTEER CENTER NOVEMBER 2015	11/01/15	37,487	937	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500	187	187
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550	89	89
60	VOLUNTEER CENTER HEATING/AC SYSTE	6/30/16	8,900	222	222
Total Other Depreciation			1,315,765	30,361	30,361
Total ACRS and Other Depreciation			1,315,765	30,361	30,361

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>1,315,765</u>	<u>30,361</u>	<u>30,361</u>

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 13,149		14			
TOTAL	<u>\$ 13,149</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 51,472	\$ 32,313	\$ 11,654	\$ 7,505
TOTAL	\$ 51,472	\$ 32,313	\$ 11,654	\$ 7,505

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
GIK DISTRIBUTIONS	\$ 9,324	\$	\$ 9,324	\$
DUES AND SUBSCRIPTIONS	4,108	2,506	904	698
TOTAL	\$ 13,432	\$ 2,506	\$ 10,228	\$ 698

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 1,058,287
GIFTS INKIND	238,722
TOTAL	\$ 1,297,009

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDEND INCOME	\$ 13,149
TOTAL	\$ 13,149

6657 UNITED WAY OF HUNTERDON COUNTY

22-2431065

FYE: 8/31/2017

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
FUNDRAISING	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements**Cash - EOY**

<u>Description</u>	<u>Amount</u>
CASH	\$ <u>204,738</u>
TOTAL	\$ <u><u>204,738</u></u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
INVESTMENTS	\$ <u>285,496</u>
TOTAL	\$ <u><u>285,496</u></u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCRUED EXPENSES	\$ <u>54,223</u>
TOTAL	\$ <u><u>54,223</u></u>



Certified Public Accountants, PC
www.bkc-cpa.com

Name: United Way of Hunterdon County
4 Walter Foran Blvd., #401
Flemington, NJ 08822

**Instructions For Filing
New Jersey Form CRI-300R
August 31, 2017**

To be signed and dated by: An officer

Mail form to: New Jersey Division of Consumer Affairs
Charities Registration & Investigation Section
P.O. Box 45021
Newark, NJ 07101

Return must be mailed on or before: August 31, 2018

Special Instructions: The report should be signed and dated by an authorized individual.

Include a complete copy of the NJ CRI-400 extension form, Federal Form 990, and the Financial Statement audit with the information return.

\$250 was paid with the extension filing. There is no balance due with the information return.



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 08 / 31 / 2017
2. Federal ID Number (EIN) 22-2431065 2a. N.J. Charities Registration Number: CH- 0277800
3. Full legal name of the registering organization: UNITED WAY OF HUNTERDON COUNTY
4. Mailing Address: 4 WALTER FORAN BLVD., #401 FLEMINGTON NJ 08822
5. The principal street address of the registering organization: Same as Mailing Address

6. Does the organization have any offices in New Jersey in addition to the one listed above? No
6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

MARIA B. DUNCAN, CEO
908-782-3414
908-782-6704

7. Organization's contact information:
908-782-3414
BONNIE@UWHUNTERDON.ORG
908-782-6704
WWW.UWHUNTERDON.ORG

8. Type of organization (check one):
[X] Nonprofit corporation
[] Partnership
[] Foundation
[] Trust
[] Individual
[] Other (Specify)
[] Association
[] Society

9. Where and when was the organization legally established? Date: 11/08/1982 State: NJ
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____
11. Does the organization intend to solicit contributions from the general public? Yes No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO
ADVANCE THE COMMON GOOD OF OUR COMMUNITY.

- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
SEE PART III AND SCHEDULE O OF ATTACHED FEDERAL FORM 990.

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
- b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
- c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
------	------------------	---	-------	--------

SEE PART VII OF ATTACHED FEDERAL FORM 990.

CRI-300R Long-Form Registration Renewal Financial Statement

*Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.*

Full legal name and street address of the organization

Full legal name: UNITED WAY OF HUNTERDON COUNTY

Fiscal year-end being reported: 08 / 31 / 2017 Federal ID Number (EIN) 22-2431065
month day year

Mailing address:
4 WALTER FORAN BLVD. 401 FLEMINGTON NJ 08822
Mailing Address P.O. Box Number or Suite City State ZIP code

Street address of the registering organization: _____
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0277800 -00 Telephone number: 908-782-3414
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|--|
| (1) | Direct mail | |
| (2) | Telephone solicitation..... | |
| (3) | Commercial co-venture..... | |
| (4) | Gross receipts from fund-raising events..... | |
| (5) | Canisters, counter cards, door to door etc..... | |
| (6) | Corporations and other businesses..... | |
| (7) | Foundations and trusts..... | |
| (8) | Donated land, buildings, property, equipment and materials..... | |
| (9) | Legacies and bequests..... | |
| (10) | Membership dues solely resulting from solicitations..... | |
| (11) | Other support (specify)..... | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|---|--|
| (1) | Federated fund-raising organization..... | |
| (2) | From an affiliated organization..... | |
| (3) | From another fund-raising organization..... | |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)).....

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a.

b.

c.

d.

Line A2e. Total Government Grants (add lines 2a thru 2d).....

Line A3. Other Support

a. Bona fide membership

b. Program service revenue.....

c. Professional services rendered by volunteers.....

d. Miscellaneous income (specify).....

Line A3e. Total Other Support (add the total of lines A3a thru A3d).....

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e)

B. Expenses

Line B1. Program expenses.....

Line B2. Management and general expenses.....

Line B3. Fund-raising expenses.....

Line B4. Payments to state/national affiliates (if applicable).....

Line B5. Total Expenses (add the totals of line B1 thru B4).....

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4).....

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year.....

Line D2. Other changes in net assets or fund balances (attach explanation)....

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) ...

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: <u>UNITED WAY OF HUNTERDON COUNTY</u>		
N.J. Charities Registration Number: CH - <u>0277800</u> -00	Federal ID Number (EIN) <u>22-2431065</u>	
Fiscal Year-End being reported: <u>08</u> / <u>31</u> / <u>2017</u>		
<small>month</small>	<small>day</small>	<small>year</small>

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other? Yes No
 - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name MARIA B. DUNCAN Title CEO Date _____

Signature _____ Name GAIL KOSYLA Title TREASURER Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 09/01/16, and ending 08/31/17

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	C Name of organization <p style="text-align: center;">UNITED WAY OF HUNTERDON COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 WALTER FORAN BLVD., #401 City or town, state or province, country, and ZIP or foreign postal code FLEMINGTON NJ 08822	D Employer identification number <p style="text-align: center;">22-2431065</p> E Telephone number <p style="text-align: center;">908-782-3414</p> G Gross receipts \$ 1,310,380
F Name and address of principal officer: MARIA B. DUNCAN 4 WALTER FORAN BLVD., #401 FLEMINGTON NJ 08822		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.UWHUNTERDON.ORG		L Year of formation: 1982 M State of legal domicile: NJ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

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 <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 2016 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	1253
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,270,045	Current Year 1,297,009
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,444	13,371
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,059	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,548	1,310,380
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	609,672	509,650
	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)	511,472	517,466
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	1,500
	b	Total fundraising expenses (Part IX, column (D), line 25) u 132,072	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,694	387,915
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,398,838	1,416,531	
19	Revenue less expenses. Subtract line 18 from line 12	-88,290	-106,151	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,825,767	End of Year 2,732,166
	21	Total liabilities (Part X, line 26)	701,158	682,717
	22	Net assets or fund balances. Subtract line 21 from line 20	2,124,609	2,049,449

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 <p style="text-align: center;">MARIA B. DUNCAN</p> Type or print name and title	Date <p style="text-align: center;">CEO</p>
------------------	--	---

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M. CARDUCCI, CPA	Preparer's signature Date 04/04/18	Check <input type="checkbox"/> if self-employed	PTIN P00626953
	Firm's name } BKC, CPAS, PC		Firm's EIN } 22-3299874	
	Firm's address } 114 BROAD ST FLEMINGTON, NJ 08822		Phone no. 908-782-7900	

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:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 611,217 including grants of \$ 373,324) (Revenue \$)

FINANCIAL STABILITY:

A FAMILY OF FOUR MUST EARN ABOUT \$82,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS. APPROXIMATELY ONE QUARTER OF HOUSEHOLDS IN HUNTERDON DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT. OF THOSE, OVER 20% REPRESENT OUR TARGET "ALICE" POPULATION - ASSET LIMITED INCOME CONSTRAINED, BUT EMPLOYED. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND POSITIVELY IMPACT OUR ECONOMIC DEVELOPMENT CONTINUE TO BE VITAL TO OUR COMMUNITY, AND TO ALICE.

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

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

EDUCATION:

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

CURRENT INITIATIVES:

-YOUTH 4 UNITED WAY: A DISTINCTIVE PARTNERSHIP WITH HUNTERDON CENTRAL

4c (Code:) (Expenses \$ 156,604 including grants of \$ 58,677) (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 \$ 208,759 including grants of \$ 14,713) (Revenue \$)

4e Total program service expenses u 1,103,646

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 u 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: u

THE ORGANIZATION 4 WALTER FORAN BLVD, #401 NJ 08822 908-782-3414 FLEMINGTON

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				104,539	0	26,198
(2) HAEKYOUNG SUH BOARD MEMBER	1.00 0.00	X						0	0	0
(3) PETER GAKOS BOARD MEMBER	1.00 0.00	X						0	0	0
(4) STEFANIE GAGLIARDI, ESQ. BOARD MEMBER	1.00 0.00	X						0	0	0
(5) MATTHEW HOLT BOARD MEMBER	1.00 0.00	X						0	0	0
(6) ROBERT BARTER BOARD MEMBER	1.00 0.00	X						0	0	0
(7) LINDA F. BRYANT BOARD MEMBER	1.00 0.00	X						0	0	0
(8) JEFFREY M. GREEDA BOARD MEMBER	1.00 0.00	X						0	0	0
(9) MICHAEL YOUNG BOARD MEMBER	1.00 0.00	X						0	0	0
(10) ELOISE KEANE BOARD MEMBER	1.00 0.00	X						0	0	0
(11) AMY MUSOLINO BOARD MEMBER	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) JOHN C. PACIGA	1.00									
BOARD MEMBER	0.00	X						0	0	
(13) ISIDORO PEREZ	1.00									
BOARD MEMBER	0.00	X						0	0	
(14) KENDRA K. SCHROEDER	1.00									
BOARD MEMBER	0.00	X						0	0	
(15) PAUL STRAMAGLIA	1.00									
BOARD MEMBER	0.00	X						0	0	
(16) BARRY GOODMAN, ESQ.	1.00									
LEGAL COUNSEL	0.00	X						0	0	
(17) KATHY CLOSS	1.00									
CHAIR, VCC	0.00			X				0	0	
(18) DIANA FREDERICKS, ESQ.	1.00									
VP, CRISP	0.00			X				0	0	
(19) ANIX P. VYAS	1.00									
CHAIR, FC	0.00			X				0	0	
1b Sub-total								104,539	26,198	
c Total from continuation sheets to Part VII, Section A									0	
d Total (add lines 1b and 1c)								104,539	26,198	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 1,297,009				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$	238,722				
	h Total. Add lines 1a-1f	u	1,297,009			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	13,149			13,149
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	222			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	222				
	d Net gain or (loss)	u	222	222		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	1,310,380	222	0	13,149	

Part IX Statement of Functional Expenses

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

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

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	509,650	509,650		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,634	69,317	24,999	19,318
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	287,678	175,483	63,290	48,905
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,869	10,900	3,931	3,038
9 Other employee benefits	56,266	34,322	12,379	9,565
10 Payroll taxes	42,019	25,632	9,244	7,143
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,007	9,155	3,302	2,550
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,500			1,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	51,472	32,313	11,654	7,505
12 Advertising and promotion				
13 Office expenses	30,539	18,629	6,719	5,191
14 Information technology	13,891	8,474	3,056	2,361
15 Royalties				
16 Occupancy	29,253	17,843	6,436	4,974
17 Travel	6,204	3,784	1,365	1,055
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,281	9,931	3,582	2,768
20 Interest	18,782	17,512	964	306
21 Payments to affiliates	9,971	6,083	2,193	1,695
22 Depreciation, depletion, and amortization	30,963	18,887	6,812	5,264
23 Insurance	12,649	7,716	2,783	2,150
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY PROGRAMS	58,727	58,727		
b BAD DEBT EXPENSE	44,945	44,945		
c PRINTING AND PROMOTIONAL	25,174	15,356	5,538	4,280
d SUPPLIES	10,625	6,481	2,338	1,806
e All other expenses	13,432	2,506	10,228	698
25 Total functional expenses. Add lines 1 through 24e	1,416,531	1,103,646	180,813	132,072
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	197,543	1	204,738
	2	Savings and temporary cash investments	384,179	2	285,496
	3	Pledges and grants receivable, net	232,249	3	230,539
	4	Accounts receivable, net	5,199	4	922
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,996	9	7,584
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,315,764		
	b	Less: accumulated depreciation	10b 242,817	10c	1,072,947
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	895,751	12	929,940
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,825,767	16	2,732,166	
Liabilities	17	Accounts payable and accrued expenses	36,812	17	54,223
	18	Grants payable	392,431	18	331,826
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	271,915	23	263,301
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	33,367
	26	Total liabilities. Add lines 17 through 25	701,158	26	682,717
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,114,609	27	2,042,449
	28	Temporarily restricted net assets	10,000	28	7,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,124,609	33	2,049,449	
34	Total liabilities and net assets/fund balances	2,825,767	34	2,732,166	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,310,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,416,531
3	Revenue less expenses. Subtract line 2 from line 1	3	-106,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,124,609
5	Net unrealized gains (losses) on investments	5	62,559
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-31,568
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,049,449

Part XII Financial Statements and Reporting

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

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

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			
(20) BRADFORD W. MULLER	1.00									
CHAIR, GC	0.00			X			0	0	0	
(21) ANN MCCRYSTAL	1.00									
PRESIDENT	0.00			X			0	0	0	
(22) PATRICE F. MARKS	1.00									
SECRETARY	0.00			X			0	0	0	
(23) GAIL KOSYLA	1.00									
TREASURER	0.00			X			0	0	0	
(24) BARBARA PIWINSKI	1.00									
VP, RESOURCE DVLP.	0.00			X			0	0	0	
(25) JOSEPH DEPINTO	1.00									
IMMEDIATE PAST PRES.	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	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>	3	
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>	4	
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>	5	

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received... 2 Tax revenues levied for the organization's benefit... 3 The value of services or facilities furnished by a governmental unit... 4 Total. Add lines 1 through 3... 5 The portion of total contributions by each person... 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources... 9 Net income from unrelated business activities... 10 Other income. Do not include gain or loss from the sale of capital assets... 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 98.23%
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 98.03%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
9b	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>		
9c	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>		
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 10b below.</i>		
10b	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>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 14,717

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization UNITED WAY OF HUNTERDON COUNTY	Employer identification number 22-2431065
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EXXONMOBIL RESEARCH AND ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 169,226	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EXXONMOBIL RESEARCH AND ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 275,532	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUNTERDON MEDICAL CENTER 2100 WESCOTT DRIVE FLEMINGTON NJ 08822	\$ 52,676	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHNSON & JOHNSON FAMILY COMPANIES PO BOX 4000 NEW BRUNSWICK NJ 08903	\$ 121,005	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF NJ DEPARTMENT OF HEALTH PO BOX 360 TRENTON NJ 08625	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		97,500		97,500
b Buildings		1,153,019	181,808	971,211
c Leasehold improvements				
d Equipment		65,245	61,009	4,236
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,072,947

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

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	33,367
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	33,367

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,310,380.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,416,531.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 44,945

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 44,945

Part XIII Supplemental Information (continued)

(This area contains horizontal dotted lines for supplemental information.)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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)	ANDERSON HOUSE, INC. 532 ROUTE 523 WHITEHOUSE NJ 08889	52-1786469	501C3	25,000		FMV		WOMEN'S SUPPORT
(2)	HOUSING ACCESSIBILITY & REHAB 4 WALTER FORAN BLVD, SUITE 410 FLEMINGTON NJ 08822	80-0181325	501C3	10,000		FMV		HOUSING ASSISTANCE
(3)	LEGAL SERVICES OF NORTHWEST JERSEY 82 PARK AVE. FLEMINGTON NJ 08822	22-2068191	501C3	25,000		FMV		FREE LEGAL SERVICES
(4)	MEALS ON WHEELS IN HUNTERDON COUNTY 5 WALTER FORAN BLVD, SUITE 2006 FLEMINGTON NJ 08822	22-3084358	501C3	25,000		FMV		MEALS DELIVERIES
(5)	NORWESCAP - FOOD BANK 21 NORTH BROAD STREET PHILLIPSBURG NJ 08865	22-1777156	501C3	25,000		FMV		FEED THE HUNGRY
(6)	YMCA OF HUNTERDON COUNTY 144 W. WOODSCHURCH RD. FLEMINGTON NJ 08822	22-1524183	501C3	25,000		FMV		HEALTHY LIFESTYLES
(7)	FAMILY PROMISE OF HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON NJ 08822	22-3049800	501C3	25,000		FMV		CASE MANAGEMENT
(8)	NORWESCAP - CLTC 21 NORTH BROAD STREET PHILLIPSBURG NJ 08865	22-1777156	501C3	25,000		FMV		WOMEN'S ASSISTANCE
(9)	HOMESHARING 120 FINDERNE AVE BRIDGEWATER NJ 08807	22-2893508	501C3	10,000		FMV		HOMELESSNESS

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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)	HUNTERDON PREVENTION RESOURCES 4 WALTER FORAN BLVD, SUITE 410 FLEMINGTON NJ 08822	23-7215126	501C3	15,000		FMV		LEAP PROGRAM
(2)	FISHERMAN'S MARK 37 S. MAIN ST. LAMBERTVILLE NJ 08530	22-2302255	501C3	20,000		FMV		FINANCIAL STABILITY
(3)	JEWISH FAMILY SERVICES 150-A WEST HIGH ST. SOMERVILLE NJ 08876	22-2306902	501C3	10,000		FMV		CAREER SERVICES
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2016)

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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)**

Noncash Contributions

OMB No. 1545-0047

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**Open To Public
Inspection**

U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		238,722	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.

Dotted lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

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 HAVE BEEN ABLE TO ASSIST MORE THAN
7,000 PEOPLE ADVANCE ON THAT ROAD TO SELF-SUFFICIENCY IN 2016-17.**

**HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, IS IN ITS THIRD YEAR
OF ITS PILOT PHASE. HUNTERDON THRIVE PROVIDES ALICE WITH SYSTEM
NAVIGATION, COACHING AND GOAL SETTING WHILE AT THE SAME TIME GATHERING
INDIVIDUAL AND COMMUNITY-LEVEL DATA TO:**

- 1. MEASURE PROGRESS AGAINST THE COMMUNITY GOAL OF 10 BY 20;**
- 2. IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD
BENEFIT FROM INCREASED SUPPORT; AND**
- 3. THE OUTCOMES OF THE PILOT YEARS WILL BE PUBLISHED IN A PEER-REVIEWED
JOURNAL AS THE FIRST STEP IN PROVIDING A SUSTAINABLE MODEL THAT CAN GROW IN
HUNTERDON AND ELSEWHERE.**

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

**-HUNTERDON THRIVE IS WORKING TOWARDS ITS GOAL OF REACHING 300 CLIENTS BY
MAY OF 2018; AS OF AUGUST 2017 THERE WERE 133 REFERRALS AND 34 'THRIVERS"
HAVING ACHIEVED OR SET FINANCIAL GOALS. HUNTERDON THRIVE MAY NOT ENGAGE
HUGE NUMBERS OF INDIVIDUALS BUT THE POWER OF CREATING BEHAVIOR CHANGES
AMONG THOSE IT DOES ENGAGE IS FAR REACHING. EVERY INDIVIDUAL WHO IS**

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

22-2431065

EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM, CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY.

-THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) FREE TAX PROGRAM GENERATED ALMOST \$1.8 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1,240 INDIVIDUALS WITH THE HELP OF 67 IRS TRAINED VOLUNTEERS. LOW TO MODERATE INCOME HOUSEHOLDS ALSO RECEIVED THE EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME WHILE SAVING THEM PREPARER FEES. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES.

-UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,735 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENTS ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING WITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS..

DONORS' FINANCIAL INVESTMENTS IN UNITED WAY HELPED STRENGTHEN THE PORTFOLIO OF FINANCIAL STABILITY PROGRAMS THE ORGANIZATION SUPPORTS INCLUDING FINANCIAL COACHING, AFFORDABLE CHILD CARE, SHELTER, THE FOOD BANK, LEGAL SERVICES AND JOB TRAINING. THIS SELECT GROUP OF PROGRAMS WAS IDENTIFIED AS AN EFFICIENT APPROACH TO IMPROVING THE FINANCIAL STABILITY OF 10,000 RESIDENTS BY 2020.

PLANS FOR THE COMING YEAR:

UWHC IS UTILIZING DATA COLLECTED TO FINE-TUNE AND IMPLEMENT PROGRAMS AND

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

SYSTEM CHANGES THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. FINANCIAL COACHING WILL BE THE ENTRY POINT FOR ALL CLIENTS WHO PARTICIPATE IN THE HUNTERDON THRIVE INITIATIVE AND A ROBUST ROSTER OF FINANCIALLY-FOCUSED WORKSHOPS AND PROGRAMS ARE UNDER CONSIDERATION OR IN DEVELOPMENT.

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

REGIONAL HIGH SCHOOL, THE YOUTH 4 UNITED WAY PROGRAM CELEBRATES A DECADE OF RAISING AWARENESS AMONG STUDENTS OF COMMUNITY NEEDS. FURTHERMORE, IT PROVIDES A FORUM TO DETERMINE HOW THEY WILL CONTRIBUTE TO MEETING THOSE NEEDS. THIS SERVICE LEARNING PROGRAM HAS A CURRICULAR COMPONENT THAT ENCOURAGES STUDENTS TO DEVELOP THE SKILLS REQUIRED TO CREATE AND LEAD AN EFFECTIVE SERVICE PLAN.

-STUDENT UNITED WAY: A CAMPUS BASED COMMUNITY CHANGE ORGANIZATION, LED BY STUDENTS, LAUNCHED IN THE FALL OF 2016. STUDENT UNITED WAY IS A PARTNERSHIP BETWEEN UNITED WAY OF HUNTERDON COUNTY, HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, AND THE COMMUNITY AT LARGE. STUDENT UNITED WAY MEMBERS ARE PART OF AN INTERNATIONAL NETWORK OF YOUNG PEOPLE WORKING TO ADVANCE THE COMMON GOOD. IT IS AN OPPORTUNITY FOR STUDENTS TO ENGAGE IN SOMETHING BIGGER THAN THEMSELVES AND TAKE THE LEAD IN BETTERING THEIR COMMUNITIES BY GIVING, ADVOCATING AND VOLUNTEERING IN THE AREAS OF EDUCATION, INCOME AND HEALTH.

-TOOLS 4 SCHOOL: THE TOOLS 4 SCHOOL PROGRAM HAS BEEN ENSURING STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS BY PROVIDING NECESSARY BASIC SCHOOL SUPPLIES SINCE 2004. FOR THE 2017 SCHOOL YEAR UWHC AND 225 VOLUNTEERS SERVED OVER 1300 STUDENTS. THE PROGRAM SAVED FAMILIES OVER \$52,000 IN

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

SCHOOL SUPPLIES. ADDITIONALLY, UNITED WAY RAN ITS FOURTH KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR 81 CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO!

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

PLANS FOR THE COMING YEAR:

-LATINO COALITION: THE LATINO COALITION CONTINUES TO FOCUS ON OUTREACH TO THE GROWING LATINO POPULATION THROUGH A PILOT MENTORSHIP PROGRAM IN COLLABORATION WITH THE HUNTERDON CENTRAL REGIONAL HIGH SCHOOL'S ESL PROGRAM AND RVCC'S LATINO ORGULLO. THE GOAL IS TO PROVIDE MENTORSHIP SUPPORT TO LATINO STUDENTS TO GUIDE THEM TOWARDS EDUCATIONAL AND WORKFORCE READINESS. THE MENTORSHIP PROGRAM WILL BE THE CORNERSTONE OF A BROADER EDUCATIONAL STRATEGY IN PARTNERSHIP WITH RARITAN VALLEY COMMUNITY COLLEGE AND PARTNER AGENCIES WITHIN THE LATINO COALITION AND INTERESTED STAKEHOLDERS.

-DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED WORKFORCE DEVELOPMENT AND EDUCATIONAL PROGRAMS INCLUDING CAREER SERVICES, CAREER EDUCATION AND AWARENESS PROGRAMS AND LITERACY EDUCATION.

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

AND THE FAITH-BASED COMMUNITY TO EXPAND TIRO. THE TIRO PROGRAM CURRICULUM PROVIDES 6-WEEK FAITHFUL FAMILIES EAT SMART MOVE MORE SESSIONS FOR PARISHIONERS OF ST. MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACION CHURCHES. THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION.

TIRO ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS. THE ANNUAL HEALTH FAIR CONTINUES TO EXPAND AND INCLUDE A VARIETY OF COMMUNITY MEMBERS FOCUSED ON HEALTH AND WELLNESS.

-HUNTERDON DIAPER BANK: A KEY PROGRAM IN SUPPORT OF UNITED WAY'S HEALTH FOCUS, THE HUNTERDON DIAPER BANK HELPS GROWING FAMILIES STRETCH THEIR BUDGETS AND CONNECTS THEM TO OTHER COMMUNITY RESOURCES AS NEEDED. THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200. ALMOST 14,000 DIAPERS WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2016-2017. THE HUNTERDON DIAPER BANK CENTRALIZES THE FUNDRAISING AND DISTRIBUTION OF FREE DIAPERS TO STRUGGLING PARENTS AND CAREGIVERS THROUGH EXISTING SERVICE PROVIDERS, INCLUDING LOCAL FOOD PANTRIES, DAYCARE CENTERS, SOCIAL SERVICE AGENCIES AND SHELTERS.

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

PLANS FOR THE COMING YEAR:

Name of the organization

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-LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS): UWHC WILL BE DISTRIBUTING THE FINDINGS FROM THE MOST CURRENT LATINO BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS). HUNTERDON COUNTY'S LATINO/HISPANIC COMMUNITY CONTINUES TO GROW AND THRIVE. IN FACT THIS POPULATION HAS MORE THAN TRIPLED OVER THE PAST 30 YEARS AND NOW ACCOUNTS FOR 6.3% OR APPROXIMATELY 7,500 OF OUR NEIGHBORS.

-PARTNERSHIP FOR HEALTH: UWHC WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH. IN EXISTENCE SINCE 1995, THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH) COMPRISES APPROXIMATELY 30 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON. THE VISION OF THE PFH IS SIMPLE: EVERY INDIVIDUAL OF HUNTERDON COUNTY HAS A STATE OF OPTIMAL PHYSICAL, MENTAL, SPIRITUAL, AND SOCIAL WELL-BEING, WHICH ALLOWS THE INDIVIDUAL TO PURSUE THE MOST FULFILLING LIFE POSSIBLE, AND NOT MERELY A LIFE ABSENT OF DISEASE OR INFIRMITY. PFH INCLUDES REPRESENTATION FROM LEADERS ACROSS DIVERSE COMMUNITY STAKEHOLDER GROUPS INCLUDING HEALTHCARE, GOVERNMENT, LAW ENFORCEMENT, BUSINESS, EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, FAITH-BASED ORGANIZATIONS AND MEMBERS OF THE COMMUNITY. THE FOCUS OF THE PFH IS IN THE SECOND YEAR OF ITS THREE YEAR FOCUS ON ENCOURAGING A HEALTHY WEIGHT.

-DONORS' FINANCIAL INVESTMENT IN UNITED WAY ALSO SUPPORTED HEALTHY EATING PROGRAMS FOR SENIORS AND SUBSTANCE ABUSE PREVENTION PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
COMMUNITY SUPPORT SERVICES:

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

CURRENT INITIATIVES:

-NJ 2-1-1 PARTNERSHIP: WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1. DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME, SEVEN DAYS A WEEK FOR HELP IN NAVIGATING AVAILABLE ASSISTANCE SERVICES - EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE. IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 211 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR. THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY - DEPARTMENT OF HUMAN SERVICES, OFFICE OF HOMELAND SECURITY AND PREPAREDNESS, AND THE DEPARTMENT OF CHILDREN AND FAMILIES. NJ2-1-1 IS AN ACTIVE PARTNER IN THE HUNTERDON THRIVE INITIATIVE.

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

PLANS FOR THE COMING YEAR:

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

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

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

-COMMUNITY VOLUNTEER CENTER: UNITED WAY OF HUNTERDON COUNTY'S COMMUNITY VOLUNTEER CENTER WILL CONTINUE TO BE A HUB OF VOLUNTEER ACTIVITY. IT WILL WELCOME AN INCREASED NUMBER OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND NAMI.

THE COMMUNITY VOLUNTEER CENTER WILL FINE-TUNE OPERATIONAL AND STRATEGIC PLANS TO ENSURE THAT THE SPACE IS OPTIMALLY USED FOR PURPOSES THAT SUPPORT UWHC AND THE GREATER COMMUNITY. THE COMMITTEE ALSO WILL BEGIN TO EXPLORE WAYS THE CENTER CAN BE USED AS AN INCUBATOR FOR PHILANTHROPIC INITIATIVES AND SOCIAL ENTREPRENEURIAL VENTURES.

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

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

Name of the organization

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ORGANIZATIONS IN THE GEOGRAPHIC 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

BAD DEBT EXPENSE \$ -44,945

BAD DEBT EXPENSE \$ 44,945

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

UNITED WAY OF HUNTERDON COUNTY

Identifying number

22-2431065

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,377

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	30,377
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Walter Foran Building	8/31/05	463,945				463,945	40	MO S/L	128,118	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	15,235	7,313
3	Office Furniture	11/14/01	5,182				5,182	10	MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318				4,318	10	MO S/L	4,318	0
5	IBM Equipment	8/31/04	908				908	10	MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225				1,225	5	MO S/L	1,225	0
7	Canon MF6550	8/11/08	670				670	5	MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374				374	5	MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400				400	5	MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200				1,200	5	MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384				384	3	MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477				477	3	MO S/L	477	0
18	Samsung 923NW 19' monitor	2/10/09	280				280	3	MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043				3,043	5	MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767				767	5	MO S/L	754	13
23	Konica Minolta Printer/Copier	7/16/10	1,471				1,471	3	MO S/L	1,471	0
24	Computer Equipment	2/01/12	1,710				1,710	3	MO S/L	1,710	0
25	Computer Equipment	8/14/12	2,906				2,906	3	MO S/L	2,906	0
26	Computer Equipment	1/31/13	2,399				2,399	3	MO S/L	2,399	0
27	Computer Equipment	2/28/13	2,833				2,833	3	MO S/L	2,833	0
28	Computer Equipment	3/31/13	2,370				2,370	3	MO S/L	2,370	0
29	Misc Other	8/31/08	1,861				1,861	3	MO S/L	1,861	0
30	Nortel T7316E Handsets	10/13/09	540				540	5	MO S/L	540	0
31	ANDAR/MIP License	8/31/04	12,300				12,300	10	MO S/L	12,300	0
32	Network And Server softare	8/31/06	1,156				1,156	5	MO S/L	1,156	0
33	Backup Exec 12.5	3/04/09	117				117	3	MO S/L	117	0
34	Windows Vista	3/10/09	50				50	3	MO S/L	50	0
35	ANDAR MIG Module	7/01/10	900				900	3	MO S/L	900	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797				2,797	3	MO S/L	2,797	0
37	Land	8/28/14	97,500				97,500	0	-- Land	0	0
38	Dell 2400MP DIP Projector	8/27/08	909				909	5	MO S/L	909	0
39	OFFICE Furniture	12/04/14	1,830				1,830	10	MO S/L	320	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	5	MO S/L	400	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	5	MO S/L	381	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	1,891	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	1,756	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	808	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	63	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	61	56
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728				9,728	40	MO S/L	203	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172				2,172	40	MO S/L	45	54
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530				4,530	40	MO S/L	94	113
50	VOLUNTEER CENTER CHANGE ORDEI	11/01/15	32,644				32,644	40	MO S/L	680	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119				29,119	40	MO S/L	607	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	5	MO S/L	132	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	363	544
54	VOLUNTEER CENTER SEPTEMBER 201	11/01/15	64,842				64,842	40	MO S/L	1,351	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830				29,830	40	MO S/L	621	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239				2,239	40	MO S/L	47	56
57	VOLUNTEER CENTER NOVEMBER 201	11/01/15	37,487				37,487	40	MO S/L	781	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500				7,500	40	MO S/L	156	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	15	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	37	223
Total Other Depreciation			1,315,765				1,315,765			210,800	30,377
Total ACRS and Other Depreciation			1,315,765				1,315,765			210,800	30,377

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		1,315,765		1,315,765		210,800	30,377
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>1,315,765</u>		<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	Walter Foran Building	8/31/05	463,945			463,945	40	MO S/L	128,118	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500			292,500	40	MO S/L	15,235	7,313
3	Office Furniture	11/14/01	5,182			5,182	10	MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318			4,318	10	MO S/L	4,318	0
5	IBM Equipment	8/31/04	908			908	10	MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225			1,225	5	MO S/L	1,225	0
7	Canon MF6550	8/11/08	670			670	5	MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373			373	5	MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373			373	5	MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373			373	5	MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374			374	5	MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374			374	5	MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374			374	5	MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400			400	5	MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200			1,200	5	MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384			384	3	MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477			477	3	MO S/L	477	0
18	Samsung 923NW 19' monitor	2/10/09	280			280	3	MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043			3,043	5	MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617			617	5	MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617			617	5	MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767			767	5	MO S/L	754	13
23	Konica Minolta Printer/Copier	7/16/10	1,471			1,471	3	MO S/L	1,471	0
24	Computer Equipment	2/01/12	1,710			1,710	3	MO S/L	1,710	0
25	Computer Equipment	8/14/12	2,906			2,906	3	MO S/L	2,906	0
26	Computer Equipment	1/31/13	2,399			2,399	3	MO S/L	2,399	0
27	Computer Equipment	2/28/13	2,833			2,833	3	MO S/L	2,833	0
28	Computer Equipment	3/31/13	2,370			2,370	3	MO S/L	2,370	0
29	Misc Other	8/31/08	1,861			1,861	3	MO S/L	1,861	0
30	Nortel T7316E Handsets	10/13/09	540			540	5	MO S/L	540	0
31	ANDAR/MIP License	8/31/04	12,300			12,300	10	MO S/L	12,300	0
32	Network And Server softare	8/31/06	1,156			1,156	5	MO S/L	1,156	0
33	Backup Exec 12.5	3/04/09	117			117	3	MO S/L	117	0
34	Windows Vista	3/10/09	50			50	3	MO S/L	50	0
35	ANDAR MIG Module	7/01/10	900			900	3	MO S/L	900	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797			2,797	3	MO S/L	2,797	0
37	Land	8/28/14	97,500			97,500	0	-- Land	0	0
38	Dell 2400MP DIP Projector	8/27/08	909			909	5	MO S/L	909	0
39	OFFICE Furniture	12/04/14	1,830			1,830	10	MO S/L	320	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200			1,200	5	MO S/L	400	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526			1,526	5	MO S/L	381	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842			64,842	40	MO S/L	1,891	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842			64,842	40	MO S/L	1,756	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830			29,830	40	MO S/L	808	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300			2,300	40	MO S/L	63	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220			2,220	40	MO S/L	61	56
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728			9,728	40	MO S/L	203	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172			2,172	40	MO S/L	45	54
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530			4,530	40	MO S/L	94	113
50	VOLUNTEER CENTER CHANGE ORDEI	11/01/15	32,644			32,644	40	MO S/L	680	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119			29,119	40	MO S/L	607	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319			1,319	5	MO S/L	132	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722			2,722	5	MO S/L	363	544
54	VOLUNTEER CENTER SEPTEMBER 201	11/01/15	64,842			64,842	40	MO S/L	1,351	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830			29,830	40	MO S/L	621	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239			2,239	40	MO S/L	47	56
57	VOLUNTEER CENTER NOVEMBER 201	11/01/15	37,487			37,487	40	MO S/L	781	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500			7,500	40	MO S/L	156	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550			3,550	40	MO S/L	15	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900			8,900	40	MO S/L	37	223
Total Other Depreciation			1,315,765			1,315,765			210,800	30,377
Total ACRS and Other Depreciation			1,315,765			1,315,765			210,800	30,377

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		1,315,765			1,315,765		210,800	30,377
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,315,765</u>			<u>1,315,765</u>		<u>210,800</u>	<u>30,377</u>

6657 UNITED WAY OF HUNTERDON COUNTY

22-2431065

FYE: 8/31/2017

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Walter Foran Building	8/31/05	463,945	11,598	11,598
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500	7,312	7,312
3	Office Furniture	11/14/01	5,182	0	0
4	Walter Foran Building (build out)	8/31/05	4,318	0	0
5	IBM Equipment	8/31/04	908	0	0
6	HP 4250 Laserjet printer	8/31/04	1,225	0	0
7	Canon MF6550	8/11/08	670	0	0
8	Dell Inspiron 530S/E2200	8/11/08	373	0	0
9	Dell Inspiron 530S/E2200	8/11/08	373	0	0
10	Dell Inspiron 530S/E2200	8/11/08	373	0	0
11	Dell Inspiron 530S/E2200	8/11/08	374	0	0
12	Dell Inspiron 530S/E2200	8/11/08	374	0	0
13	Dell Inspiron 530S/E2200	8/12/08	374	0	0
14	Hp LaserJet P4014n	8/27/08	400	0	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200	0	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384	0	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477	0	0
18	Samsung 923NW 19" monitor	2/10/09	280	0	0
19	Dell E6405 Server	2/19/09	3,043	0	0
20	Dell Inspiron 530S	8/31/09	617	0	0
21	Dell Inspiron 530S	8/31/09	617	0	0
22	HP LaserJet P4014N (2)	2/09/10	767	0	0
23	Konica Minolta Printer/Copier	7/16/10	1,471	0	0
24	Computer Equipment	2/01/12	1,710	0	0
25	Computer Equipment	8/14/12	2,906	0	0
26	Computer Equipment	1/31/13	2,399	0	0
27	Computer Equipment	2/28/13	2,833	0	0
28	Computer Equipment	3/31/13	2,370	0	0
29	Misc Other	8/31/08	1,861	0	0
30	Nortel T7316E Handsets	10/13/09	540	0	0
31	ANDAR/MIP License	8/31/04	12,300	0	0
32	Network And Server softare	8/31/06	1,156	0	0
33	Backup Exec 12.5	3/04/09	117	0	0
34	Windows Vista	3/10/09	50	0	0
35	ANDAR MIG Module	7/01/10	900	0	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797	0	0
37	Land	8/28/14	97,500	0	0
38	Dell 2400MP DIP Projector	8/27/08	909	0	0
39	OFFICE Furniture	12/04/14	1,830	183	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200	240	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526	305	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842	1,621	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842	1,621	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830	746	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300	57	57
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220	55	55
47	VOLUNTEER CENTER ARCHITECTURE	11/01/15	9,728	243	243
48	VOLUNTEER CENTER ELECTRIC	11/01/15	2,172	55	55
49	VOLUNTEER CENTER PLUMBING	11/01/15	4,530	114	114
50	VOLUNTEER CENTER CHANGE ORDERS	11/01/15	32,644	816	816
51	VOLUNTEER CENTER OTHER	11/01/15	29,119	728	728
52	TOSHIBA SATELLITE C55C5268 LAPTOPS	2/18/16	1,319	264	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722	545	545
54	VOLUNTEER CENTER SEPTEMBER 2015	11/01/15	64,842	1,621	1,621
55	VOLUNTEER CENTER HVAC	11/01/15	29,830	746	746
56	VOLUNTEER CENTER ARCHITECTURE	11/01/15	2,239	56	56
57	VOLUNTEER CENTER NOVEMBER 2015	11/01/15	37,487	937	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/01/15	7,500	187	187
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550	89	89
60	VOLUNTEER CENTER HEATING/AC SYSTE	6/30/16	8,900	222	222
Total Other Depreciation			1,315,765	30,361	30,361
Total ACRS and Other Depreciation			1,315,765	30,361	30,361

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>1,315,765</u>	<u>30,361</u>	<u>30,361</u>

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 13,149		14			
TOTAL	<u>\$ 13,149</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 51,472	\$ 32,313	\$ 11,654	\$ 7,505
TOTAL	<u>\$ 51,472</u>	<u>\$ 32,313</u>	<u>\$ 11,654</u>	<u>\$ 7,505</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
GIK DISTRIBUTIONS	\$ 9,324	\$	\$ 9,324	\$
DUES AND SUBSCRIPTIONS	4,108	2,506	904	698
TOTAL	<u>\$ 13,432</u>	<u>\$ 2,506</u>	<u>\$ 10,228</u>	<u>\$ 698</u>

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 1,058,287
GIFTS INKIND	238,722
TOTAL	<u>\$ 1,297,009</u>

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDEND INCOME	\$ 13,149
TOTAL	<u>\$ 13,149</u>

6657 UNITED WAY OF HUNTERDON COUNTY

22-2431065

FYE: 8/31/2017

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
FUNDRAISING	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements**Cash - EOY**

<u>Description</u>	<u>Amount</u>
CASH	\$ <u>204,738</u>
TOTAL	\$ <u><u>204,738</u></u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
INVESTMENTS	\$ <u>285,496</u>
TOTAL	\$ <u><u>285,496</u></u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCRUED EXPENSES	\$ <u>54,223</u>
TOTAL	\$ <u><u>54,223</u></u>

UNITED WAY OF HUNTERDON COUNTY

AUGUST 31, 2017

**BEDARD, KUROWICKI & CO., CPA'S, PC
CERTIFIED PUBLIC ACCOUNTANTS**

UNITED WAY OF HUNTERDON COUNTY

For the Year Ended August 31, 2017

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Certified Public Accountants, PC

www.bkc-cpa.com

Independent Auditors' Report

To the Board of Trustees of
United Way of Hunterdon County
Flemington, New Jersey

We have audited the accompanying financial statements of United Way of Hunterdon County (a non-profit organization), which comprise the Statements of Financial Position as of August 31, 2017 and 2016, and the related Statements of Activities and Changes in Net Assets, Cash Flows, and Functional Expenses for the years then ended, and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Way of Hunterdon County as of August 31, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Bedard, Kurowicki & Co.
BEDARD, KUROWICKI & CO., CPA'S, PC

March 8, 2018
Flemington, New Jersey

UNITED WAY OF HUNTERDON COUNTY
Statements of Financial Position
August 31,

ASSETS

	2017	2016
Current assets		
Cash and cash equivalents	\$ 316,480	\$ 309,178
Certificates of deposit	173,754	272,544
Pledges receivable, net of allowance of uncollectible of \$59,000 and \$50,000, respectively	230,539	232,249
Other receivables	922	5,199
Prepaid expenses	7,584	6,996
Total current assets	729,279	826,166
Property and equipment, net of accumulated depreciation of \$242,817 and \$211,914, respectively	1,072,947	1,103,850
Other assets		
Investments - endowment	929,940	895,751
Total assets	\$ 2,732,166	\$ 2,825,767

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 54,223	\$ 36,812
Distributions payable to United Way Agencies	240,000	300,000
Designations payable	91,826	92,431
Mortgage payable - current	9,216	8,674
Total current liabilities	395,265	437,917
Benefits payable	33,367	31,568
Mortgage payable - long-term	254,085	263,241
Total liabilities	682,717	732,726
Net assets		
Unrestricted	2,042,449	2,083,041
Restricted	7,000	10,000
Total net assets	2,049,449	2,093,041
Total liabilities and net assets	\$ 2,732,166	\$ 2,825,767

See accompanying notes to the financial statements.

UNITED WAY OF HUNTERDON COUNTY
Statements of Activities and Changes in Net Assets
For the Years Ended August 31,

	2017			2016		
	Unrestricted	Temporarily restricted	Total	Unrestricted	Temporarily restricted	Total
Support and revenues						
Campaign results	\$ 809,584	\$ 7,000	\$ 816,584	\$ 706,283	\$ 16,000	\$ 722,283
Less: donor designations	(142,229)	-	(142,229)	(136,424)	-	(136,424)
Plus: prior year campaign collections	524	-	524	1,163	-	1,163
Plus: bad debt recoveries	-	-	-	20,265	-	20,265
Less: bad debt expense	(44,945)	-	(44,945)	-	-	-
Total campaign pledges	622,934	7,000	629,934	591,287	16,000	607,287
Grants and contributions	122,753	-	122,753	143,250	-	143,250
Gifts in kind	238,722	-	238,722	263,183	-	263,183
Other designated support	260,655	-	260,655	276,590	-	276,590
Special events	-	-	-	5,794	-	5,794
Net assets released from restrictions	10,000	(10,000)	-	6,000	(6,000)	-
Total support and revenue	1,255,064	(3,000)	1,252,064	1,286,104	10,000	1,296,104
Expenses						
Program services						
Allocation and distributions to agencies	509,650	-	509,650	609,672	-	609,672
Program and initiatives expenses	549,051	-	549,051	533,388	-	533,388
Total program services	1,058,701	-	1,058,701	1,143,060	-	1,143,060
Support services						
Administrative	180,813	-	180,813	123,097	-	123,097
Resource development	132,072	-	132,072	132,681	-	132,681
Total support services	312,885	-	312,885	255,778	-	255,778
Total expenses	1,371,586	-	1,371,586	1,398,838	-	1,398,838
Interest and investment income	75,930	-	75,930	65,697	-	65,697
(Decrease) increase in net assets	(40,592)	(3,000)	(43,592)	(47,037)	10,000	(37,037)
Net assets - beginning of year	2,083,041	10,000	2,093,041	2,130,078	-	2,130,078
Net assets - end of year	\$ 2,042,449	\$ 7,000	\$ 2,049,449	\$ 2,083,041	\$ 10,000	\$ 2,093,041

See accompanying notes to the financial statements.

UNITED WAY OF HUNTERDON COUNTY
Statements of Cash Flows
For the Years Ended August 31,

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Decrease in net assets	\$ (43,592)	\$ (37,037)
Adjustment to reconcile decrease in net assets to net cash used in operating activities		
Depreciation expense	30,903	30,624
Bad debt expense (recoveries)	44,945	(20,265)
Amortization of debt issuance costs	60	60
Net realized and unrealized (gain) on investments and reinvested income	(74,189)	(63,670)
(Increase) decrease in assets		
Pledges receivables	(43,235)	12,426
Other receivables	4,277	(3,650)
Prepaid expenses	(588)	(3,658)
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	17,411	(34,964)
Distributions payable to United Way Agencies	(60,000)	(97,980)
Designations payable	(605)	(6,384)
Benefits payable	1,799	-
Total adjustments	<u>(79,222)</u>	<u>(187,461)</u>
Net cash used in operating activities	<u>(122,814)</u>	<u>(224,498)</u>
Cash flows from investing activities		
Proceeds from maturity of certificate of deposit	98,790	93,076
Purchases of property and equipment	-	(158,386)
Transfers from investments - endowment fund	40,000	40,000
Net cash provided by (used in) investing activities	<u>138,790</u>	<u>(25,310)</u>
Cash flows from financing activities		
Principal payments on long-term debt	<u>(8,674)</u>	<u>(8,119)</u>
Net cash used in financing activities	<u>(8,674)</u>	<u>(8,119)</u>
Net increase (decrease) in cash and cash equivalents	7,302	(257,927)
Cash and cash equivalents - beginning of year	<u>309,178</u>	<u>567,105</u>
Cash and cash equivalents - end of year	<u><u>\$ 316,480</u></u>	<u><u>\$ 309,178</u></u>

See accompanying notes to the financial statements.

UNITED WAY OF HUNTERDON COUNTY
Statement of Functional Expenses
For the Year Ended August 31, 2017

	Program Services			Support Services			Total Allocation and Expenses
	Distributions to Agencies	Community Building	Total Program Services	General Admin	Resource Development	Total Support Services	
Staff compensation and benefits	\$ -	\$ 315,654	\$ 315,654	\$ 113,843	\$ 87,969	\$ 201,812	\$ 517,466
Consulting and professional fees	-	49,942	49,942	18,012	13,916	31,928	81,870
Occupancy	-	17,843	17,843	6,436	4,974	11,410	29,253
Insurance	-	7,716	7,716	2,783	2,150	4,933	12,649
Printing and promotional	-	15,356	15,356	5,538	4,280	9,818	25,174
Postage	-	3,624	3,624	1,307	1,010	2,317	5,941
Repairs and maintenance	-	1,214	1,214	438	338	776	1,990
Supplies	-	6,481	6,481	2,338	1,806	4,144	10,625
Telecom	-	13,791	13,791	4,974	3,843	8,817	22,608
Travel	-	3,784	3,784	1,365	1,055	2,420	6,204
Conferences and meetings	-	9,931	9,931	3,582	2,768	6,350	16,281
Depreciation	-	18,887	18,887	6,812	5,264	12,076	30,963
Membership and subscription	-	2,506	2,506	904	698	1,602	4,108
Payments to affiliates	-	6,083	6,083	2,193	1,695	3,888	9,971
Interest and bank fees	-	17,512	17,512	964	306	1,270	18,782
Community programs and initiatives	-	58,727	58,727	-	-	-	58,727
Agency distributions	254,500	-	254,500	-	-	-	254,500
Grant expense	25,752	-	25,752	-	-	-	25,752
Gifts in kind distributions	229,398	-	229,398	9,324	-	9,324	238,722
Total expense	\$ 509,650	\$ 549,051	\$ 1,058,701	\$ 180,813	\$ 132,072	\$ 312,885	\$ 1,371,586

See accompanying notes to the financial statements.

UNITED WAY OF HUNTERDON COUNTY
Statement of Functional Expenses
For the Year Ended August 31, 2016

	Program Services			Support Services			Total Allocation and Expenses
	Distributions to Agencies	Community Building	Total Program Services	General Admin	Resource Development	Total Support Services	
Staff compensation and benefits	\$ -	\$ 324,744	\$ 324,744	\$ 90,444	\$ 96,284	\$ 186,728	\$ 511,472
Consulting and professional fees	-	46,551	46,551	13,897	10,188	24,085	70,636
Occupancy	-	19,365	19,365	2,985	2,772	5,757	25,122
Insurance	-	7,908	7,908	2,465	2,241	4,706	12,614
Printing and promotional	-	18,701	18,701	1,366	1,853	3,219	21,920
Postage	-	5,411	5,411	902	1,057	1,959	7,370
Repairs and maintenance	-	2,380	2,380	583	111	694	3,074
Supplies	-	11,777	11,777	995	960	1,955	13,732
Telecom	-	18,961	18,961	1,127	1,430	2,557	21,518
Travel	-	5,961	5,961	693	686	1,379	7,340
Conferences and meetings	-	8,114	8,114	2,308	3,208	5,516	13,630
Depreciation	-	25,290	25,290	2,595	2,738	5,333	30,623
Membership and subscription	-	2,573	2,573	333	702	1,035	3,608
Volunteer Center renovations	-	596	596	-	-	-	596
Payments to affiliates	-	4,819	4,819	1,665	1,421	3,086	7,905
Interest and bank fees	-	17,029	17,029	739	-	739	17,768
Community programs and initiatives	-	13,208	13,208	-	7,030	7,030	20,238
Agency distributions	315,071	-	315,071	-	-	-	315,071
Grant expense	31,418	-	31,418	-	-	-	31,418
Gifts in kind distributions	263,183	-	263,183	-	-	-	263,183
Total expense	\$ 609,672	\$ 533,388	\$ 1,143,060	\$ 123,097	\$ 132,681	\$ 255,778	\$ 1,398,838

See accompanying notes to the financial statements.

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 1 - Summary of significant accounting policies

Nature of Organization

United Way of Hunterdon County (the Organization) is a not-for-profit organization in New Jersey whose principal activities are resource development, community impact and the support of voluntary health and welfare agencies which provide services in the community. The Organization is governed by a volunteer Board of Trustees.

The Organization is part of worldwide network of nearly 1,800 community based United Way Charities in 45 countries and territories. We advance the common good by focusing on improving education, helping people achieve financial stability and promoting healthy lives and mobilizing our constituents to give, advocate and volunteer to improve the conditions in which they live.

Basis of presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting.

Organization status

The Organization is a non-profit organization exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and similar provisions for New Jersey. Therefore, no provision for income taxes has been made. The Organization's information returns before the year ended August 31, 2013 are no longer subject to examination by Federal or New Jersey authorities.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents

The Organization considers all short-term investments, except certificates of deposit and treasury obligations, with an original maturity of three months or less to be cash equivalents. Money market cash accounts held in the endowment investment account are considered to be investments instead of cash accounts because the Organization holds these funds as an endowment.

Investments

The Organization classifies its marketable securities as available for sale. Securities classified as available for sale are carried in the financial statements at fair value. Realized gains and losses, determined using the specific identification method, are included in earnings; unrealized holding gains and losses are reported in the change in net assets.

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 1 - Summary of significant accounting policies (continued)

Intangible assets

In accordance with accounting principles generally accepted in the United States of America, the Organization's capitalized intangible costs associated with bank borrowing are netted against long-term debt.

Property and equipment

Property and equipment are stated at cost, except for donated items that are recorded at fair value on the date of donation. Donated property and equipment is recorded as restricted support when donors stipulate how long the asset must be used. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted. Depreciation is computed using the straight-line method over the estimated useful lives of each asset. The estimated useful lives of the property and equipment range from five to forty years.

Additions and improvements, which extend the useful lives of the respective assets, are charged to the asset accounts and are depreciated accordingly, while general repairs and maintenance are expensed as incurred. The cost and related accumulated depreciation of assets sold or retired are eliminated from the accounts and any gains or losses are included in the change in net assets.

Net asset classifications

Net assets are classified based on the existence or absence of donor-imposed restrictions. Net assets are defined as follows:

Unrestricted net assets are not subject to donor-imposed stipulations or the donor-imposed restrictions have expired.

Temporarily restricted net assets include assets for which donor-imposed restrictions have not been met.

Permanently restricted net assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization.

Revenue and support recognition

Gifts of cash and other noncapital assets are reported as temporarily restricted support if the gifts are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statements of Activities as net assets released from restrictions. If a restriction is fulfilled in the same period in which the contribution is received, the support is reported as unrestricted.

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 1 - Summary of significant accounting policies (continued)

Revenue and support recognition (continued)

Unrestricted revenues are obtained through corporation, foundation and general public contributions. These revenues are used to provide program services as well as offset management and general fund-raising expenses. Revenues from these sources are recognized at the time the donation is pledged or received. The fair value of such pledges receivable approximate carrying value as the pledges are expected to be received within one year.

As a result of an increase in uncollectible campaign pledges, primarily caused by an increase in corporate employee retirees and attrition, the Organization wrote off a net amount of \$35,945 of pledges receivable for campaign years 2015-2016 during the year ended August 31, 2017. The reserve for bad debts was increased by \$9,000 as of August 31, 2017.

As a result of receiving campaign pledges previously written off as uncollectible, the Organization has recognized \$4,265, net in bad debt recoveries while recording no write off of designations payable during the year ended August 31, 2017. The reserve for bad debts was decreased by \$16,000 as of August 31, 2016.

The Organization receives donated services from volunteers, officers and directors and other organizations to support fundraising and administrative efforts. The value of these donated services is not included in these financial services as they do not meet the criteria for recognition. The total donated hours were 15,104 and 14,475, respectively, for the years ended August 31, 2017 and 2016. There are also several gift campaigns operated for the benefit of the community where goods are received by the Organization and then distributed to recipients. The value of these donations has been recorded in the financial statements as gifts in kind revenue and expense.

Donor designated funds

The Organization receives funds that are considered pass through items that have been designated by the donor to other non-profit entities. These funds have been treated as liabilities until the funds are disbursed as they are not pledges or revenue of the Organization. These funds also include several charitable giving campaigns run by local companies for which the Organization is processing the transactions for the employer.

Functional allocation of expenses

The costs of providing programs and other initiative and supporting services have been summarized on a functional basis in the Statement of Functional Expenses. Expenses are allocated to each program or function based on time spent by the Organization's staff in each of these areas which is consistent with the benefit derived by each program.

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 2 - Concentration of risks and uncertainties

The Organization maintains its cash and cash equivalents in a wide array of bank deposit accounts and financial institutions which are insured by the Federal Deposit Insurance Corporation. This investment policy limits the Organization’s exposure to concentrations of credit risk. At August 31, 2017 and 2016 the Organization had no uninsured cash.

During the years ended August 31, 2017 and 2016 the Organization received approximately 54% and 58%, respectively, of total campaign revenues from two corporate campaigns.

Note 3 - Investments

Investments are presented at fair value. Unrealized gains and losses are included in the Statements of Activities and Changes in Net Assets. Investment income is credited to unrestricted net assets unless otherwise restricted by the contributor.

Investment income (loss) was comprised of the following as of August 31:

	2017	2016
Interest income on investments, net of investment fees	\$ 13,149	\$ 12,426
Realized gains	222	2,018
Unrealized gains	62,559	51,253
Total investment income	\$ 75,930	\$ 65,697

Note 4 - Fair value

The fair value measurements authoritative literature, FASB ASC Topic 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 4 - Fair value (continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level, within the fair value hierarchy, the Company's assets at fair value as of:

August 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Endowment funds			
Money market	\$ 2,988	\$ -	\$ -
Mutual funds	342,417	-	-
Equity securities			
Preferred stock	51,058	-	-
Domestic common stock	533,477	-	-
Total	<u>\$ 929,940</u>	<u>\$ -</u>	<u>\$ -</u>

August 31, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Endowment funds			
Money market	\$ 31,358	\$ -	\$ -
Mutual funds	327,832	-	-
Equity securities			
Preferred stock	52,191	-	-
Domestic common stock	484,370	-	-
Total	<u>\$ 895,751</u>	<u>\$ -</u>	<u>\$ -</u>

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 5 - Property and equipment

Property and equipment consists of the following as of August 31:

	<u>2017</u>	<u>2016</u>
Land	\$ 97,500	\$ 97,500
Building and improvements	1,153,019	1,153,019
Furniture, fixtures and equipment	65,245	65,245
Total property and equipment	<u>1,315,764</u>	<u>1,315,764</u>
Less: accumulated depreciation	<u>(242,817)</u>	<u>(211,914)</u>
Property and equipment, net	<u><u>\$ 1,072,947</u></u>	<u><u>\$ 1,103,850</u></u>

Depreciation expense for the years ended August 31, 2017 and 2016 was \$30,903 and \$30,624, respectively.

Note 6 - Endowment fund

In 2005, the Organization established an endowment fund as a designation of unrestricted net assets to increase the financial resources available for health and human services in the community. In 2006, the Organization was the beneficiary of an estate, receiving a distribution totaling \$725,000, which was unrestricted by the donor and used to initiate the endowment fund. Endowment funds are maintained in a separate investment account that is professionally managed with a diversified selection of investments.

The investment policy for management of the endowed assets of the Organization realizes the following objectives: 1) to preserve the corpus of the investment and increase its value; 2) to maximize investment income with prudent risk; 3) to create the opportunity for capital gains; and 4) to provide for flexibility in investment activity.

The endowment consists of a balanced portfolio of stocks and bonds. Assets are diversified to ensure that adverse or unexpected results from one security or security class will not have a significant detrimental impact on the entire portfolio. Generally, the Board designated assets will be invested within a range of equities 40% to 75%; fixed income 24% to 50%; money market up to 25%. Limitations on the percentages of investments in small cap stock, as well as industry classification for stocks and bonds are in place.

The following is a reconciliation of the endowment fund as of August 31:

	<u>2017</u>	<u>2016</u>
Beginning balance	\$ 895,751	\$ 872,081
Interests and dividends	20,593	19,201
Realized and unrealized appreciation (depreciation) of investments	62,781	53,271
Endowment withdrawals	(40,000)	(40,000)
Trust expenses	<u>(9,185)</u>	<u>(8,802)</u>
Ending balance	<u><u>\$ 929,940</u></u>	<u><u>\$ 895,751</u></u>

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 6 - Endowment fund (continued)

All interest and dividends earned by the endowment funds will be available for use for the purpose for which the endowment was created the fiscal year following the year in which they were earned. All capital gains distributions of mutual funds will be added to the endowment principal. Withdrawals in any calendar year may be made on up to 5% of the average of the preceding three calendar year market average of endowment assets.

Note 7 - Long-term debt

Long-term debt consists of the following as of August 31:

	2017	2016
A mortgage payable to a bank, with monthly payments of \$2,091, including interest at the rate of 5.99%. The rate may be reset at the 10-year anniversary of the closing of the loan and every 5 years thereafter. The loan matures August 2034 and is collateralized by a first position lien on the building.	\$ 265,521	\$ 274,195
Less: unamortized debt issuance costs	2,220	2,280
Less: current maturities of long-term debt	9,216	8,674
	\$ 254,085	\$ 263,241

The amounts of long-term debt maturing over the next five years ending August 31, 2017 and thereafter are as follows:

2018	\$	9,216
2019		9,792
2020		10,362
2021		11,050
2022		11,740
Thereafter		213,361

Note 8 - Administrative cost ratio

The Organization uses the data reported on IRS Form 990 to calculate its administrative cost ratio using methodology recommended by United Way Worldwide.

The administrative cost ratio for the years ended August 31 are as follows:

	2017
Support services	
Form 990, Part IX, Line 25, Management and general expenses	\$ 180,813
Form 990, Part IX, Line 25, Fundraising expenses	132,072
Total support services	\$ 312,885
Total revenue from Form 990, Part VIII, Line 12, Column A	\$ 1,310,380

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 8 - Administrative cost ratio (continued)

Administrative cost ratio		23.87%
		2016
Support services		
Form 990, Part IX, Line 25, Management and general expenses	\$	123,097
Form 990, Part IX, Line 25, Fundraising expenses		132,681
Total support services	\$	225,778
Total revenue from Form 990, Part VIII, Line 12, Column A	\$	1,310,548
Administrative cost ratio		19.51%

Note 9 - Net assets

Components of net assets as of August 31 were as follows:

	2017	2016
Unrestricted, available for general operations	\$ 1,112,509	\$ 1,187,290
Board designated for specific use		
Endowment fund	929,940	895,751
Total unrestricted net assets	\$ 2,042,449	\$ 2,083,041
Total temporarily restricted	\$ 7,000	\$ 10,000

Note 10 - Supplemental disclosures of cash flow information

Gifts in kind

The Organization received gifts in kind in the amounts of \$238,722 and \$263,183 during the years ended August 31, 2017 and 2016, respectively. These amounts are recorded as income and expenses in the fiscal year they are received.

Non-cash investing and financing activities

Cash paid during the year ended August 31:

	2017	2016
Interest	\$ 16,414	\$ 16,969
Proceeds from sale of investments	\$ 146,522	\$ 201,532
Purchase of investments	\$ 59,139	\$ 118,856

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 11 - Retirement plan and other postretirement benefits

The Organization sponsors a defined contribution benefit plan, covering all full time salaried employees employed one year or more by the Organization who elect to participate. The Organization will match the employee’s contribution up to 5%. The expense for the years ended August 31, 2017 and 2016 was \$17,869 and \$15,349, respectively.

During the year, the Organization terminated its post-retirement health benefit which provided health insurance for life to eligible employees who have met certain employment thresholds. As a condition of the termination of the benefit the Organization agreed to a buy out with the Organization’s executive director, who was the Organization’s only employee in position to meet the required employment thresholds for eligibility to receive the post retirement benefit. Upon retirement the executive director will receive 5 annual payment of \$10,364 for a total payout of \$51,820. The organization has imputed interest on the present value of the liability which will accrue at a rate of 5.7% until the final payment is made or until the total payout amount is completed.

Note 12 - Line of credit

The Organization had a revolving line of credit with a bank, with an overall borrowing limitation of \$150,000 and collateralized by the assets of the Organization. There were no borrowings on the loan. The line of credit matured on February 10, 2017 and was not renewed as of August 31, 2017.

The effective rate of borrowing prior to maturity was 3.25%.

Note 13 - Prior period adjustment

In 2017, it was determined that the Organization was liable for post-retirement benefits for the executive director. The obligation was not reported in the August 31, 2016 audit report dated January 23, 2017. The 2016 numbers have been restated as follows:

	Originally Reported	Adjustment	Restated
Benefits payable	\$ -	\$ 31,568	\$ 31,568
Net Assets - unrestricted	2,114,609	(31,568)	2,083,041

UNITED WAY OF HUNTERDON COUNTY
Notes to the Financial Statements

Note 14 - Change in Accounting Standards

ASU 2014-09: The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers. This ASU changes the timing of recording revenue for services performed. This ASU will be effective to the Organization in the year ending August 31, 2020. Management has not completed its assessment of the impact of this change.

ASU 2016-14: The FASB adopted ASU 2016-14, Not for Profit Entities. This update changes the format of the Organization's financial statement presentation and enhances the required disclosures to the financial statements. This ASU will be effective in the year ending August 31, 2019. This change is expected to impact the financial reporting of the Organization, however for amounts that are immaterial.

Note 15 - Subsequent events

The Organization's management has been determined that no material events or transactions occurred subsequent to August 31, 2017 and through March 8, 2018, the date of the Organization's financial statement issuance, which require additional disclosure in the Organization's financial statements.