

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "60" on Screen Exp-2
- Force field entered with data "47,248" on Screen PSA
- Force field entered with data "22,683" on Screen PSA
- Force field entered with data "74,167" on Screen PSA
- Force field entered with data "60,461" on Screen PSA
- Force field entered with data "201,702" on Screen PSA
- Force field entered with data "278,350" on Screen PSA
- Force field entered with data "251,523" on Screen PSA
- Force field entered with data "34,183" on Screen Exp-2
- Historical Report (990 Return) does not display 2019 column if Tax Projection has not been selected.
- Lump sum entry of multiple grant amounts less than or equal to \$5,000 each is indicated; Recipients who've received more than \$5,000 should be listed separately
- Exclude Schedule B from income option marked in Contributor Information window (View > Contributor/Officer > Contributor Information)
- Contributor Frenchtown United Methodist Church is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Department of Treasury is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor 3M Health Care is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor AT&T is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor United Parcel Service is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Three Bridges Wealth Advisors is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Athene USA is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Wells Fargo Foundation is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- Preparer 'Michael A. Holk, CPA'
- 1 Field Note Exists
- Changes were made in this return after editing documents in Word, potentially causing variable filled data to be out of date. Review the following document(s) and if necessary, restore default within the preview in order to include changes made to the return.
- Transmittal Letter

Missing Data

	Prior Year Data
Functional Expenses	
<input checked="" type="checkbox"/> F/R accounting fees	33
Extensions	
<input type="checkbox"/> Date extension due - 990	7/15/19
<input type="checkbox"/> 8868 date for 990 / 990-EZ	7/15/19
Program Service Accomplishments	
<input checked="" type="checkbox"/> Grants and allocations (Force)	30,023
Electronic Filing	

Federal Diagnostics

Missing Data (cont.)

Electronic Filing (cont.)

- Signature date 3/04/19
- ERO signature date 3/04/19
- File ELF extension X

General Options, Prior Year Revenue and Expenses, Penalties

- Prior year prog service rev 0
- Prior year other revenue 0
- Prior year benefits paid exp 0

Balance Sheet - Assets

- Grants receivable - EOY 222,014

Balance Sheet - Liabilities and Equity

- Temporarily restricted - EOY 4,532

Overrides

- Overridden field with data "(none)" on Form / Schedule Sch A
- Overridden field with data "(none)" on Form / Schedule Sch A
- Overridden field with data "X" on Form / Schedule 990
- Overridden field with data " " on Form / Schedule 990

Tick Data

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Form 990	21	23	
<input type="checkbox"/> ✓Sch Sch O, Unit 1	the same time gathering individual and community-level data used to	self-sufficient. Of those, over 22% represent our target "ALICE"	
<input type="checkbox"/> ✓Form 990	20	22	
<input type="checkbox"/> ✓Sch Sch O	United Way of Hunterdon County (UWHC) focuses on poverty prevention,	MISSION: TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND	
<input type="checkbox"/> ✓Sch Sch O, Unit 1	"Hunterdon Thrive had a total of 45 referrals and 25 'Thrivers' achieved or	UWHC continues to serve the 5% of our population who live below the poverty	
<input type="checkbox"/> ✓Form 990	(none)	60	(60)
<input type="checkbox"/> ✓Form 990	2,288,318	2,288,378	(60)
<input type="checkbox"/> ✓Sch Sch O, Unit 1	components of the initiative and now feature 7 volunteer coaches and a mix	Hunterdon Thrive, a unique outcomes-driven initiative, provides ALICE with	
<input type="checkbox"/> ✓Form 990	Income:	See Schedule O	
<input type="checkbox"/> ✓Sch Sch O, Unit 1	"The Volunteer Income Tax Assistance (VITA) free tax preparation program	Outcomes of the key initiatives and programs supported through grants and	
<input type="checkbox"/> ✓Form 990, Unit 1	Patrice F. Marks	Murali Parthasarathy	
<input type="checkbox"/> ✓Sch Sch O	federally-funded support services.	A family of four must earn ~\$90,000 to be self-sufficient in Hunterdon	
<input type="checkbox"/> ✓Form 8879EO, Unit 1	03/18/20	02/17/20	30
<input type="checkbox"/> ✓Sch Sch O, Unit 1	(none)"Financial Coaching and a series of Financially		

Federal Diagnostics

Tick Data (cont.)

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ~ Form 990	Leadership Through Community Partnerships Expenses:	Fit workshops are key See Schedule O	
<input type="checkbox"/> ~ Form 990	(none)	2,160	(2,160)
<input type="checkbox"/> ~ Sch Sch D	(none)	60	(60)
<input type="checkbox"/> ~ Form 990	2,693,695	2,695,855	(2,160)
<input type="checkbox"/> ~ Form 990	39,756	39,755	1
<input type="checkbox"/> ~ Form 990, Unit 1	Jeffrey M. Grenda	Lacy Phelps	
<input type="checkbox"/> ~ Form 990	HEALTH:	See Schedule O	
<input type="checkbox"/> ~ Form 990	244,421	246,522	(2,101)
<input type="checkbox"/> ~ Form 990	2,288,318	2,288,378	(60)
<input type="checkbox"/> ~ Form 990, Unit 1	Brian Reiss	Wendy Reid	
<input type="checkbox"/> ~ Form 990	21	23	
<input type="checkbox"/> ~ Form 990	20	22	
<input type="checkbox"/> ~ Form 990	2,693,695	2,695,855	(2,160)
<input type="checkbox"/> ~ Form 990, Unit 1	Kendra K. Schroeder	Brian Reiss	
<input type="checkbox"/> ~ Form 990	334,667	328,712	5,955
<input type="checkbox"/> ~ Form 990	369,766	386,721	(16,955)
<input type="checkbox"/> ~ Form 990	2,693,695	2,695,855	(2,160)
<input type="checkbox"/> ~ Form 990, Unit 1	Paul Stramaglia	Kendra K. Schroeder	
<input type="checkbox"/> ~ Form 990	405,377	407,477	(2,100)
<input type="checkbox"/> ~ Form 990	2,288,318	2,288,378	(60)
<input type="checkbox"/> ~ Form 990	2,177	5,955	(3,778)
<input type="checkbox"/> ~ Form 990, Unit 1	Kathy Closs	Paul Stamaglia	
<input type="checkbox"/> ~ Form 990	Joseph Galioto	Joe Galioto	
<input type="checkbox"/> ~ Form 990	(none)	2,177	(2,177)
<input type="checkbox"/> ~ Form 990	1,809	462	1,347
<input type="checkbox"/> ~ Form 990	(none)	660	(660)
<input type="checkbox"/> ~ Form 990	1,031	2,840	(1,809)
<input type="checkbox"/> ~ Form 990, Unit 1	John Higgins	Brandon T. Weldon	
<input type="checkbox"/> ~ Form 990	Isidoro Perez	Richard F. Morris III	
<input type="checkbox"/> ~ Sch Sch O, Unit 2	saved approximately \$300,000 in preparation fees. Volunteers also assisted	of workshops including a Basic Budgeting workshop offered in Spanish;	
<input type="checkbox"/> ~ Form 990, Unit 2	Linda F. Bryant	Michael C. Wellons	
<input type="checkbox"/> ~ Sch Sch O, Unit 2	better positioned to stay in their homes longer term.	"Participated in 4 employer-supported financial wellness events engaging	
<input type="checkbox"/> ~ Sch Sch O, Unit 2	families so the VITA Free Tax program, in collaboration with Commonwealth,	"The Volunteer Income Tax Assistance (VITA) free tax preparation program	
<input type="checkbox"/> ~ Sch Sch O, Unit 2	"UWHC's Holiday Hands program helped ensure that 2,586 adults and children	Not only did clients receive more than \$2 million in tax refunds, they	
<input type="checkbox"/> ~ Sch Sch O, Unit 2	holiday season and winter months.	A lack of savings is one of the biggest challenges facing low-income	
<input type="checkbox"/> ~ Form 990, Unit 2	Eloise M. Keane	Linda F. Bryant	
<input type="checkbox"/> ✓ Sch Sch O, Unit 2	area salons to run its	The VITA Free Tax	

Federal Diagnostics

Tick Data (cont.)

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Form 990, Unit 2	annual Kids Cut-A-Thon	program sees a	
<input type="checkbox"/> ✓Form 990, Unit 2		(none) Rene Marinich	
<input type="checkbox"/> ✓Sch Sch O, Unit 3	Plans for the coming year:	"UWHC's Holiday Hands program helped ensure that 2,586 adults and children	
<input type="checkbox"/> ✓Sch Sch O, Unit 3		(none) "Tools for School - This program provides necessary basic school supplies	
<input type="checkbox"/> ✓Sch Sch O, Unit 3	the Hunterdon Bar Association.	UWHC utilizes data-supported methods to fine-tune and implement programs	
<input type="checkbox"/> ✓Sch Sch O, Unit 3		efforts. Donors' investments in United Way of Hunterdon County supported financial	
<input type="checkbox"/> ✓Sch Sch O, Unit 3	remember three numbers, 2-1-1. Dial "2-1-1" or visit nj211.org anytime. 211	Form 990, Part III, Line 4b - Second Accomplishment	
<input type="checkbox"/> ✓Sch Sch O, Unit 4	flood or power outage to sources for rental assistance. In our state the 2	Leadership Through Community Partnerships Expenses:	
<input type="checkbox"/> ✓Sch Sch O, Unit 4	United Ways of New Jersey which, in 2002, was designated by the Board of	United Way partners with other community leaders across sectors in order to	
<input type="checkbox"/> ✓Sch Sch O, Unit 4		(none) Current initiatives:	
<input type="checkbox"/> ✓Sch Sch O, Unit 4	goals as well as identify goals beyond 2020.	The Community Volunteer Center welcomed a broad spectrum of community	
<input type="checkbox"/> ✓Sch Sch O, Unit 4	Faithful Families Thriving Communities	VOAD/COAD (Volunteer/Community Organizations Active in Disasters): The	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	parishioners.	NJ 2-1-1 Partnership - When someone doesn't know where to start, they can	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	into a week of wellness through a unique collaboration with Flemington	Donors' investments in United Way of Hunterdon County raised awareness of	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	businesses and entrepreneurs.	Plans for the coming year:	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	through existing service providers, including local food pantries, daycare	HEALTH:	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	centers, social service agencies and shelters.	Hunterdon is a healthy community; however, there is an ongoing need to	
<input type="checkbox"/> ✓Sch Sch O, Unit 5	and the collection of real-time data. In	Current Initiatives and Programs:	

Federal Diagnostics

Tick Data (cont.)

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Sch Sch O, Unit 6	addition, the Hunterdon Bank will continue to provide diapers to food pantries and other county	Thriving Communities, formerly Technical Interventions for the Reduction of	
<input type="checkbox"/> ✓Sch Sch O, Unit 6	approximately 60 members representing community organizations and	Outcomes:	
<input type="checkbox"/> ✓Sch Sch O, Unit 6	individual residents who all have the common goal to see a thriving,	Faithful Families Thriving Communities	
<input type="checkbox"/> ✓Sch Sch O, Unit 6	what changes can be made to improve access to health care by marginalized	Thriving Communities made stronger connections between health, education	
<input type="checkbox"/> ✓Sch Sch O, Unit 6	(none)	Health Fair	
<input type="checkbox"/> ✓Sch Sch O, Unit 7	for tomorrow.	into a week of wellness through a unique collaboration with Flemington	
<input type="checkbox"/> ✓Sch Sch O, Unit 7	decade of raising awareness of community needs among students. The program	Hunterdon Diaper Bank *	
<input type="checkbox"/> ✓Sch Sch O, Unit 7	value of training volunteers to be effective leaders. This in-demand	UWHC entered into partnership with the Flemington Area Food Panty to lead	
<input type="checkbox"/> ✓Sch Sch O, Unit 7	(none)	Discount prescription program - UWHC partners with FamilyWize to offer free	
<input type="checkbox"/> ✓Sch Sch O, Unit 7	population through an educational partnership strategy with Raritan Valley	Partnership for Health - UWHC continues to play an active role in The	
<input type="checkbox"/> ✓Sch Sch O, Unit 8	jobs, with a living wage and potential career paths; increase collaboration	weight and lifestyle.	
<input type="checkbox"/> ✓Sch Sch O, Unit 8	Hunterdon Healthcare System and Raritan Valley Community College and to	Plans for the coming year:	
<input type="checkbox"/> ✓Sch Sch O, Unit 8	EACH CONTRIBUTING MEMBER MAY BE REPRESENTED AT MEETINGS OF THE MEMBERSHIP.	Form 990, Part III, Line 4d - All Other Accomplishments	
<input type="checkbox"/> ✓Sch Sch O, Unit 8	ANY VACANCY OCCURING IN THE MEMBERSHIP OF THE BOARD OF TRUSTEES MAY	Great leadership doesn't just happen. UWHC believes it is important to	
<input type="checkbox"/> ✓Sch Sch O, Unit 8	OR SPECIAL MEETING, UPON GIVING AT LEAST SEVEN (7) DAYS WRITTEN NOTICE OF	Current initiatives:	

Federal Diagnostics

Tick Data (cont.)

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Sch Sch O, Unit 9	FILED WITH THE IRS. THE BOARD IS ADVISED AT SUBSEQUENT BOARD MEETINGS OF	Board Development Primer - United Way of Hunterdon County believes in the	
<input type="checkbox"/> ✓Sch Sch O, Unit 9	Form 990, Part VI, Line 15a - Compensation Process for Top Official	Plans for the Coming Year:	
<input type="checkbox"/> ✓Sch Sch O, Unit 9	COMPENSATION PROCESS FOR TOP OFFICAL ON AN ANNUAL BASIS, THE CEO COMPLETES	Latino Coalition	
<input type="checkbox"/> ✓Sch Sch O, Unit 9	A PERFORMANCE COMPENTENCY ASSESSMENT WHICH IS REVIEWED AND RATED BY THE	The Latino Coalition continues to focus on outreach to the growing Latino	
<input type="checkbox"/> ✓Sch Sch O, Unit 9		(none) The goal is to increase awareness /education opportunities for in demand	
<input type="checkbox"/> ✓Sch Sch O, Unit 9		(none) Form 990, Part VI, Line 6 – Classes of Members or Stockholders	
<input type="checkbox"/> ✓Sch Sch O, Unit 10		(none) Form 990, Part VI, Line 7a - Election of Members and Their Rights	
<input type="checkbox"/> ✓Sch Sch O, Unit 10		(none) Form 990, Part VI, Line 11b - Organization's Process to Review Form 990	
<input type="checkbox"/> ✓Sch Sch O, Unit 10		(none) Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy	
<input type="checkbox"/> ✓Sch Sch O, Unit 10		(none) Form 990, Part VI, Line 15a - Compensation Process for Top Official	
<input type="checkbox"/> ✓Sch Sch O, Unit 11		(none) EXECUTIVE COMMITTEE. THE BOARD PRESIDENT CONDUCTS THE FINALIZED REVIEW AND	
<input type="checkbox"/> ✓Sch Sch O, Unit 11		(none) Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation	
<input type="checkbox"/> ✓Sch Sch O, Unit 11		(none) Book / Tax Depreciation Difference	\$ 60

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **09/01/18** , and ending **08/31/19**

22-2431065

UNITED WAY OF HUNTERDON COUNTY

Net Asset / Fund Balance at Beginning of Year 2,240,004

Revenue

Contributions	<u>1,287,202</u>	
Program service revenue		
Investment income	<u>23,224</u>	
Capital gain / loss	<u>79,815</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>1,390,241</u>

Expenses

Program services	<u>936,134</u>	
Management and general	<u>158,762</u>	
Fundraising	<u>161,447</u>	
Total expenses		<u>1,256,343</u>
Excess / (deficit)		<u>133,898</u>

Changes -85,584

Net Asset / Fund Balance at End of Year 2,288,318

Reconciliation of Revenue

Total revenue per financial statements	<u>1,304,657</u>	
Less:		
Unrealized gains	<u>-76,675</u>	
Donated services		
Recoveries		
Other		
Plus:		
Investment expenses	<u>8,909</u>	
Other		
Total revenue per return	<u>1,390,241</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>1,256,343</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other		
Total expenses per return	<u>1,256,343</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,694,317</u>	<u>2,693,695</u>	
Liabilities	<u>454,313</u>	<u>405,377</u>	
Net assets	<u>2,240,004</u>	<u>2,288,318</u>	<u>48,314</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 01/15/20
 Failure to file penalty _____



CONFIDENTIAL

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

Enclosed are the original and one copy of the 2018 Exempt Organization Returns, as follows...

Return of Organization Exempt From Income Tax (Form 990)
2018 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, 2019

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 8/31/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

BKC, CPAs, PC
39 State Route 12 Ste 2
Flemington, NJ 08822

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

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

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

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 9/01, 2018, and ending 8/31, 20 19**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879EO for the latest information.**2018**Department of the Treasury
Internal Revenue Service

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 one 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	1,390,241
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 2018 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 **BKC, CPAS, PC** to enter my PIN **79263** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 **03/18/20****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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 **03/18/20****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** (2018)

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 09/01/18, and ending 08/31/19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **UNITED WAY OF HUNTERDON COUNTY**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **4 WALTER FORAN BLVD.** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **FLEMINGTON NJ 08822**

D Employer identification number: **22-2431065**
E Telephone number: **908-782-3414**
G Gross receipts: **1,390,241**

F Name and address of principal officer:
MARIA B. DUNCAN
4 WALTER FORAN BLVD., #401
FLEMINGTON NJ 08822

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.UWHUNTERDON.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **NJ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY.		
	2 Check this box <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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	1196
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,285,571	1,287,202
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,827	103,039
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,337,398	1,390,241
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	321,301	334,667
	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)	566,008	540,910
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,000	11,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,447		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	316,224	369,766
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,215,533	1,256,343
19 Revenue less expenses. Subtract line 18 from line 12	121,865	133,898	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,694,317	2,693,695
	22 Net assets or fund balances. Subtract line 21 from line 20	454,313	405,377
		2,240,004	2,288,318

Part II Signature Block

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

Sign Here

Signature of officer: **MARIA B. DUNCAN** Date: **CEO**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MICHAEL A. HOLK, CPA** Preparer's signature: Date: Check if self-employed PTIN: **P01315390**
 Firm's name: **BKC, CPAS, PC** Firm's EIN: **22-3299874**
 Firm's address: **39 STATE ROUTE 12 STE 2 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:

MISSION: TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY.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 \$ **529,873** including grants of \$ **251,523**) (Revenue \$)**INCOME:****FINANCIAL STABILITY -**

A FAMILY OF FOUR MUST EARN ~\$90,000 TO BE SELF-SUFFICIENT IN HUNTERDON COUNTY (\$8,000 MORE THAN JUST A FEW YEARS AGO) AND THAT DOESN'T INCLUDE EXTRAS LIKE DINNER OUT OR HOLIDAY GIFTS. ONE IN FOUR OF HUNTERDON HOUSEHOLDS DO NOT EARN ENOUGH TO BE SELF-SUFFICIENT OR STRUGGLE TO STAY SELF-SUFFICIENT. OF THOSE, OVER 22% REPRESENT OUR TARGET "ALICE" POPULATION - ASSET LIMITED INCOME CONSTRAINED, BUT EMPLOYED. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND ULTIMATELY STRENGTHEN THE ECONOMY LEADING TO AN OVERALL BETTER QUALITY OF LIFE FOR US ALL.

4b (Code:) (Expenses \$ **262,163** including grants of \$ **60,461**) (Revenue \$)**LEADERSHIP THROUGH COMMUNITY PARTNERSHIPS EXPENSES:**

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

CURRENT INITIATIVES:

COMMUNITY VOLUNTEER CENTER - CELEBRATING ITS 5TH ANNIVERSARY AS A CENTER FOR VOLUNTEERISM THE UNITED WAY OF HUNTERDON COUNTY COMMUNITY VOLUNTEER CENTER WELCOMED MORE THAN 1,000 VOLUNTEERS WHO TOOK PART IN HOLIDAY HANDS, TOOLS 4 SCHOOL, VITA, THRIVING COMMUNITIES, HUNTERDON THRIVE, FINANCIALLY FIT WORKSHOPS AND MANY OTHER UNITED WAY AND COMMUNITY PARTNER PROGRAMS.

4c (Code:) (Expenses \$ **96,850** including grants of \$ **22,683**) (Revenue \$)**HEALTH:**

HUNTERDON IS A HEALTHY COMMUNITY; HOWEVER, THERE IS AN ONGOING NEED TO FOCUS ON HEALTH DISPARITIES AND THE DIFFICULTIES OF ACCESS TO HEALTHCARE, ESPECIALLY WITHIN MARGINALIZED COMMUNITIES WHERE UWHC'S CONTINUED FOCUS ON FINANCIAL STABILITY, A KEY SOCIAL DETERMINANT OF GOOD HEALTH, IS ESSENTIAL. CURRENT INITIATIVES AND PROGRAMS:

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

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

(Expenses \$ **47,248** including grants of \$) (Revenue \$)4e Total program service expenses ► **936,134**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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, Part 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1a	12		
1b	0		
1c			

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

	1a	21	1b	20	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		21				
b Enter the number of voting members included in line 1a, above, who are independent			1b	20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	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?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	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					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		
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	
15a		
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b		
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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

THE ORGANIZATION **4 WALTER FORAN BLVD, NO. 401**
FLEMINGTON **NJ 08822** **908-782-3414**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA B. DUNCAN CEO	40.00 0.00			X				116,164	0	16,442
(2) BRADFORD W. MULLER, ESQ. PRESIDENT	1.00 0.00			X				0	0	0
(3) REBECCA TESTA VICE PRESIDENT CRISP	1.00 0.00			X				0	0	0
(4) PETER J. GAKOS JR. TREASURER	1.00 0.00			X				0	0	0
(5) DIANA FREDERICKS, ESQ. GOVERNANCE COMMITTEE	1.00 0.00			X				0	0	0
(6) JUSTIN EISENBERG FINANCE/AUDIT COMMIT	1.00 0.00			X				0	0	0
(7) JOSEPH GALIOTO SECRETARY	1.00 0.00			X				0	0	0
(8) BARRY GOODMAN, ESQ. LEGAL COUNSEL	1.00 0.00	X						0	0	0
(9) CINDY BARTER BOARD MEMBER	1.00 0.00	X						0	0	0
(10) ISIDORO PEREZ 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) PATRICE F. MARKS	1.00									
LIAISON LATINO COALI	0.00			X			0	0	0	
(14) JEFFREY M. GREY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) BRIAN REISS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) KENDRA K. SCHROEDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) PAUL STRAMAGLIA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) KATHY CLOSS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) JOHN HIGGINS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total							116,164		16,442	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							116,164		16,442	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 **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 1,287,202				
	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: \$	312,441				
	h Total. Add lines 1a-1f		1,287,202			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,224		23,224	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	79,815			
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	79,815				
	d Net gain or (loss)		79,815	79,815		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,390,241	79,815	0	23,224	

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	334,667	334,667		
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	119,386	78,795	16,714	23,877
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	300,750	198,495	42,105	60,150
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,414	12,813	2,718	3,883
9 Other employee benefits	59,984	39,589	8,398	11,997
10 Payroll taxes	41,376	27,308	5,793	8,275
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,377		15,377	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	11,000			11,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,431	13,533	35,506	392
12 Advertising and promotion				
13 Office expenses	60,184	39,721	8,426	12,037
14 Information technology	14,522	9,584	2,034	2,904
15 Royalties				
16 Occupancy	33,254	21,949	4,654	6,651
17 Travel	4,807	3,173	673	961
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,342	4,846	1,028	1,468
20 Interest	17,917	11,826	2,508	3,583
21 Payments to affiliates	9,233	6,094	1,292	1,847
22 Depreciation, depletion, and amortization	34,243	22,600	4,794	6,849
23 Insurance	14,737	9,727	2,063	2,947
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	92,748	92,748		
b SUPPLIES	9,832	6,489	1,377	1,966
c DUES AND SUBSCRIPTIONS	3,299	2,177	462	660
d OTHER OUTREACHES	1,809		1,809	
e All other expenses	1,031		1,031	
25 Total functional expenses. Add lines 1 through 24e	1,256,343	936,134	158,762	161,447
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	249,379	1	336,973
	2	Savings and temporary cash investments	154,537	2	177,812
	3	Pledges and grants receivable, net	222,014	3	189,528
	4	Accounts receivable, net	790	4	832
	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	6,616	9	2,826
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,332,179		
	b	Less: accumulated depreciation	10b 309,874	10c 1,052,064	1,022,305
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,008,917	12	963,419
	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)	2,694,317	16	2,693,695	
Liabilities	17	Accounts payable and accrued expenses	45,420	17	39,756
	18	Grants payable	119,476	18	75,573
	19	Deferred revenue		19	8,348
	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	254,148	23	244,421
	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	35,269	25	37,279
	26	Total liabilities. Add lines 17 through 25	454,313	26	405,377
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	2,235,472	27	2,288,318
	28	Temporarily restricted net assets	4,532	28	
	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	2,240,004	33	2,288,318	
34	Total liabilities and net assets/fund balances	2,694,317	34	2,693,695	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,390,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,256,343
3	Revenue less expenses. Subtract line 2 from line 1	3	133,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,240,004
5	Net unrealized gains (losses) on investments	5	-76,675
6	Donated services and use of facilities	6	
7	Investment expenses	7	-8,909
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,288,318

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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) LINDA F. BRYANT	1.00									
VP RESOURCE DEVELOPM	0.00			X			0	0	0	
(21) ELOISE M. KEANE	1.00									
BOARD MEMBER	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

	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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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						

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,381,242	1,270,045	1,297,009	1,285,571	1,287,202	6,521,069
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,381,242	1,270,045	1,297,009	1,285,571	1,287,202	6,521,069
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.						6,521,069

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,381,242	1,270,045	1,297,009	1,285,571	1,287,202	6,521,069
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,388	12,426	13,149	20,869	23,224	82,056
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.)	1,608	5,794				7,402
11 Total support. Add lines 7 through 10						6,610,527
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.65%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.68%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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 (as 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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
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)? 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).		
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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 foundationCheck 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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) (2018)

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 & ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 453,647	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHNSON & JOHNSON FAMILY OF COMPANIE P.O. BOX 4000 NEW BRUNSWICK NJ 08903	\$ 84,541	Person <input checked="" 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	\$ 84,444	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF NEW JERSEY DEPARTMENT OF HEALTH P.O. BOX 360 TRENTON NJ 08625	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHUBB & SON 202 HALLS MILL ROAD WHITEHOUSE STATION NJ 08889	\$ 102,180	Person <input checked="" type="checkbox"/> Payroll <input checked="" 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2018

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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.

- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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	1,008,917	929,940	895,751	872,081	926,351
b Contributions					
c Net investment earnings, gains, and losses	23,411	128,298	83,374	72,472	-4,870
d Grants or scholarships					
e Other expenditures for facilities and programs	60,000	40,000	40,000	40,000	40,000
f Administrative expenses	8,909	9,321	9,185	8,802	9,400
g End of year balance	963,419	1,008,917	929,940	895,751	872,081

- 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%.
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
- 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		1,156,258	239,076	917,182
c Leasehold improvements				
d Equipment		78,421	70,798	7,623
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,022,305

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	557,506	MARKET
(A) MUTUAL FUNDS	283,713	MARKET
(B) SHORT TERM INVESTMENTS	97,083	MARKET
(C) PREFERRED STOCK	25,117	MARKET
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	963,419	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BENEFITS PAYABLE	37,279
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,279

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	1,304,657
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-76,675	
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	-76,675
3	Subtract line 2e from line 1		3	1,381,332
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	8,909	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	8,909
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,390,241

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	1,256,343
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	1,256,343
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,256,343

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 X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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? [X] 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.

Table with 8 columns: (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. Includes entries for FAMILY PROMISE OF HUNTERDON COUNTY and YMCA OF HUNTERDON COUNTY.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

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

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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Part I Types of Property

Table with 4 columns: (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. Row 5 is highlighted with 'X' in column (a) and '312,441 RETAIL VALUE' in column (c).

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33 with 'X' marks in the No column.

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

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22-2431065**FORM 990, PART III - ADDITIONAL INFORMATION**

UNITED WAY OF HUNTERDON COUNTY (UWHC) FOCUSES ON POVERTY PREVENTION, FINANCIAL EMPOWERMENT AND ADVOCACY TO CREATE POSITIVE CHANGE IN OUR COMMUNITY. WE INVEST IN INITIATIVES AND PROGRAMS THAT ARE ALIGNED WITH OUR COMMUNITY IMPACT GOALS, AND SPECIFICALLY ON THE FINANCIAL STABILITY OF ALICE, OUR NEIGHBORS WHO ARE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED (OR RETIRED). RECOGNIZING THAT FINANCIAL STABILITY IS A KEY SOCIAL DETERMINANT OF HEALTH AND EDUCATION (AND VICE-VERSA), THE FINAL PORTFOLIO COMPRISES INITIATIVES AND PROGRAMS WITH AN EMPHASIS ON HOLISTIC AND SUSTAINED COMMUNITY IMPACT

VISION: UNITED WAY OF HUNTERDON COUNTY IS A COMMUNITY CENTER OF VOLUNTEERISM, LEADERSHIP AND PHILANTHROPY THAT ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS DESERVE AN OPPORTUNITY TO THRIVE.

INCOME:**FINANCIAL STABILITY -**

UWHC CONTINUES TO SERVE THE 5% OF OUR POPULATION WHO LIVE BELOW THE POVERTY LINE BY SUPPLEMENTING STATE AND FEDERAL PROGRAMS WITH DIRECT IMPACT PROGRAMS; HOWEVER, OUR FOCUS IS ON THE ECONOMIC EMPOWERMENT AND SELF-SUFFICIENCY OF ALICE, OUR NEIGHBORS WHO DON'T QUALIFY FOR MOST STATE- AND FEDERALLY-FUNDED SUPPORT SERVICES.

HUNTERDON THRIVE, A UNIQUE OUTCOMES-DRIVEN INITIATIVE, PROVIDES ALICE WITH SYSTEM NAVIGATION ASSISTANCE, FINANCIAL COACHING AND GOAL SETTING WHILE AT

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THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA USED TO IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT.

OUTCOMES OF THE KEY INITIATIVES AND PROGRAMS SUPPORTED THROUGH GRANTS AND THE GENEROSITY OF OUR DONOR-INVESTORS HELPING US REACH OUR COMMUNITY GOAL: "HUNTERDON THRIVE HAD A TOTAL OF 45 REFERRALS AND 25 'THRIVERS" ACHIEVED OR SET FINANCIAL GOALS. EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY;

"FINANCIAL COACHING AND A SERIES OF FINANCIALLY FIT WORKSHOPS ARE KEY COMPONENTS OF THE INITIATIVE AND NOW FEATURE 7 VOLUNTEER COACHES AND A MIX OF WORKSHOPS INCLUDING A BASIC BUDGETING WORKSHOP OFFERED IN SPANISH;

"PARTICIPATED IN 4 EMPLOYER-SUPPORTED FINANCIAL WELLNESS EVENTS ENGAGING INDIVIDUALS IN THEIR WORKPLACE.

"THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) FREE TAX PREPARATION PROGRAM GENERATED MORE THAN \$2.4 MILLION IN INCOME TAX REFUNDS AND CREDITS FOR MORE THAN 1535 INDIVIDUALS WITH THE HELP OF 79 IRS-TRAINED VOLUNTEERS. LOW-TO-MODERATE INCOME HOUSEHOLDS ALSO RECEIVED MORE THAN \$500,000 IN EARNED INCOME TAX CREDIT AND OTHER TAX CREDITS THAT BOOST THEIR INCOME. VITA IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK AND CONNECTS CLIENTS TO HUNTERDON THRIVE, FINANCIAL COACHING AND OTHER RESOURCES.

NOT ONLY DID CLIENTS RECEIVE MORE THAN \$2 MILLION IN TAX REFUNDS, THEY

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SAVED APPROXIMATELY \$300,000 IN PREPARATION FEES. VOLUNTEERS ALSO ASSISTED 121 SENIORS APPLY FOR THE SENIOR PROPERTY TAX FREEZE SO THAT THEY ARE BETTER POSITIONED TO STAY IN THEIR HOMES LONGER TERM.

A LACK OF SAVINGS IS ONE OF THE BIGGEST CHALLENGES FACING LOW-INCOME FAMILIES SO THE VITA FREE TAX PROGRAM, IN COLLABORATION WITH COMMONWEALTH, OFFERS A SAVINGS INCENTIVE COMPONENT. MORE THAN 10% OF CLIENTS PUT ALL OR A PORTION OF THEIR REFUND INTO A SAVINGS ACCOUNT; THAT NUMBER IS FAR BEYOND THE 2%-3% OF THOSE WHO TYPICALLY PUT REFUNDS INTO SAVINGS.

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

"UWHC'S HOLIDAY HANDS PROGRAM HELPED ENSURE THAT 2,586 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.

"TOOLS FOR SCHOOL - THIS PROGRAM PROVIDES NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS. FOR THE 2019 SCHOOL YEAR UWHC AND 199 VOLUNTEERS SERVED OVER 1200 STUDENTS. THE PROGRAM SAVED FAMILIES OVER \$51,866 IN SCHOOL SUPPLIES. UNITED WAY PARTNERED WITH AREA SALONS TO RUN ITS ANNUAL KIDS CUT-A-THON PROVIDING FREE HAIRCUTS FOR CHILDREN SO THEY COULD GO TO SCHOOL LOOKING THEIR BEST TOO!

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PLANS FOR THE COMING YEAR:

UWHC UTILIZES DATA-SUPPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. UWHC IS DEVELOPING ITS NEXT LONG RANGE PLAN WITH A MORE FOCUSED LENS ON WAYS IN WHICH THE ORGANIZATION CAN PARTNER, RAISE AWARENESS AND ADVOCATE FOR SYSTEM CHANGES TO POSITIVELY IMPACT THE QUALITY OF LIFE FOR ALICE AND THE ENTIRE HUNTERDON COMMUNITY.

DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY SUPPORTED FINANCIAL STABILITY AND ASST BUILDING EFFORTS.

LEADERSHIP THROUGH COMMUNITY PARTNERSHIPS EXPENSES:

THE COMMUNITY VOLUNTEER CENTER WELCOMED A BROAD SPECTRUM OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, LA LECHE LEAGUE, FAMILY PROMISE, GIRL SCOUTS, META THEATER, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND THE HUNTERDON BAR ASSOCIATION.

VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS): THE VOLUNTEER CENTER REMAINS A KEY LOCATION FOR FOLKS TO COME TOGETHER TO ENGAGE IN PREPAREDNESS AND LONG TERM RECOVERY EFFORTS AFTER ANY DISASTER. AS A LEAD AGENCY IN VOAD/COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS), UNITED WAY IS PREPARED TO ASSIST IN COUNTY-WIDE RECOVERY EFFORTS.

NJ 2-1-1 PARTNERSHIP - WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1. DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME. 211 PROVIDES INFORMATION ON EVERYTHING FROM FINDING A LOCAL SHELTER DURING A

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FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE. IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 211 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR. THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY. NJ2-1-1 IS AN ACTIVE PARTNER IN THE VITA FREE TAX PREP PROGRAM.

DONORS' INVESTMENTS IN UNITED WAY OF HUNTERDON COUNTY 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 IDENTIFY GOALS BEYOND 2020.

HEALTH:

COUNTY, SHOPRITE OF HUNTERDON, BASECAMP 31 AND THE FAITH-BASED COMMUNITY TO EXPAND THE BREATH OF PROGRAMMING.

OUTCOMES:

FAITHFUL FAMILIES THRIVING COMMUNITIES

THE 6-WEEK FAITHFUL FAMILIES THRIVING COMMUNITIES SESSIONS ARE DONE IN PARTNERSHIP WITH ST. MAGDALEN'S AND TEMPLO INTERNACIONAL DE RESTAURACIÓN CHURCHES. THE CURRICULUM INCLUDES NUTRITION EDUCATION CLASSES, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL ACTIVITY CLASSES, AND HEALTH LITERACY EDUCATION. THE PROGRAM ADVOCATES FOR CONGREGATIONS TO ESTABLISH HEALTH COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR

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PARISHIONERS.

THRIVING COMMUNITIES MADE STRONGER CONNECTIONS BETWEEN HEALTH, EDUCATION AND POVERTY PREVENTION THROUGH GET YOUR BUDGET FIT AND COLLEGE CAN BE IN YOUR FUTURE WORKSHOPS IN SPANISH. THRIVING COMMUNITIES ENGAGED WITH MORE THAN 300 OF OUR NEIGHBORS THIS YEAR.

HEALTH FAIR

UNITED WAY OF HUNTERDON COUNTY MARKED NATIONAL MINORITY HEALTH MONTH WITH ITS ANNUAL HEALTH FAIR. THE EVENT IS SUPPORTED BY THE NEW JERSEY OFFICE OF MINORITIES & MULTICULTURAL HEALTH. THIS YEAR THE HEALTH FAIR WAS EXPANDED INTO A WEEK OF WELLNESS THROUGH A UNIQUE COLLABORATION WITH FLEMINGTON COMMUNITY PARTNERSHIP. THE WEEK-LONG EVENT CULMINATED IN A CINCO DE MAYO CELEBRATION OF HEALTH AND DIVERSITY THAT FEATURED MANY OF OUR LOCAL LATINO BUSINESSES AND ENTREPRENEURS.

HUNTERDON DIAPER BANK -

THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200. 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.

UWHC ENTERED INTO PARTNERSHIP WITH THE FLEMINGTON AREA FOOD PANTY TO LEAD THE HUNTERDON DIAPER BANK TO GAIN A CLEARER UNDERSTANDING OF COMMUNITY NEED AND ALLOW FOR AN INCREASE IN DIAPER DRIVES, BETTER MONITORING OF INVENTORY AND THE COLLECTION OF REAL-TIME DATA. IN ADDITION, THE HUNTERDON DIAPER

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Schedule O (Form 990 or 990-EZ) (2018)

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BANK WILL CONTINUE TO PROVIDE DIAPERS TO FOOD PANTRIES AND OTHER COUNTY AGENCIES.

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

PARTNERSHIP FOR HEALTH - UWHC CONTINUES TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH), WHICH COMPRISES APPROXIMATELY 60 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON. THE CONTINUED FOCUS OF PFH IS TO ENCOURAGE A HEALTHY WEIGHT AND LIFESTYLE.

PLANS FOR THE COMING YEAR:

UNITED WAY WILL CONTINUE TO EXPAND THRIVING COMMUNITIES TO BETTER MEET THE NEEDS OF THE LATINO AND OTHER MARGINALIZED COMMUNITIES. THRIVING COMMUNITIES WILL WORK WITH META THEATER TO GIVE VOICE TO THE FACT THAT RACE AND SOCIOECONOMIC BARRIERS NEGATIVELY IMPACT HEALTH AND RAISE AWARENESS OF WHAT CHANGES CAN BE MADE TO IMPROVE ACCESS TO HEALTH CARE BY MARGINALIZED MEMBERS OF OUR COMMUNITY.

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

FOSTERING LEADERSHIP:

GREAT LEADERSHIP DOESN'T JUST HAPPEN. UWHC BELIEVES IT IS IMPORTANT TO ENCOURAGE AND ENHANCE COMMUNITY LEADERSHIP TODAY AND TO MENTOR THE NEXT GENERATION OF VOLUNTEERS AND PHILANTHROPIC LEADERS SO THAT WE ARE PREPARED

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FOR TOMORROW.

CURRENT INITIATIVES:

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

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

PLANS FOR THE COMING YEAR:

LATINO COALITION

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

THE GOAL IS TO INCREASE AWARENESS / EDUCATION OPPORTUNITIES FOR IN DEMAND

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JOBS, WITH A LIVING WAGE AND POTENTIAL CAREER PATHS; INCREASE COLLABORATION BETWEEN HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, HUNTERDON POLYTECH, HUNTERDON HEALTHCARE SYSTEM AND RARITAN VALLEY COMMUNITY COLLEGE AND TO REDUCE THE DISPARITY OF LATINOS NOT GRADUATING HIGH SCHOOL.

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

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 MEMEBERS WITH FINANCIAL EXPERIENCE. THE FINALIZED FORM 990 IS CIRCULATED VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT WITHIN A GIVEN TIMEFRAME. AFTER THE TIMEFRAME, FORM 990 IS FINALIZED, SIGNED AND

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FILED WITH THE IRS. THE BOARD IS ADVISED AT SUBSEQUENT BOARD MEETINGS OF DATE OF FILING AND ACCEPTANCE BY IRS, IS APPLICABLE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY IN CONJUNCTION WITH THE FIRST BOARD MEETING OF THE FISCAL YEAR, ALL BOARD MEMBERS, VOLUNTEERS AND STAFF REVIEW AND SIGN OFF ON A CONFLICT OF INTEREST POLICY.

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

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

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2018Attachment
Sequence No. **179**▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

UNITED WAY OF HUNTERDON COUNTY**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	1,000,000
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	2,500,000
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 2017 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 2019. 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	34,182

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 2018	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 type="checkbox"/>	

Section B—Assets Placed in Service During 2018 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	34,182
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.Form **4562** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year (see instructions):
43 Amortization of costs that began before your 2018 tax year 43 60
44 Total. Add amounts in column (f). See the instructions for where to report 44 60

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Walter Foran Building	8/31/05	463,945			463,945	40 MO S/L	151,316	11,598
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500			292,500	40 MO S/L	29,861	7,312
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	767	0
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	686	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200			1,200	5 MO S/L	880	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526			1,526	5 MO S/L	991	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842			64,842	40 MO S/L	5,133	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842			64,842	40 MO S/L	4,998	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830			29,830	40 MO S/L	2,300	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300			2,300	40 MO S/L	179	57
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220			2,220	40 MO S/L	173	55
47	VOLUNTEER CENTER ARCHITECTURE	8/31/15	9,728			9,728	40 MO S/L	689	243
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172			2,172	40 MO S/L	153	55
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530			4,530	40 MO S/L	320	114
50	VOLUNTEER CENTER CHANGE ORDER	8/31/15	32,644			32,644	40 MO S/L	2,312	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119			29,119	40 MO S/L	2,063	728
52	TOSHIBA SATELLITE C55C5268 LAPTOP	2/18/16	1,319			1,319	5 MO S/L	660	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722			2,722	5 MO S/L	1,451	545
54	VOLUNTEER CENTER SEPTEMBER 2015	9/30/15	64,842			64,842	40 MO S/L	4,593	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830			29,830	40 MO S/L	2,113	746
56	VOLUNTEER CENTER ARCHITECTURE	12/31/15	2,239			2,239	40 MO S/L	159	56
57	VOLUNTEER CENTER NOVEMBER 2015	11/30/15	37,487			37,487	40 MO S/L	2,655	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500			7,500	40 MO S/L	532	187
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550			3,550	40 MO S/L	193	89
60	VOLUNTEER CENTER HEATING/AC SYSTEM	6/30/16	8,900			8,900	40 MO S/L	483	222
61	Computer Equipment	2/01/18	11,990			11,990	3 MO S/L	4,151	3,664
63	Toilets	5/07/19	3,238			3,238	40 MO S/L	0	27
64	HP ProBook 6570B Laptops	2/02/19	706			706	5 MO S/L	0	82
65	Lenovo V330 Laptop	3/13/19	480			480	5 MO S/L	0	48
Total Other Depreciation			1,332,179			1,332,179		275,692	34,182
Total ACRS and Other Depreciation			1,332,179			1,332,179		275,692	34,182

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Amortization:									
62	Closing Costs - Fulper Road	8/31/14	2,400			2,400	40 MO Amort	180	60
			<u>2,400</u>			<u>2,400</u>		<u>180</u>	<u>60</u>
	Grand Totals		1,334,579			1,334,579		275,872	34,242
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,334,579</u>			<u>1,334,579</u>		<u>275,872</u>	<u>34,242</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Walter Foran Building	8/31/05	463,945				463,945	40	MO S/L	151,316	11,598
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	29,861	7,312
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	767	0
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	686	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	5	MO S/L	880	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	5	MO S/L	991	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	5,133	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	4,998	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	2,300	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	179	57
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	173	55
47	VOLUNTEER CENTER ARCHITECTURI	8/31/15	9,728				9,728	40	MO S/L	689	243
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172				2,172	40	MO S/L	153	55
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530				4,530	40	MO S/L	320	114
50	VOLUNTEER CENTER CHANGE ORDEI	8/31/15	32,644				32,644	40	MO S/L	2,312	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119				29,119	40	MO S/L	2,063	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	5	MO S/L	660	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	1,451	545
54	VOLUNTEER CENTER SEPTEMBER 201	9/30/15	64,842				64,842	40	MO S/L	4,593	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830				29,830	40	MO S/L	2,113	746
56	VOLUNTEER CENTER ARCHITECTURI	12/31/15	2,239				2,239	40	MO S/L	159	56
57	VOLUNTEER CENTER NOVEMBER 201	11/30/15	37,487				37,487	40	MO S/L	2,655	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500				7,500	40	MO S/L	532	187
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	193	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	483	222
61	Computer Equipment	2/01/18	0				0	0	HY	0	0
63	Toilets	5/07/19	0				0	0	HY	0	0
64	HP ProBook 6570B Laptops	2/02/19	0				0	0	HY	0	0
65	Lenovo V330 Laptop	3/13/19	0				0	0	HY	0	0
Total Other Depreciation			1,315,765				1,315,765			271,541	30,361
Total ACRS and Other Depreciation			1,315,765				1,315,765			271,541	30,361

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		1,315,765			1,315,765		271,541	30,361
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		1,315,765			1,315,765		271,541	30,361

6657 United Way of Hunterdon County

22-2431065

FYE: 8/31/2019

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>
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	11,599	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500	7,313	7,313
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	80	80
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526	230	230
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	745	745
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300	58	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220	56	56
47	VOLUNTEER CENTER ARCHITECTURE	8/31/15	9,728	244	244
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172	54	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530	113	113
50	VOLUNTEER CENTER CHANGE ORDERS	8/31/15	32,644	816	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119	728	728
52	TOSHIBA SATELLITE C55C5268 LAPTOPS	2/18/16	1,319	263	263
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722	544	544
54	VOLUNTEER CENTER SEPTEMBER 2015	9/30/15	64,842	1,621	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830	745	745
56	VOLUNTEER CENTER ARCHITECTURE	12/31/15	2,239	56	56
57	VOLUNTEER CENTER NOVEMBER 2015	11/30/15	37,487	938	938
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500	188	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550	88	88
60	VOLUNTEER CENTER HEATING/AC SYSTE	6/30/16	8,900	223	223
61	Computer Equipment	2/01/18	11,990	3,996	0
63	Toilets	5/07/19	3,238	81	0
64	HP ProBook 6570B Laptops	2/02/19	706	142	0
65	Lenovo V330 Laptop	3/13/19	480	96	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>1,332,179</u>	<u>34,442</u>	<u>30,127</u>
	Total ACRS and Other Depreciation		<u>1,332,179</u>	<u>34,442</u>	<u>30,127</u>
<u>Amortization:</u>					
62	Closing Costs - Fulper Road	8/31/14	<u>2,400</u>	<u>60</u>	<u>0</u>
			<u>2,400</u>	<u>60</u>	<u>0</u>
	Grand Totals		<u>1,334,579</u>	<u>34,502</u>	<u>30,127</u>

Tax Asset Detail 9/01/18 - 8/31/19

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group:												
37		Land	8/28/14	97,500.00	0.00	0.00	0.00	0.00	-0.00	97,500.00	Land	0.00
62		Closing Costs - Fulper Road	8/31/14	2,400.00	0.00	0.00	180.00	60.00	240.00	2,160.00	Amort	40.00
No Group				<u>99,900.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>180.00</u>	<u>60.00</u>	<u>240.00</u>	<u>99,660.00</u>		
Group: Building												
1		Walter Foran Building	8/31/05	463,945.00	0.00	0.00	151,315.63	11,598.63	162,914.26	301,030.74	S/L	40.00
2		20 Fulper Rd (Volunteer Center)	8/01/14	292,500.00	0.00	0.00	29,860.50	7,312.50	37,173.00	255,327.00	S/L	40.00
42		VOLUNTEER CENTER JUNE 201	6/30/15	64,842.00	0.00	0.00	5,133.05	1,621.05	6,754.10	58,087.90	S/L	40.00
43		VOLUNTEER CENTER JULY 201	7/31/15	64,842.00	0.00	0.00	4,998.05	1,621.05	6,619.10	58,222.90	S/L	40.00
44		VOLUNTEER CENTER HVAC	7/31/15	29,830.00	0.00	0.00	2,299.75	745.75	3,045.50	26,784.50	S/L	40.00
45		VOLUNTEER CENTER ENGINEE	7/31/15	2,300.00	0.00	0.00	178.50	57.50	236.00	2,064.00	S/L	40.00
46		VOLUNTEER CENTER PERMIT	7/31/15	2,220.00	0.00	0.00	172.50	55.50	228.00	1,992.00	S/L	40.00
47		VOLUNTEER CENTER ARCHITE	8/31/15	9,728.00	0.00	0.00	689.20	243.20	932.40	8,795.60	S/L	40.00
48		VOLUNTEER CENTER ELECTRI	8/31/15	2,172.00	0.00	0.00	153.30	54.30	207.60	1,964.40	S/L	40.00
49		VOLUNTEER CENTER PLUMBI	8/31/15	4,530.00	0.00	0.00	320.25	113.25	433.50	4,096.50	S/L	40.00
50		VOLUNTEER CENTER CHANGE	8/31/15	32,644.00	0.00	0.00	2,312.10	816.10	3,128.20	29,515.80	S/L	40.00
51		VOLUNTEER CENTER OTHER	8/31/15	29,119.00	0.00	0.00	2,062.98	727.98	2,790.96	26,328.04	S/L	40.00
54		VOLUNTEER CENTER SEPTEMI	9/30/15	64,842.00	0.00	0.00	4,593.05	1,621.05	6,214.10	58,627.90	S/L	40.00
55		VOLUNTEER CENTER HVAC	10/31/15	29,830.00	0.00	0.00	2,112.75	745.75	2,858.50	26,971.50	S/L	40.00
56		VOLUNTEER CENTER ARCHITE	12/31/15	2,239.00	0.00	0.00	158.98	55.98	214.96	2,024.04	S/L	40.00
57		VOLUNTEER CENTER NOVEME	11/30/15	37,487.00	0.00	0.00	2,655.18	937.18	3,592.36	33,894.64	S/L	40.00
58		VOLUNTEER CENTER ALARM S	11/30/15	7,500.00	0.00	0.00	531.50	187.50	719.00	6,781.00	S/L	40.00
59		VOLUNTEER CENTER ELECTRI	6/30/16	3,550.00	0.00	0.00	192.75	88.75	281.50	3,268.50	S/L	40.00
60		VOLUNTEER CENTER HEATINC	6/30/16	8,900.00	0.00	0.00	482.50	222.50	705.00	8,195.00	S/L	40.00
63		Toilets	5/07/19	3,238.00	0.00c	0.00	0.00	26.98	26.98	3,211.02	S/L	40.00
Building				<u>1,156,258.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>210,222.52</u>	<u>28,852.50</u>	<u>239,075.02</u>	<u>917,182.98</u>		
Group: Equipment												
3		Office Furniture	11/14/01	5,182.00	0.00	0.00	5,182.00	0.00	5,182.00	0.00	S/L	10.00
4		Walter Foran Building (build out)	8/31/05	4,318.00	0.00	0.00	4,318.00	0.00	4,318.00	0.00	S/L	10.00
5		IBM Equipment	8/31/04	908.00	0.00	0.00	908.00	0.00	908.00	0.00	S/L	10.00
6		HP 4250 Laserjet printer	8/31/04	1,225.00	0.00	0.00	1,225.00	0.00	1,225.00	0.00	S/L	5.00
7		Canon MF6550	8/11/08	670.00	0.00	0.00	670.00	0.00	670.00	0.00	S/L	5.00
8		Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
9		Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
10		Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
11		Dell Inspiron 530S/E2200	8/11/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
12		Dell Inspiron 530S/E2200	8/11/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
13		Dell Inspiron 530S/E2200	8/12/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
14		Hp LaserJet P4014n	8/27/08	400.00	0.00	0.00	400.00	0.00	400.00	0.00	S/L	5.00
15		HP Color LaserJet CP3505dn	8/27/08	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	5.00
16		ACer Aspire One A150-1447 Noteb	12/17/08	384.00	0.00	0.00	384.00	0.00	384.00	0.00	S/L	3.00
17		APC Smart UPS 1000VA USB/Seri	2/03/09	477.00	0.00	0.00	477.00	0.00	477.00	0.00	S/L	3.00
18		Samsung 923NW 19' monitor	2/10/09	280.00	0.00	0.00	280.00	0.00	280.00	0.00	S/L	3.00
19		Dell E6405 Server	2/19/09	3,043.00	0.00	0.00	3,043.00	0.00	3,043.00	0.00	S/L	5.00

Tax Asset Detail 9/01/18 - 8/31/19

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Equipment (continued)												
20		Dell Inspiron 530S	8/31/09	617.00	0.00	0.00	617.00	0.00	617.00	0.00	S/L	5.00
21		Dell Inspiron 530S	8/31/09	617.00	0.00	0.00	617.00	0.00	617.00	0.00	S/L	5.00
22		HP LaserJet P4014N (2)	2/09/10	767.00	0.00	0.00	767.00	0.00	767.00	0.00	S/L	5.00
23		Konica Minolta Printer/Copier	7/16/10	1,471.00	0.00	0.00	1,471.00	0.00	1,471.00	0.00	S/L	3.00
24		Computer Equipment	2/01/12	1,710.00	0.00	0.00	1,710.00	0.00	1,710.00	0.00	S/L	3.00
25		Computer Equipment	8/14/12	2,906.00	0.00	0.00	2,906.00	0.00	2,906.00	0.00	S/L	3.00
26		Computer Equipment	1/31/13	2,399.00	0.00	0.00	2,399.00	0.00	2,399.00	0.00	S/L	3.00
27		Computer Equipment	2/28/13	2,833.00	0.00	0.00	2,833.00	0.00	2,833.00	0.00	S/L	3.00
28		Computer Equipment	3/31/13	2,370.00	0.00	0.00	2,370.00	0.00	2,370.00	0.00	S/L	3.00
29		Misc Other	8/31/08	1,861.00	0.00	0.00	1,861.00	0.00	1,861.00	0.00	S/L	3.00
30		Nortel T7316E Handsets	10/13/09	540.00	0.00	0.00	540.00	0.00	540.00	0.00	S/L	5.00
31		ANDAR/MIP License	8/31/04	12,300.00	0.00	0.00	12,300.00	0.00	12,300.00	0.00	S/L	10.00
32		Network And Server software	8/31/06	1,156.00	0.00	0.00	1,156.00	0.00	1,156.00	0.00	S/L	5.00
33		Backup Exec 12.5	3/04/09	117.00	0.00	0.00	117.00	0.00	117.00	0.00	S/L	3.00
34		Windows Vista	3/10/09	50.00	0.00	0.00	50.00	0.00	50.00	0.00	S/L	3.00
35		ANDAR MIG Module	7/01/10	900.00	0.00	0.00	900.00	0.00	900.00	0.00	S/L	3.00
36		MIP - Mcgovern Consulting Group	1/31/11	2,797.00	0.00	0.00	2,797.00	0.00	2,797.00	0.00	S/L	3.00
38		Dell 2400MP DIP Projector	8/27/08	909.00	0.00	0.00	909.00	0.00	909.00	0.00	S/L	5.00
39		OFFICE Furniture	12/04/14	1,830.00	0.00	0.00	686.00	183.00	869.00	961.00	S/L	10.00
40		TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200.00	0.00	0.00	880.00	240.00	1,120.00	80.00	S/L	5.00
41		DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526.00	0.00	0.00	991.20	305.20	1,296.40	229.60	S/L	5.00
52		TOSHIBA SATELLITE C55C5268	2/18/16	1,319.00	0.00	0.00	659.80	263.80	923.60	395.40	S/L	5.00
53		DELL POWEREDGE T110 II SER	12/27/15	2,722.00	0.00	0.00	1,451.40	544.40	1,995.80	726.20	S/L	5.00
61		Computer Equipment	2/01/18	11,990.00	0.00	0.00	4,151.00	3,663.67	7,814.67	4,175.33	S/L	3.00
64		HP ProBook 6570B Laptops	2/02/19	706.00	0.00c	0.00	0.00	82.37	82.37	623.63	S/L	5.00
65		Lenovo V330 Laptop	3/13/19	480.00	0.00c	0.00	0.00	48.00	48.00	432.00	S/L	5.00
		Equipment		<u>78,421.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>65,467.40</u>	<u>5,330.44</u>	<u>70,797.84</u>	<u>7,623.16</u>		
		Grand Total		<u>1,334,579.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>275,869.92</u>	<u>34,242.94</u>	<u>310,112.86</u>	<u>1,024,466.14</u>		

Form **990****Event Income and Deduction Worksheet****2018**Description **FROM CSA IMPORT**

Name

UNITED WAY OF HUNTERDON COUNTY

Taxpayer Identification Number

22-2431065

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales 1. _____
 2. Advertising income 2. _____
 3. Circulation income 3. _____
 4. Other income 4. _____
 5. Returns and allowances 5. _____
 6. Contributions received 6. _____
 7. **Total revenue.** Add lines 1 through 6 7. _____
 8. Cost of Goods Sold 8. _____
 9. Employment Expense 9. _____
 10. Fees for services 10. _____
 11. Indirect Expense 11. _____
 12. Depreciation Expense 12. _____
 13. Exempt Activity Expense 13. _____
 14. Fundraising Expense 14. _____
 15. **Total expenses.** Add lines 8 through 14 15. _____
 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

Beginning inventory _____
 Purchases _____
 Labor _____
 Section 263A costs _____
 Other costs _____
 Ending inventory _____
Total Cost of Goods Sold _____

Expense Details - Employment Expense:

Compensation of officers _____
 Other salaries and wages _____
 Pension plan contributions _____
 Other employee benefits _____
 Payroll taxes _____
Total Employment Expense _____

Expense Details - Fees for Services:

Management _____
 Legal _____
 Accounting _____
 Lobbying _____
 Professional fundraising _____
 Investment management _____
 Other _____
Total Fees for Services _____

Information is indicated for use on Form 990-T schedule:

Schedule E
 Schedule F
 Schedule G
 Schedule I
 Schedule J

Expense Details - Indirect Expense:

Advertising and promotion _____
 Office _____
 Printing/publication/postage _____
 Info technology/Maintenance _____
 Royalties & License Fees _____
 Occupancy/Real Estate Taxes _____
 Travel & Repairs _____
 Travel/entertainment (officials) _____
 Conferences/meetings _____
 Interest _____
 Insurance _____
Total Indirect Expense _____

Expense Details - Depreciation Expense:

On investment property _____
 On non-investment property _____
 Amortization _____
 Depletion _____
Total Depreciation Expense _____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other _____
 Bad debts _____
 Taxes/licenses _____
 Charitable contributions _____
 Dividend recd deductions _____
 Readership costs _____
Total Exempt Activity Expense _____

Expense Details - Fundraising Expense:

Cash prizes _____
 Non-cash prizes _____
 Rent and facility costs _____
 Food & beverages (Part II only) _____
 Entertainment (Part II only) _____
 Other direct expenses _____
Total Fundraising Expense _____

Allocation of Expense to Program Service Accomplishments:

First _____
 Second _____
 Third _____
 All other _____

Form **990****Event Income and Deduction Worksheet****2018**Description **FROM CSA IMPORT**

Name

UNITED WAY OF HUNTERDON COUNTY

Taxpayer Identification Number

22-2431065

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales 1. _____
 2. Advertising income 2. _____
 3. Circulation income 3. _____
 4. Other income 4. _____
 5. Returns and allowances 5. _____
 6. Contributions received 6. _____
 7. **Total revenue.** Add lines 1 through 6 7. _____
 8. Cost of Goods Sold 8. _____
 9. Employment Expense 9. _____
 10. Fees for services 10. _____
 11. Indirect Expense 11. _____
 12. Depreciation Expense 12. _____
 13. Exempt Activity Expense 13. _____
 14. Fundraising Expense 14. _____
 15. **Total expenses.** Add lines 8 through 14 15. _____
 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

Beginning inventory _____
 Purchases _____
 Labor _____
 Section 263A costs _____
 Other costs _____
 Ending inventory _____
Total Cost of Goods Sold _____

Expense Details - Employment Expense:

Compensation of officers _____
 Other salaries and wages _____
 Pension plan contributions _____
 Other employee benefits _____
 Payroll taxes _____
Total Employment Expense _____

Expense Details - Fees for Services:

Management _____
 Legal _____
 Accounting _____
 Lobbying _____
 Professional fundraising _____
 Investment management _____
 Other _____
Total Fees for Services _____

Information is indicated for use on Form 990-T schedule:

Schedule E
 Schedule F
 Schedule G
 Schedule I
 Schedule J

Expense Details - Indirect Expense:

Advertising and promotion _____
 Office _____
 Printing/publication/postage _____
 Info technology/Maintenance _____
 Royalties & License Fees _____
 Occupancy/Real Estate Taxes _____
 Travel & Repairs _____
 Travel/entertainment (officials) _____
 Conferences/meetings _____
 Interest _____
 Insurance _____
Total Indirect Expense _____

Expense Details - Depreciation Expense:

On investment property _____
 On non-investment property _____
 Amortization _____
 Depletion _____
Total Depreciation Expense _____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other _____
 Bad debts _____
 Taxes/licenses _____
 Charitable contributions _____
 Dividend recd deductions _____
 Readership costs _____
Total Exempt Activity Expense _____

Expense Details - Fundraising Expense:

Cash prizes _____
 Non-cash prizes _____
 Rent and facility costs _____
 Food & beverages (Part II only) _____
 Entertainment (Part II only) _____
 Other direct expenses _____
Total Fundraising Expense _____

Allocation of Expense to Program Service Accomplishments:

First _____
 Second _____
 Third _____
 All other _____

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 09/01/18 , ending 08/31/19		

Name

Taxpayer Identification Number

UNITED WAY OF HUNTERDON COUNTY**22-2431065**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1,285,571	1,287,202	1,631
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	20,869	23,224	2,355
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	30,958	79,815	48,857
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,337,398	1,390,241	52,843
E x p e n s e s	13. Grants and similar amounts paid	321,301	334,667	13,366
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	116,475	119,386	2,911
	16. Salaries, other compensation, and employee benefits	449,533	421,524	-28,009
	17. Professional fundraising fees	12,000	11,000	-1,000
	18. Other professional fees	57,638	64,808	7,170
	19. Occupancy, rent, utilities, and maintenance	32,990	33,254	264
	20. Depreciation and Depletion	32,933	34,243	1,310
	21. Other expenses	192,663	237,461	44,798
	22. Total expenses. Add lines 13 through 21	1,215,533	1,256,343	40,810
	23. Excess or (Deficit). Subtract line 22 from line 12	121,865	133,898	12,033
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,337,398	1,390,241	52,843
	25. Total unrelated revenue			
	26. Total excludable revenue	51,827	103,039	51,212
	27. Total assets	2,694,317	2,693,695	-622
	28. Total liabilities	454,313	405,377	-48,936
	29. Retained earnings	2,240,004	2,288,318	48,314
	30. Number of voting members of governing body	25	21	
31. Number of independent voting members of governing body	24	20		
32. Number of employees	9	8		
33. Number of volunteers	1450	1196		

Form 990	Tax Return History	2018
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Name UNITED WAY OF HUNTERDON COUNTY	Employer Identification Number 22-2431065
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants				1,285,571	1,287,202	
Membership dues						
Program service revenue						
Capital gain or loss				30,958	79,815	
Investment income				20,869	23,224	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				1,337,398	1,390,241	
Grants and similar amounts paid				321,301	334,667	
Benefits paid to or for members						
Compensation of officers, etc.				116,475	119,386	
Other compensation				449,533	421,524	
Professional fees				69,638	75,808	
Occupancy costs				32,990	33,254	
Depreciation and depletion				32,933	34,243	
Other expenses				192,663	237,461	
Total expenses				1,215,533	1,256,343	
Excess or (Deficit)				121,865	133,898	
Total exempt revenue				1,337,398	1,390,241	
Total unrelated revenue						
Total excludable revenue				51,827	103,039	
Total Assets				2,694,317	2,693,695	
Total Liabilities				454,313	405,377	
Net Fund Balances				2,240,004	2,288,318	

Federal Statements**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INVESTMENT INCOME	\$ <u>23,224</u>		14			
TOTAL	\$ <u><u>23,224</u></u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES- BACKOFFICE	\$ 35,232	\$	\$ 35,232	\$
PROFESSIONAL FEES- OTHER	14,199	13,533	274	392
TOTAL	\$ 49,431	\$ 13,533	\$ 35,506	\$ 392

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER SPECIAL/FUNDRAISING	\$ 852	\$	\$ 852	\$
MISCELLANEOUS	179		179	
TOTAL	\$ 1,031	\$ 0	\$ 1,031	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CAMPAIGN GROSS LOCAL	\$ 842,414
CGL DESIG- AFFILIATED AGENCIES	-141,832
CGL DESIG- NON AFFILIATED AGENCIES	-9,604
CAMPAIGN COLLECTION PRIOR YEAR	284
OTHER EVENTS/FUNDRAISING	11,737
OTHER GIFTS, GRANTS	15,732
OTHER DESIGNATIONS IN	141,678
GRANTS- NG FINANCIAL STABILITY	17,200
GRANTS - VOLUNTEER	6,100
GRANTS - TIRO PROGRAM	51,500
DAYS OF CARING	9,300
HOLIDAY HANDS	5,099
TOOLS FOR SCHOOL	3,277
COMMUNITY CONVERSATION	14,550
UNITED WAY RELIEF FUND	34,212
BOARD DEVELOPMENT	175
IRS VITA GRANT	20,000
BAD DEBT EXPENSE	-47,061
GIFTS INKIND	312,441
TOTAL	<u>\$ 1,287,202</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME	\$ 23,224
TOTAL	<u>\$ 23,224</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
FROM CSA IMPORT	\$
FROM CSA IMPORT	\$
TOTAL	\$ 0

Federal Statements**Cash - BOY**

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
		\$ 249,379	\$
TOTAL		\$ 249,379	\$ 0

Cash - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
	PETTY CASH	\$ 170	\$
	FULTON BANK- SWEEP	2,250	
	FULTON COMMUNITY BANK-OPERATIN	192,880	
	FULTON BANK - GAMES OF CHANCE	493	
	TD BANK - CHECKING	13,864	
	TD BANK - SAVINGS	4,945	
	PEAPACK GLADSTONE PAYROLL	57,259	
	UNITY BANK- CK #5457	1,700	
	UNITY BANK - CK#3969	33,535	
	PROVIDENT CHECKING	29,877	
TOTAL		\$ 336,973	\$ 0

Savings - EOY

<u>Description</u>	<u>Amount</u>
AFFINITY SAVINGS ACCOUNT	\$ 5
AFFINITY - MM	30,169
PEAPACK GLADSTONE- MM	24,629
BANK OF PRINCETON MMA-8637	25,177
INVESTMENTS - ST CDS, TBILLS,	97,832
TOTAL	\$ 177,812

Accounts payable - BOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
		\$ 45,420	\$
TOTAL		\$ 45,420	\$ 0

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PYBL	\$ 578
ACCOUNTS PYBL PRIOR	490
ACCR EXPENSES	9,358
ACCR PAYROLL TAXES	2,000
ACCR PTO	25,004
WHLDG EE 401K DEFERRAL	756
ER 401K MATCH	1,569
TOTAL	<u>\$ 39,755</u>

Review Notes

Form 990

CRI review notes:

1. Top of page 2-IRS ruling year should be 1985, per audit file w/p #9175.01.
2. Page 5, line 25-need the list five most compensated employees. You only listed the highest compensated employee.

JB-

1. Updated
2. Updated

BKC, CPAs, PC
39 State Route 12 Ste 2
Flemington, NJ 08822

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