

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF HUNTERDON COUNTY		D Employer identification number 22-2431065
	Doing business as		E Telephone number 908-782-3414
	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		G Gross receipts\$ 1,337,398
F Name and address of principal officer: MARIA B. DUNCAN 4 WALTER FORAN BLVD., #401 FLEMINGTON NJ 08822		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.UWHUNTERDON.ORG		L Year of formation: 1982	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	1450
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,297,009	1,285,571
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,371	51,827
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,380	1,337,398
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	509,650	321,301
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	517,466	566,008
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,500	12,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,456		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	387,915	316,224
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,416,531	1,215,533	
19 Revenue less expenses. Subtract line 18 from line 12	-106,151	121,865	
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)	2,732,166	2,694,317
	22 Net assets or fund balances. Subtract line 21 from line 20	682,717	454,313
		2,049,449	2,240,004

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MARIA B. DUNCAN Type or print name and title	CEO

Paid Preparer Use Only	Print/Type preparer's name MICHAEL A. HOLK, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01315390
	Firm's name ▶ BKC, CPAS, PC	Firm's EIN ▶ 22-3299874			
	Firm's address ▶ 114 BROAD ST FLEMINGTON, NJ 08822	Phone no. 908-782-7900			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **441,344** including grants of \$ **242,040**) (Revenue \$)**FINANCIAL STABILITY -**

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

UWHC IS MAKING SIGNIFICANT INROADS TOWARD THE COMMUNITY GOAL TO IMPROVE THE**4b** (Code:) (Expenses \$ **255,681** including grants of \$ **30,638**) (Revenue \$)**COMMUNITY VOLUNTEER CENTER AND PARTNER SUPPORT SERVICES:**

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

CURRENT INITIATIVES:

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

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

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

CURRENT INITIATIVES AND PROGRAMS:

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

4d Other program services (Describe in Schedule O.)(Expenses \$ **103,557** including grants of \$ **30,023**) (Revenue \$)**4e** Total program service expenses **906,957**

Part 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

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

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

		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.	1a 25		
b Enter the number of voting members included in line 1a, above, who are independent	1b 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<input checked="" type="checkbox"/>
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 NJ 08822 908-782-3414
FLEMINGTON

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				116,475	0	24,923
(2) KATHY CLOSS VOLUNTEER CENTER	1.00 0.00			X				0	0	0
(3) DIANA FREDERICKS, ESQ. VICE PRESIDENT, CRIS	1.00 0.00			X				0	0	0
(4) ANIX P. VYAS FINANCE/AUDIT COMMIT	1.00 0.00			X				0	0	0
(5) BRADFORD W. MULLER PRESIDENT ELECT	1.00 0.00			X				0	0	0
(6) ANN MCCRYSTAL PRESIDENT	1.00 0.00			X				0	0	0
(7) PATRICE F. MARKS SECRETARY	1.00 0.00			X				0	0	0
(8) GAIL KOSYLA TREASURER	1.00 0.00			X				0	0	0
(9) BARRY GOODMAN, ESQ. LEGAL COUNSEL	1.00 0.00	X						0	0	0
(10) ROBERT BARTER VP RESOURCE DEV	1.00 0.00			X				0	0	0
(11) LINDA F. BRYANT VP RESOURCE DEV	1.00 0.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PETER GAKOS	1.00									
BOARD MEMBER	0.00	X						0	0	
(13) STEFANIE GAGLIARDI	1.00									
BOARD MEMBER	0.00	X						0	0	
(14) JEFFREY M. GREENDA	1.00									
BOARD MEMBER	0.00	X						0	0	
(15) ELOISE KEANE	1.00									
BOARD MEMBER	0.00	X						0	0	
(16) AMY MUSOLINO	1.00									
BOARD MEMBER	0.00	X						0	0	
(17) JOHN C. PACIGA	1.00									
BOARD MEMBER	0.00	X						0	0	
(18) ISIDORO PEREZ	1.00									
BOARD MEMBER	0.00	X						0	0	
(19) KENDRA K. SCHROEDER	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Sub-total								116,475	24,923	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								116,475	24,923	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 1,285,571					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$	242,900					
	h Total. Add lines 1a-1f		1,285,571				
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,869			20,869	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	30,958				
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)	30,958					
	d Net gain or (loss)		30,958	30,958			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1,337,398	30,958	0	20,869	

Part IX Statement of Functional Expenses

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

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

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	321,301	321,301		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,475	73,379	25,625	17,471
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	325,506	205,069	71,611	48,826
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,165	11,444	3,996	2,725
9 Other employee benefits	61,692	38,866	13,572	9,254
10 Payroll taxes	44,170	27,827	9,718	6,625
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	219	138	48	33
d Lobbying				
e Professional fundraising services. See Part IV, line 7	12,000			12,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	57,419	42,474	14,832	113
12 Advertising and promotion				
13 Office expenses	41,716	26,281	9,177	6,258
14 Information technology	16,222	11,480	4,009	733
15 Royalties				
16 Occupancy	32,990	20,783	7,258	4,949
17 Travel	6,653	4,191	1,464	998
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,789	4,277	1,494	1,018
20 Interest	18,839	17,741	653	445
21 Payments to affiliates	9,940	6,262	2,187	1,491
22 Depreciation, depletion, and amortization	32,933	20,748	7,245	4,940
23 Insurance	15,443	9,729	3,398	2,316
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY PROGRAMS	47,072	47,072		
b PRINTING AND PROMOTIONAL	18,931	11,927	4,164	2,840
c SUPPLIES	9,473	5,968	2,084	1,421
d OTHER OUTREACHES	1,585		1,585	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,215,533	906,957	184,120	124,456
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	204,738	1	249,379
	2	Savings and temporary cash investments	285,496	2	154,537
	3	Pledges and grants receivable, net	230,539	3	222,014
	4	Accounts receivable, net	922	4	790
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,584	9	6,616
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,327,755		
	b	Less: accumulated depreciation	10b 275,691	10c	1,052,064
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	929,940	12	1,008,917
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,732,166	16	2,694,317	
Liabilities	17	Accounts payable and accrued expenses	54,223	17	45,420
	18	Grants payable	331,826	18	119,476
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	263,301	23	254,148
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,367	25	35,269
	26	Total liabilities. Add lines 17 through 25	682,717	26	454,313
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,042,449	27	2,235,472
	28	Temporarily restricted net assets	7,000	28	4,532
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,049,449	33	2,240,004	
34	Total liabilities and net assets/fund balances	2,732,166	34	2,694,317	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,337,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,215,533
3	Revenue less expenses. Subtract line 2 from line 1	3	121,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,049,449
5	Net unrealized gains (losses) on investments	5	78,011
6	Donated services and use of facilities	6	
7	Investment expenses	7	-9,321
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,240,004

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) PAUL STRAMAGLIA	1.00									
BOARD MEMBER	0.00	X						0	0	
(21) JUSTIN EISENBERG	1.00									
BOARD MEMBER	0.00	X						0	0	
(22) JOSEPH GALIOTO	1.00									
BOARD MEMBER	0.00	X						0	0	
(23) JOHN HIGGINS	1.00									
BOARD MEMBER	0.00	X						0	0	
(24) REBECCA TESTA	1.00									
BOARD MEMBER	0.00	X						0	0	
(25) BARBARA PIWINSKI	1.00									
BOARD MEMBER	0.00	X						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>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

2017

 Open to Public
 Inspection

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,556,718

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,322,851	1,381,242	1,270,045	1,297,009	1,285,571	6,556,718
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,426	12,388	12,426	13,149	20,869	73,258
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,315	1,608	5,794			14,717
11 Total support. Add lines 7 through 10						6,644,693
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.68%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.23%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 14,717

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

OMB No. 1545-0047

2017▶ **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, 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) (2017)

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	CHUBB P.O. BOX 1650 WHITEHOUSE STATION NJ 08889	\$ 126,653	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EXXONMOBIL RESEARCH & ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 392,359	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 DR FLEMINGTON NJ 08822	\$ 79,887	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHN W. ANAYA CHARITABLE TRUST C/O US TRUST 1300 AMERICAN BLVD, 3RD FLOOR PENNINGTON NJ 08534	\$ 145,430	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHNSON & JOHNSON FAMILY OF COMPANIE P.O. BOX 4000 NEW BRUNSWICK NJ 08903	\$ 147,282	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

2017

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 conservation easements, total number of easements, and monitoring expenses.

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 works of art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition **d** Loan or exchange programs
b Scholarly research **e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment **▶100.00%**

b Permanent endowment **▶** %

c Temporarily restricted endowment **▶** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations Yes No
3a(i) Yes No

(ii) related organizations Yes No
3a(ii) Yes No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
3b Yes No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		97,500		97,500
b Buildings		1,153,020	210,635	942,385
c Leasehold improvements				
d Equipment		73,194	65,056	8,138
e Other		4,041		4,041
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,052,064

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other DOMESTIC COMMON STOCK	604,125	MARKET
(A) MUTUAL FUNDS	336,786	MARKET
(B) SHORT-TERM INVESTMENTS	42,350	MARKET
(C) PREFERRED STOCK	25,656	MARKET
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,008,917	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,406,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	78,011	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	78,011
3	Subtract line 2e from line 1		3	1,328,077
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,321	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	9,321
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,337,398

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

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

1	Total expenses and losses per audited financial statements		1	1,215,533
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,215,533
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,215,533

Part XIII Supplemental Information.

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

**SCHEDULE I
(Form 990)**
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2017
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY
22-2431065
Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANDERSON HOUSE, INC. 532 ROUTE 523 WHITEHOUSE NJ 08889	52-1786469	501C3	25,000		FMV		PROVIDES SHORT TERM
(2)	FAMILY PROMISE OF HUNTERDON COUNTY 10 EAST MAIN STREET FLEMINGTON NJ 08822	22-3049800	501C3	25,000		FMV		SUB-GRANTEE PROVIDES
(3)	FISHERMAN'S MARK 37 S. MAIN LAMBERTVILLE NJ 08530	22-2302255	501C3	20,000		FMV		FINANCIAL STABILITY
(4)	HOMESHARING 120 FINDERNE AVE BRIDGEWATER NJ 08807	22-2893508	501C3	10,000		FMV		HOMELESSNESS
(5)	HOUSING ACCESSIBILITY & REHABILITATI 4 WALTER FORAN BLVD, SUITE 410 FLEMINGTON NJ 08822	80-0181325	501C3	10,000		FMV		ASSISTANCE WITH HOUS
(6)	HUNTERDON PREVENTION RESOURCES 4 WALTER FORAN BLVD FLEMINGTON NJ 08822	23-7215126	501C3	15,000		FMV		LEAP PROGRAM
(7)	JEWISH FAMILY SERVICES 150-A WEST HIGH STREET SOMERVILLE NJ 08876	22-2306902	501C3	10,000		FMV		CAREER SERVICES
(8)	LEGAL SERVICES OF NORTHWEST JERSEY, 82 PARK AVE. FLEMINGTON NJ 08822	22-2068191	501C3	25,000		FMV		FREE LEGAL SERVICES
(9)	MEALS ON WHEELS IN HUNTERDON COUNTY 5 WALTER FORAN BLVD, SUITE 2006 FLEMINGTON NJ 08822	22-3084358	501C3	25,000		FMV		DELIVERIES EACH WEEK

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORWESCAP/FOOD BANK/ STAR PROGRAM 21 NORTH BROAD STREET PHILLIPSBURG NJ 08865	22-1777156	501C3	50,000		FMV		DISTRIBUTES DONATED
(2)	YMCA OF HUNTERDON COUNTY 144 W. WOODSCHURCH RD. FLEMINGTON NJ 08822	22-1524183	501C3	25,000		FMV		PROMOTES HEALTHY LIF
(3)				81,301				
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)

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

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

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

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

SCHEDULE I, PART I, LINE 2: UNITED WAY OF HUNTERDON COUNTY UNDERGOES AN ANNUAL CITIZEN REVIEW PROCESS FOR OUR RESOURCE INVESTMENT. THIS PROCESS INCLUDES AN OPEN REQUEST FOR PROPOSAL WITH COMMITTEE REVIEWS FOCUSED ON OUTCOMES MEASUREMENT AND ANNUAL DATA REVIEWS AND EVALUATIONS. FUNDED PARTNERS ADHERE TO AN AGREED CONTRACT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

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 the latest information.

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

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22-2431065

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), '242,900' in column (c), and 'RETAIL VALUE' in column (d).

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

Table with 2 columns: 29, Yes, No. Value 29 is in the 29 column.

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Table with 3 columns: Question ID, Yes, No. Values: 30a (Yes: , No: X), 31 (Yes: , No: X), 32a (Yes: , No: X).

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

2017**Open to Public
Inspection**

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065**FORM 990 - ORGANIZATION'S MISSION**

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

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

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

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

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

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

22-2431065

GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA TO:

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

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

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

"HUNTERDON THRIVE HAD A TOTAL OF 253 REFERRALS AND 96 'THRIVERS" (38% OF REFERRALS) ACHIEVED OR SET FINANCIAL GOALS BY THE END OF THE PILOT PHASE.

THESE NUMBERS ARE SIGNIFICANTLY HIGHER THAN SEEN IN SIMILAR LONG-TERM, BEHAVIOR MODIFICATION PROGRAMS. EVERY INDIVIDUAL WHO IS EMPOWERED TO CHANGE THEIR FINANCIAL SITUATION LONG-TERM CONTRIBUTES TEN-FOLD TO THE OVERALL STABILITY OF OUR COMMUNITY.

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

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

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

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

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

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

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

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

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

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

PLANS FOR THE COMING YEAR:

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

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

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

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

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UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

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

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

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

Name of the organization

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

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

PLANS FOR THE COMING YEAR:

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

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

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

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

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

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

HEALTH FAIR

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

HUNTERDON DIAPER BANK -- THE AVERAGE COST FOR A YEAR'S SUPPLY OF BABY DIAPERS OR INCONTINENCE SUPPLIES IS \$1,200. UWHC SAVED FAMILIES AND INDIVIDUALS ALMOST \$17,000 OF DIAPERS AND ADULT INCONTINENCE PRODUCTS THAT WERE COLLECTED AND DISTRIBUTED TO FAMILIES AND INDIVIDUALS IN 2017-2018. THE HUNTERDON DIAPER BANK CENTRALIZES THE FUNDRAISING AND DISTRIBUTION OF FREE DIAPERS TO STRUGGLING PARENTS AND CAREGIVERS THROUGH EXISTING SERVICE PROVIDERS, INCLUDING LOCAL FOOD PANTRIES, DAYCARE CENTERS, SOCIAL SERVICE AGENCIES AND SHELTERS.

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

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

22-2431065

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

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

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

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

PLANS FOR THE COMING YEAR:

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

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

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

EDUCATION:

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

CURRENT INITIATIVES:

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

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

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

PLANS FOR THE COMING YEAR:

LATINO COALITION

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

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

Name of the organization

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UNITED WAY OF HUNTERDON COUNTY

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

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

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

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

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

Name of the organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

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

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

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

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

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

\$ 1

AMORTIZATION

\$ -1

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

UNITED WAY OF HUNTERDON COUNTY

Identifying number

22-2431065

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
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	2,030,000
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 2016 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 2018. 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	32,873

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 2017	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 2017 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 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,873
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** (2017)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Sec 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	139,717	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	22,548	7,313
3	Office Furniture	11/14/01	5,182				5,182	10	MO S/L	5,182	0
4	Walter Forsn 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	503	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	5	MO S/L	640	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	5	MO S/L	686	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	3,512	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	3,377	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	1,554	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	121	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	117	56
47	VOLUNTEER CENTER ARCHITECTURE	8/31/15	9,728				9,728	40	MO S/L	446	243
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172				2,172	40	MO S/L	99	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530				4,530	40	MO S/L	207	113
50	VOLUNTEER CENTER CHANGE ORDEI	8/31/15	32,644				32,644	40	MO S/L	1,496	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119				29,119	40	MO S/L	1,335	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	5	MO S/L	396	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	907	544
54	VOLUNTEER CENTER SEPTEMBER 201	9/30/15	64,842				64,842	40	MO S/L	2,972	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830				29,830	40	MO S/L	1,367	746
56	VOLUNTEER CENTER ARCHITECTURE	12/31/15	2,239				2,239	40	MO S/L	103	56
57	VOLUNTEER CENTER NOVEMBER 201	11/30/15	37,487				37,487	40	MO S/L	1,718	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500				7,500	40	MO S/L	344	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	104	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	260	223
61	Computer Equipment	2/01/18	11,990				11,990	3	MO S/L	0	2,509
Total Other Depreciation			1,327,755				1,327,755			241,177	32,873
Total ACRS and Other Depreciation			1,327,755				1,327,755			241,177	32,873

Federal 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		1,327,755			1,327,755		241,177	32,873
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,327,755</u>			<u>1,327,755</u>		<u>241,177</u>	<u>32,873</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	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	139,717	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	22,548	7,313
3	Office Furniture	11/14/01	5,182				5,182	10	MO S/L	5,182	0
4	Walter Forsn 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	503	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	5	MO S/L	640	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	5	MO S/L	686	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	3,512	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	3,377	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	1,554	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	121	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	117	56
47	VOLUNTEER CENTER ARCHITECTURE	8/31/15	9,728				9,728	40	MO S/L	446	243
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172				2,172	40	MO S/L	99	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530				4,530	40	MO S/L	207	113
50	VOLUNTEER CENTER CHANGE ORDEI	8/31/15	32,644				32,644	40	MO S/L	1,496	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119				29,119	40	MO S/L	1,335	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	5	MO S/L	396	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	907	544
54	VOLUNTEER CENTER SEPTEMBER 201	9/30/15	64,842				64,842	40	MO S/L	2,972	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830				29,830	40	MO S/L	1,367	746
56	VOLUNTEER CENTER ARCHITECTURE	12/31/15	2,239				2,239	40	MO S/L	103	56
57	VOLUNTEER CENTER NOVEMBER 201	11/30/15	37,487				37,487	40	MO S/L	1,718	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500				7,500	40	MO S/L	344	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	104	89
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	260	223
61	Computer Equipment	2/01/18	0				0	0	HY	0	0
Total Other Depreciation			<u>1,315,765</u>				<u>1,315,765</u>			<u>241,177</u>	<u>30,364</u>
Total ACRS and Other Depreciation			<u>1,315,765</u>				<u>1,315,765</u>			<u>241,177</u>	<u>30,364</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
	Grand Totals		1,315,765			1,315,765		241,177	30,364
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,315,765</u>			<u>1,315,765</u>		<u>241,177</u>	<u>30,364</u>

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>
<p>There are no assets that meet the criteria of this report</p>						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Walter Foran Building	8/31/05	463,945	11,598	11,598
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500	7,312	7,312
3	Office Furniture	11/14/01	5,182	0	0
4	Walter Forsn Building (build out)	8/31/05	4,318	0	0
5	IBM Equipment	8/31/04	908	0	0
6	HP 4250 Laserjet printer	8/31/04	1,225	0	0
7	Canon MF6550	8/11/08	670	0	0
8	Dell Inspiron 530S/E2200	8/11/08	373	0	0
9	Dell Inspiron 530S/E2200	8/11/08	373	0	0
10	Dell Inspiron 530S/E2200	8/11/08	373	0	0
11	Dell Inspiron 530S/E2200	8/11/08	374	0	0
12	Dell Inspiron 530S/E2200	8/11/08	374	0	0
13	Dell Inspiron 530S/E2200	8/12/08	374	0	0
14	Hp LaserJet P4014n	8/27/08	400	0	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200	0	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384	0	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477	0	0
18	Samsung 923NW 19' monitor	2/10/09	280	0	0
19	Dell E6405 Server	2/19/09	3,043	0	0
20	Dell Inspiron 530S	8/31/09	617	0	0
21	Dell Inspiron 530S	8/31/09	617	0	0
22	HP LaserJet P4014N (2)	2/09/10	767	0	0
23	Konica Minolta Printer/Copier	7/16/10	1,471	0	0
24	Computer Equipment	2/01/12	1,710	0	0
25	Computer Equipment	8/14/12	2,906	0	0
26	Computer Equipment	1/31/13	2,399	0	0
27	Computer Equipment	2/28/13	2,833	0	0
28	Computer Equipment	3/31/13	2,370	0	0
29	Misc Other	8/31/08	1,861	0	0
30	Nortel T7316E Handsets	10/13/09	540	0	0
31	ANDAR/MIP License	8/31/04	12,300	0	0
32	Network And Server softare	8/31/06	1,156	0	0
33	Backup Exec 12.5	3/04/09	117	0	0
34	Windows Vista	3/10/09	50	0	0
35	ANDAR MIG Module	7/01/10	900	0	0
36	MIP - MCGovern Consulting Group	1/31/11	2,797	0	0
37	Land	8/28/14	97,500	0	0
38	Dell 2400MP DIP Projector	8/27/08	909	0	0
39	OFFICE Furniture	12/04/14	1,830	183	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200	240	240
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526	305	305
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842	1,621	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842	1,621	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830	746	746
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300	57	57
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220	55	55
47	VOLUNTEER CENTER ARCHITECTURE	8/31/15	9,728	243	243
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172	55	55
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530	114	114
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	264	264
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722	545	545
54	VOLUNTEER CENTER SEPTEMBER 2015	9/30/15	64,842	1,621	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830	746	746
56	VOLUNTEER CENTER ARCHITECTURE	12/31/15	2,239	56	56
57	VOLUNTEER CENTER NOVEMBER 2015	11/30/15	37,487	937	937
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500	187	187
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550	89	89
60	VOLUNTEER CENTER HEATING/AC SYSTE	6/30/16	8,900	222	222
61	Computer Equipment	2/01/18	11,990	3,997	0
Total Other Depreciation			1,327,755	34,358	30,361

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>1,327,755</u>	<u>34,358</u>	<u>30,361</u>
	Grand Totals		<u>1,327,755</u>	<u>34,358</u>	<u>30,361</u>

6657 United Way of Hunterdon County
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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 OTHER	\$ 25,892	\$ 19,152	\$ 6,688	\$ 52
PROFESSIONAL FEES - BACK OFFI	31,527	23,322	8,144	61
TOTAL	<u>\$ 57,419</u>	<u>\$ 42,474</u>	<u>\$ 14,832</u>	<u>\$ 113</u>

Schedule A, Part II, Line 1(e)

Description	Amount
CHUBB	\$ 361,110
CASH CONTRIBUTION	126,653
EXXONMOBIL RESEARCH & ENGINEERING	392,359
CASH CONTRIBUTION	79,887
HUNTERDON MEDICAL CENTER	145,430
CASH CONTRIBUTION	147,282
JOHN W. ANAYA CHARITABLE TRUST	14,850
CASH CONTRIBUTION	18,000
JOHNSON & JOHNSON FAMILY OF COMPANIE	14,850
CASH CONTRIBUTION	14,850
MERCK & CO., INC	14,850
CASH CONTRIBUTION	14,850
STATE OF NJ DEPARTMENT OF HEALTH	14,850
CASH CONTRIBUTION	14,850
TOTAL	<u>\$ 1,285,571</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 20,869
TOTAL	<u>\$ 20,869</u>

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Schedule A, Part II, Line 12 - Current year

Description	Amount
FROM CSA IMPORT	\$
TOTAL	\$ 0

Federal Statements**Cash - BOY**

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
CASH		\$ 204,738	\$
TOTAL		\$ 204,738	\$ 0

Cash - EOY

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

Savings - EOY

<u>Description</u>	<u>Amount</u>
INVESTMENTS - ST CDS, TBILLS,	\$ 154,537
TOTAL	\$ 154,537

Accounts payable - BOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
		\$ 54,223	\$
TOTAL		\$ 54,223	\$ 0

Accounts payable - EOY

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