

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
2019
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 2019 calendar year, or tax year beginning 09/01/19, and ending 08/31/20

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\$ 1,483,609
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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	1196
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,287,202	1,357,771
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,039	17,838
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		108,000
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,390,241	1,483,609
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	334,667	392,096
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	540,910	576,928
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,824		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	369,766	396,623
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,256,343	1,365,647	
19 Revenue less expenses. Subtract line 18 from line 12	133,898	117,962	
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)	2,693,695	3,028,787
	22 Net assets or fund balances. Subtract line 21 from line 20	405,377	575,250
		2,288,318	2,453,537

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MICHAEL A. HOLK, CPA			P01315390
	Firm's name ▶ BKC, CPAS, PC	Firm's EIN ▶ 22-3299874		
Firm's address ▶ 39 STATE ROUTE 12 STE 2 FLEMINGTON, NJ 08822			Phone no. 908-782-7900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
MISSION: TO BRING PEOPLE AND RESOURCES TOGETHER TO IMPROVE LIVES AND CONDITIONS AND TO ADVANCE THE COMMON GOOD OF OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **483,918** including grants of \$ **254,292**) (Revenue \$)

INCOME:
FINANCIAL STABILITY -
APPROXIMATELY ONE IN FOUR HUNTERDON HOUSEHOLDS WALK A FINANCIAL TIGHTROPE. THESE ARE OUR ALICE NEIGHBORS - THOSE WHO ARE ASSET LIMITED INCOME CONSTRAINED AND EMPLOYED OR LIVING IN POVERTY. ACCORDING TO THE MOST RECENT ALICE REPORT PUBLISHED BY UNITED WAY OF NORTHERN NEW JERSEY, TWO YEARS AGO THE AVERAGE ALICE HOUSEHOLD SURVIVAL BUDGET IN NEW JERSEY WAS \$30,240 FOR A SINGLE ADULT, \$33,552 FOR A SINGLE SENIOR, AND \$88,224 FOR A FAMILY OF FOUR. THESE HOUSEHOLDS STRUGGLE TO SAVE AND BUILD ASSETS, WHICH FURTHER WIDENS THE EXISTING WEALTH GAP. ENTER A GLOBAL PANDEMIC AND ECONOMIC INSTABILITY SURGES, ESPECIALLY AMONG COMMUNITIES OF COLOR. SEE SCHEDULE O

4b (Code:) (Expenses \$ **374,033** including grants of \$ **112,078**) (Revenue \$)

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

4c (Code:) (Expenses \$ **113,887** including grants of \$ **25,726**) (Revenue \$)

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

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ **19,512** including grants of \$) (Revenue \$)

4e Total program service expenses **991,350**

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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<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?	<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?		<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?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<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 on Schedule O.		<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?		<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?	<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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<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	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<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	<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).		<input checked="" type="checkbox"/>
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA B. DUNCAN CEO	40.00 0.00	X		X				119,717	0	22,224
(2) BRADFORD W. MULLER, ESQ. PRESIDENT	1.00 0.00	X		X				0	0	0
(3) REBECCA TESTA VICE PRESIDENT CRISP	1.00 0.00	X		X				0	0	0
(4) PETER J. GAKOS JR. TREASURER	1.00 0.00	X		X				0	0	0
(5) DIANA FREDERICKS, ESQ. (UNTIL 3/20) GOVERNANCE COMMITTEE	1.00 0.00	X		X				0	0	0
(6) JUSTIN EISENBERG FINANCE/AUDIT COMMIT	1.00 0.00	X		X				0	0	0
(7) JOSEPH GALIOTO SECRETARY	1.00 0.00	X		X				0	0	0
(8) BARRY GOODMAN, ESQ. LEGAL COUNSEL	1.00 0.00	X						0	0	0
(9) CINDY BARTER BOARD MEMBER	1.00 0.00	X						0	0	0
(10) AMY MUSOLINO BOARD MEMBER	1.00 0.00	X						0	0	0
(11) JOHN C. PACIGA BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week 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) BRIAN REISS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) KENDRA K. SCHROEDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) PAUL STRAMAGLIA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) LINDA F. BRYANT	1.00									
VP RESOURCE DEVELOPM	0.00	X		X			0	0	0	
(16) MICHAEL HARPER, JR.	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) RENE MARINICH	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) RICHARD F. MORRIS III	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) MURALI PARTHASARATHY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal							119,717		22,224	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							119,717		22,224	

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, 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	1,357,771				
	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	1g	\$ 276,543				
	h Total. Add lines 1a-1f			1,357,771			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,005			15,005	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		2,833			
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c	2,833				
	d Net gain or (loss)			2,833			2,833
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a PAYCHECK PROTECTION PROGRAM	Business Code	900099	108,000		108,000	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			108,000			
12 Total revenue. See instructions			1,483,609	0	0	125,838	

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	392,096	392,096		
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	145,811	90,403	20,413	34,995
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	306,535	190,052	88,150	28,333
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,632	12,172	4,712	2,748
9 Other employee benefits	70,927	43,975	17,022	9,930
10 Payroll taxes	34,023	21,094	8,166	4,763
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,344		15,344	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	72,182	24,475	45,150	2,557
12 Advertising and promotion				
13 Office expenses	30,166	18,702	7,240	4,224
14 Information technology	32,659	20,249	7,838	4,572
15 Royalties				
16 Occupancy	31,254	19,377	7,501	4,376
17 Travel	6,036	3,742	1,449	845
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,745	1,702	659	384
20 Interest	17,559	16,221	845	493
21 Payments to affiliates	15,602	9,674	3,744	2,184
22 Depreciation, depletion, and amortization	34,295	21,263	8,231	4,801
23 Insurance	15,753	9,767	3,781	2,205
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSES	56,610	56,610		
b PRINTING	35,521	22,023	8,525	4,973
c SUPPLIES	21,378	13,251	5,135	2,992
d DUES AND SUBSCRIPTIONS	3,204	1,986	769	449
e All other expenses	6,315	2,516	3,799	
25 Total functional expenses. Add lines 1 through 24e	1,365,647	991,350	258,473	115,824
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)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	336,973	1	478,867	
	2	Savings and temporary cash investments	177,812	2	355,773	
	3	Pledges and grants receivable, net	189,528	3	216,191	
	4	Accounts receivable, net	832	4	690	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,826	9	9,132	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,346,761		
	b	Less: accumulated depreciation	10b	344,108	10c	1,002,653
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11	963,419	12	965,481	
	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 33)	2,693,695	16	3,028,787		
Liabilities	17	Accounts payable and accrued expenses	39,756	17	208,040	
	18	Grants payable	75,573	18	85,279	
	19	Deferred revenue	8,348	19	8,334	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	244,421	23	234,194	
	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	37,279	25	39,403	
	26	Total liabilities. Add lines 17 through 25	405,377	26	575,250	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,288,318	27	2,396,487	
	28	Net assets with donor restrictions		28	57,050	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	2,288,318	32	2,453,537	
33	Total liabilities and net assets/fund balances	2,693,695	33	3,028,787		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,483,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,365,647
3	Revenue less expenses. Subtract line 2 from line 1	3	117,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,288,318
5	Net unrealized gains (losses) on investments	5	47,257
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,453,537

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 on 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 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) LACY PHELPS	1.00									
BOARD CHALLENGE LIAS	0.00	X		X			0	0	0	
(21) WENDY REID	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) BRANDON T. WELDON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) MICHAEL C. WELLONS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
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, 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

2019

 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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,270,045	1,297,009	1,285,571	1,287,202	1,357,771	6,497,598
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	1,270,045	1,297,009	1,285,571	1,287,202	1,357,771	6,497,598
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.						6,497,598

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,270,045	1,297,009	1,285,571	1,287,202	1,357,771	6,497,598
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,426	13,149	20,869	23,224	15,005	84,673
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.)	5,794				108,000	113,794
11 Total support. Add lines 7 through 10						6,696,065
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 2019 (line 6, column (f) divided by line 11, column (f))	14	97.04 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.65 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <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 (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

OMB No. 1545-0047

2019▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EXXONMOBIL RESEARCH & ENGINEERING 1545 US HIGHWAY ROUTE 22 EAST ANNANDALE NJ 08801	\$ 556,158	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHNSON & JOHNSON FAMILY OF COMPANIE P.O. BOX 4000 NEW BRUNSWICK NJ 08903	\$ 60,116	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUNTERDON MEDICAL CENTER 2100 WESCOTT DRIVE FLEMINGTON NJ 08822	\$ 37,949	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF NEW JERSEY DEPARTMENT OF HEALTH P.O. BOX 360 TRENTON NJ 08625	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHUBB & SON 202 HALLS MILL ROAD, PO BOX 1650 WHITEHOUSE STATION NJ 08889	\$ 49,649	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COUNTY OF HUNTERDON 71 MAIN STREET FLEMINGTON NJ 08822	\$ 39,688	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF HUNTERDON COUNTY

Employer identification number

22-2431065

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
7	STATE OF NEW JERSEY DEPARTMENT OF STATE PO BOX 300 TRENTON NJ 08625	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2019

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, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, 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 reporting requirements for 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 make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - 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	963,419	1,008,917	929,940	895,751	872,081
b Contributions					
c Net investment earnings, gains, and losses	70,820	23,411	128,298	83,374	72,472
d Grants or scholarships					
e Other expenditures for facilities and programs	60,000	60,000	40,000	40,000	40,000
f Administrative expenses	8,758	8,909	9,321	9,185	8,802
g End of year balance	965,481	963,419	1,008,917	929,940	895,751

- 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** Term endowment **▶ %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		1,170,840	268,904	901,936
c Leasehold improvements				
d Equipment		78,421	75,204	3,217
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,002,653

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	610,122	MARKET
(A) MUTUAL FUNDS	339,685	MARKET
(B) SHORT TERM INVESTMENTS	15,674	MARKET
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	965,481	

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	39,403
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,403

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 FASB 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	1,530,866
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	47,257	
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	47,257
3	Subtract line 2e from line 1		3	1,483,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,483,609

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	1,365,647
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	1,365,647
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	1,365,647

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Employer identification number

22-2431065

UNITED WAY OF HUNTERDON COUNTY

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF NORTHERN NEW JERSEY 222 RIDGEDALE AVENUE CEDAR KNOLLIS NJ 07927	22-1487247	501C3	130,200		FMV		ALICE RECOVERY FUND
(2)	NJ 211 16 WING DR., SUITE 201 CEDAR KNOLLIS NJ 07927	22-3338917	501C3	14,471		FMV		GENERAL ASSISTANCE
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART IV - ADDITIONAL INFORMATION

SCHEDULE I, PART I, LINE 2

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

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Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 5 is highlighted with 'X' in column (a), '276,543' 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 29

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

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

Schedule M (Form 990) 2019

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

2019**Open to Public
Inspection**

Name of the organization

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22-2431065**FORM 990, PART III - ADDITIONAL INFORMATION****FORM 990, PART III, LINE 1**

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

THIS YEAR COVID-19 CAST A SPOTLIGHT ON THE GROWING DISPARITIES FACED BY ALICE AND THOSE IN POVERTY IN OUR COMMUNITIES AND WHILE THE PANDEMIC MAY HAVE CHANGED THE WAY WE APPROACHED OUR WORK THIS YEAR, UWHC RESPONDED AND IS RECOVERING BY REIMAGINING CREATIVE WAYS TO REBUILD AND CONTINUE TO DRIVE REAL CHANGE THAT LEADS TO A MORE EQUITABLE SOCIETY.

FORM 990, PART III, LINE 4A

UWHC IS COMMITTED TO SUPPORTING INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO GREATER FINANCIAL STABILITY, ULTIMATELY STRENGTHENING THE ECONOMY AND ENSURING A BETTER QUALITY OF LIFE FOR THE ENTIRE COMMUNITY. INITIATIVES AND PROGRAMS THAT LEAD HOUSEHOLDS TO FINANCIAL STABILITY AND ULTIMATELY STRENGTHEN THE ECONOMY LEADING TO AN OVERALL BETTER QUALITY OF LIFE FOR US ALL.

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UWHC'S FOCUS CONTINUES TO BE ON THE ECONOMIC EMPOWERMENT AND SELF-SUFFICIENCY OF ALICE, OUR NEIGHBORS WHO DON'T QUALIFY FOR MOST STATE- AND FEDERALLY-FUNDED SUPPORT SERVICES.

HUNTERDON THRIVE FINANCIAL COACHING, IS AN OUTCOMES-DRIVEN INITIATIVE THAT PROVIDES ALICE WITH SYSTEM NAVIGATION ASSISTANCE, FINANCIAL COACHING AND GOAL SETTING WHILE AT THE SAME TIME GATHERING INDIVIDUAL AND COMMUNITY-LEVEL DATA USED TO IDENTIFY SYSTEM GAPS AND NEEDS AS WELL AS AREAS OF SUCCESS THAT WOULD BENEFIT FROM INCREASED SUPPORT.

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

REFERRALS AND ENROLLMENT

THE HUNTERDON THRIVE PROGRAM RECEIVED A TOTAL OF 41 REFERRALS IN FISCAL YEAR 2019-2020 OF WHICH 13 INDIVIDUALS/FAMILY MEMBERS ENROLLED. ANOTHER 4 INDIVIDUALS FROM PREVIOUS YEARS CONTINUE TO WORK WITH FINANCIAL COACHES. CLIENTS WITH LESS THAN SIX MONTHS IN THE PROGRAM ARE STABLE, BUT STILL IN THE EARLY STAGES OF MAKING ASSESSMENTS AND ADJUSTMENTS TO ESTABLISH A CONSISTENT BUDGET TO BUILD AN EMERGENCY SAVINGS FUND. CLIENTS WITH MORE THAN SIX MONTHS IN THE PROGRAM ARE THRIVING DESPITE ANY SETBACKS INCURRED DUE TO THE COVID-19 PANDEMIC.

WEBINARS

IN 2019-2020, 10 MINUTE MONEY MANAGEMENT, A SELF-DIRECTED FINANCIAL WELLNESS INITIATIVE WAS CREATED. THIS INITIATIVE WAS DESIGNED TO TARGET

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INDIVIDUALS AND FAMILIES NOT IN THE ACTION PHASE OF BEHAVIOR CHANGE TO CREATE INTEREST IN THE BENEFITS OF FINANCIAL COACHING AND AT A MINIMUM HELP THEM WORK TOWARD THE SECURITY ELEMENTS OF FINANCIAL WELL-BEING. THE INITIATIVE FOCUSES ON HELPING CLIENTS GET CONTROL OVER THEIR EXPENSES AND SPENDING AND DEVELOP THE ABILITY TO ABSORB A FINANCIAL SHOCK. THE FIRST MODULE, GETTING CONTROL OVER EXPENSES AND SPENDING WAS INTRODUCED TO THE COMMUNITY IN A WEBINAR. SEVENTEEN INDIVIDUALS ATTENDED THIS WEBINAR.

ALSO IN 2019-2020, HUNTERDON THRIVE/FINANCIAL COACHING COLLABORATED WITH FOUNDATIONS FOR SUCCESS, DRESS FOR SUCCESS OF NORTHERN NEW JERSEY TO INTRODUCE THE POWER UP TO THRIVE WORKSHOP. THIS WORKSHOP WAS DESIGNED TO INCREASE THE NUMBER OF WOMEN MORE LIKELY TO PARTICIPATE AND SUCCEED IN FINANCIAL COACHING BY HELPING THEM CREATE A FOUNDATION TO BUILD SELF-ASSURANCE, AGENCY, PERSONAL MANAGEMENT, SELF-AWARENESS, AND A FUNDAMENTAL BELIEF IN THEIR ABILITY TO ACHIEVE CONSISTENTLY. THE POWER UP TO THRIVE WORKSHOP, WHICH CONSISTS OF 4 SEPARATE SESSIONS, WAS PRESENTED TWICE IN 2019-2020.

EMPLOYER SUPPORTED WELLNESS EVENT

UNITED WAY OF HUNTERDON COUNTY PARTICIPATED IN AN EMPLOYEE WELLNESS EVENT TO INTRODUCE FINANCIAL COACHING AND ITS BENEFITS TO EMPLOYEES OF HUNTERDON HEALTHCARE.

VOLUNTEER INCOME TAX ASSISTANCE (VITA)

THIS FREE TAX PREPARATION PROGRAM IS THE CORNERSTONE OF UWHC'S FINANCIAL STABILITY WORK. THE PROGRAM VOLUNTEERS WERE ABLE TO HELP CLIENTS COMPLETE 1,432 REGULAR VITA IN-PERSON AND/OR DROP & GO TAX RETURNS AND 34

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MYFREETAXES.COM RETURNS DESPITE HAVING TO CLOSE FROM MID-MARCH UNTIL THE BEGINNING OF JUNE DUE TO THE COVID-19 PANDEMIC. MORE THAN \$2 MILLION IN FEDERAL AND STATE REFUNDS AND CREDITS WERE GIVEN TO HARD-WORKING NEIGHBORS.

ADDITIONALLY, VITA TAX PREPARERS HELPED SENIORS WITH PROPERTY TAX REIMBURSEMENT (BLUE BOOK) FORMS AND HOMESTEAD BENEFIT FORMS. THE VITA FREE TAX PROGRAM SEES A TREMENDOUS RETURN ON THE \$45 PER CLIENT INVESTMENT MADE BY UNITED WAY OF HUNTERDON COUNTY.

HOLIDAY HANDS

UWHC'S (2019) PROGRAM HELPED ENSURE THAT APPROXIMATELY 2,700 ADULTS AND CHILDREN IN OUR COMMUNITY HAD A BRIGHTER HOLIDAY SEASON. THE PROGRAM INCREASES FINANCIAL STABILITY BY REDUCING FINANCIAL PRESSURES ON LOWER-INCOME FAMILIES, ELDERLY RESIDENTS ON FIXED INCOMES, SINGLE PARENTS, AND PEOPLE SUFFERING FROM ILLNESS WHO ARE STRUGGLING WITH MEDICAL BILLS DURING THE HOLIDAY SEASON AND WINTER MONTHS.

TOOLS FOR SCHOOL

THIS PROGRAM PROVIDES NECESSARY BASIC SCHOOL SUPPLIES TO ENSURE STUDENTS ARE PREPARED FOR EDUCATIONAL SUCCESS. THE 2020 SCHOOL YEAR LOOKED LIKE NO OTHER. UWHC CONSULTED WITH EDUCATIONAL PROFESSIONALS TO PIVOT THE PROGRAM TO PROVIDE BASIC SCHOOL SUPPLIES COMPLETE WITH EAR BUDS AND A SAFETY KIT THAT INCLUDED HAND SANITIZER AND MASKS FOR MORE THAN 1,000 STUDENTS.

ALICE RECOVERY FUND

WHEN WE IMAGINED OURSELVES IN THE SHOES OF OUR NEIGHBORS WHO FOUND THEMSELVES SUDDENLY UNEMPLOYED AT THE ONSET OF THE PANDEMIC, THE ALICE

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RECOVERY FUND WAS OUR FIRST RESPONSE. KNOWING THAT COVERING ESSENTIALS LIKE RENT AND FOOD WITHOUT A PAYCHECK WOULD KEEP ANYONE AWAKE AT NIGHT, OUR IMMEDIATE CONCERN WAS HELPING ALICE FAMILIES WITH EMERGENCY CASH ASSISTANCE. AND SO, WE PARTNERED WITH UNITED WAY OF NORTHERN NEW JERSEY TO ESTABLISH THE ALICE RECOVERY FUND. TYPICALLY, ALICE HAS WORKED IN LOW-PAYING JOBS THAT CLEARLY ARE THE BACKBONE OF OUR COMMUNITIES, MANY OF WHOM BECAME OUR ESSENTIAL WORKERS THROUGH THE PANDEMIC -HEALTH CARE SUPPORT, GROCERY CASHIERS, FOOD SERVICES, CHILDCARE, MAINTENANCE, AND SANITATION. ALICE FREQUENTLY IS UNABLE TO COVER ALL EXPENSES, HAS LITTLE OR NO SAVINGS, AND IS FORCED TO MAKE TOUGH FINANCIAL DECISIONS ABOUT WHICH ESSENTIAL BILLS TO PAY AND WHICH TO DEFER. EVEN WHEN THE ECONOMY WAS RELATIVELY STRONG, FACTORS LIKE JOB LOSS, OUT-OF-POCKET HEALTHCARE COSTS, OR EVEN A SIMPLE CAR REPAIR COULD LEAVE ALICE SPIRALING DOWNWARD TOWARD FINANCIAL RUIN. ALTHOUGH EXPANDED GOVERNMENT ASSISTANCE PROGRAMS ARE HELPING MORE NEW JERSEY RESIDENTS THROUGH THIS CRISIS, SIGNIFICANT GAPS REMAIN-EVEN MORE SO FOR INDEPENDENT CONTRACTORS, SELF-EMPLOYED WORKERS, AND WORKERS IN THE GIG ECONOMY. WHAT A RELIEF FOR THE RESTAURANT SERVER WHOSE UNEMPLOYMENT PAYMENT IS STILL DELAYED, THE SALON EMPLOYEE WHO CAN FINALLY PURCHASE HER SON'S ESSENTIAL ASTHMA MEDICATION, AND THE FATHER OF FOUR THANKFUL HE CAN PAY THE RENT.

IN JUNE, WE CONDUCTED A SURVEY TO BETTER INFORM PHASE 2 OF THE FUND TO ASSIST WITH LONGER-TERM NEEDS. EMPLOYMENT AND CHILDCARE STRATEGIES WERE DEVELOPED. BY AUGUST 2020 OVER 1100 APPLICATIONS HAD BEEN RECEIVED, 581 PAYMENTS OF SUPPORT WERE MADE, FOR A TOTAL OF \$816,500 IN AID. FOR HUNTERDON RESIDENTS THAT INCLUDED 75 FAMILIES IN NEED AND \$118,500 PROVIDED IN FINANCIAL ASSISTANCE

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PLANS FOR THE COMING YEAR:

UWHC UTILIZES DATA-SUPPORTED METHODS TO FINE-TUNE AND IMPLEMENT PROGRAMS AND INFLUENCE SYSTEMIC CHANGE THAT WILL PROVIDE THE GREATEST RETURN ON INVESTMENT FOR ALICE. UWHC IS IMPLEMENTING ITS 2020-2023 LONG RANGE PLAN, WITH A FOCUS ON PARTNERSHIPS AND ADVOCACY TO ADDRESS SYSTEMIC BARRIERS TO FINANCIAL STABILITY. UWHC ALSO WILL BE LOOKING AT WAYS TO ADDRESS SYSTEMIC RACISM AND LESSEN ITS IMPACT ON ECONOMIC PROSPERITY.

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

FORM 990, PART III, LINE 4B

LEADERSHIP THROUGH COMMUNITY PARTNERSHIPS EXPENSES:

THE UNITED WAY OF HUNTERDON COUNTY COMMUNITY VOLUNTEER CENTER USUALLY WELCOMES OVER 1,000 PROGRAM VOLUNTEERS ANNUALLY AS WE WELL AS AN ARRAY OF COMMUNITY ORGANIZATIONS INCLUDING NORWESCAP, HUNTERDON COUNTY ANTI-RACISM COALITION, SAFE COMMUNITIES, LA LECHE LEAGUE, FAMILY PROMISE, GIRL SCOUTS, META THEATER, HUNTERDON COUNTY DIVISION OF SENIOR SERVICES, HUNTERDON YMCA AND THE HUNTERDON BAR ASSOCIATION.

THIS YEAR THE CENTER STILL WELCOMED VOLUNTEERS WHILE FOLLOWING STATE AND LOCAL PANDEMIC RESTRICTIONS AND GUIDELINES. IT ALSO BECAME A COLLECTION POINT FOR PPE.

UWHC ONCE AGAIN PIVOTED AND BROUGHT COMMUNITY PARTNERS TOGETHER IN A VIRTUAL FORUM WHERE THEY SHARED UPDATES AND SUPPORT IN ORDER TO ENSURE THE

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NEEDS OF THE MOST VULNERABLE AMONG THE COMMUNITY WEREN'T OVERLOOKED DURING THIS CHALLENGING TIME.

2020 CENSUS

UWHC RECEIVED GRANT FUNDING THROUGH THE STATE OF NJ AND IN COLLABORATION WITH THE HUNTERDON COUNTY COMMISSIONERS EMBARKED ON A GET OUT THE COUNT INITIATIVE. HUNTERDON COUNTY REACHED 2ND PLACE FOR THE HIGHEST NUMBER OF SURVEYS COMPLETED IN NJ. THE STATE SURPASSED ITS 2010 RATES, EVEN WITH THE ADDED PANDEMIC-RELATED OBSTACLES.

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

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

NJ 2-1-1 PARTNERSHIP

WHEN SOMEONE DOESN'T KNOW WHERE TO START, THEY CAN REMEMBER THREE NUMBERS, 2-1-1. DIAL "2-1-1" OR VISIT NJ211.ORG ANYTIME. 211 PROVIDES INFORMATION ON EVERYTHING FROM FINDING A LOCAL SHELTER DURING A FLOOD OR POWER OUTAGE TO SOURCES FOR RENTAL ASSISTANCE. IN OUR STATE THE 2-1-1 SYSTEM IS MANAGED BY THE NJ 211 PARTNERSHIP, A SUBSIDIARY OF THE UNITED WAYS OF NEW JERSEY WHICH, IN 2002, WAS DESIGNATED BY THE BOARD OF PUBLIC UTILITIES AS SOLE ADMINISTRATOR. THIS CONFIDENTIAL SERVICE IS SUPPORTED BY LOCAL UNITED WAYS THROUGHOUT NEW JERSEY IN PARTNERSHIP WITH THE STATE OF NEW JERSEY. NJ2-1-1

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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 LONG RANGE PLAN GOALS AS WELL AS IDENTIFY GOALS BEYOND 2020.

FORM 990, PART III, LINE 4C

CURRENT INITIATIVES AND PROGRAMS:

THRIVING COMMUNITIES

THIS PROGRAM FOCUSES ON BETTER MEETING THE NEEDS OF THE LATINO COMMUNITY, AND OBTAINING PROGRAM GRANTS AIMED AT DECREASING HEALTH DISPARITIES WITHIN THE LATINO AND OTHER MARGINALIZED COMMUNITIES. TO THAT END, UWHC CONTINUES TO PARTNER WITH THE HUNTERDON HEALTHCARE SYSTEM, THE YMCA OF HUNTERDON COUNTY, SHOPRITE OF HUNTERDON, BASECAMP 31 AND THE FAITH-BASED COMMUNITY TO EXPAND THE BREATH OF PROGRAMMING.

OUTCOMES:

FAITHFUL FAMILIES THRIVING COMMUNITIES

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

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COMMITTEES THAT WORK TOWARD POLICY AND ENVIRONMENTAL CHANGES FOR PARISHIONERS. THIS PROGRAM CONTINUED THROUGH THE PANDEMIC WITH A PIVOT TO PROVIDING SERVICES VIRTUALLY THROUGH A PRIVATE FACEBOOK PAGE. WE WERE ABLE TO SERVE 81 FOLKS WITH THE FAITHFUL FAMILIES THRIVING COMMUNITIES SESSIONS AND PROVIDE COMMUNITY RESOURCES AND LINKAGES TO UNINSURED PARTICIPANTS TO COMPREHENSIVE HEALTH SERVICES, INCLUDING A MEDICAL HOME, PATIENT NAVIGATION/TRANSLATION, AND NUTRITION/WEIGHT MANAGEMENT SUPPORT GROUPS, AS WELL AS HELP ENROLLING IN MEDICAID OR CHARITY CARE AND MEDICATION SUBSIDIES.

COVID ACTIVITIES THAT FOCUSED ON OUR LATINO POPULATION INCLUDED: DISSEMINATION OF ACCURATE COVID-19 MATERIALS TO AT LEAST 65 INDIVIDUALS THROUGH PRIVATE FACEBOOK WORKPLACE LINK, DISTRIBUTION OF EMERGENCY FOOD AND SUPPLIES TO 46 FAMILIES WITH TRANSPORTATION CHALLENGES, TRANSLATION OF MATERIALS AND APPLICATIONS FOR ALICE RECOVERY FUND; OUTREACH AND SUPPORT TO 50 FAMILIES TO APPLY FOR SUPPORT FROM THE ALICE RECOVERY FUND, AS WELL AS PROVIDING FINANCIAL ASSISTANCE TO 10 FAMILIES FOR FOOD, RENT, FUNERAL EXPENSES, AND OTHER BASIC NEEDS.

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

HUNTERDON DIAPER BANK

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

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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.

THROUGH UWHC'S PARTNERSHIP WITH THE FLEMINGTON AREA FOOD PANTY, DATA HAS BEEN COLLECTED ON MORE THAN 100 FAMILIES WHO RECEIVE DIAPERS MONTHLY, AND TRACKING ALLOWS FOR BETTER INVENTORY MONITORING TO ENSURE DIAPERS ARE AVAILABLE. THESE HOUSEHOLDS ARE ALSO CONNECTED TO OTHER COMMUNITY PROGRAMS THAT CAN ASSIST THEM IN MEETING THEIR NEEDS.

IN ADDITION, THE HUNTERDON DIAPER BANK WILL CONTINUE TO PROVIDE DIAPERS TO FOOD PANTRIES AND OTHER COUNTY AGENCIES.

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

PARTNERSHIP FOR HEALTH - UWHC CONTINUES TO PLAY AN ACTIVE ROLE IN THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH (PFH), WHICH COMPRISES APPROXIMATELY 70 MEMBERS REPRESENTING COMMUNITY ORGANIZATIONS AND INDIVIDUAL RESIDENTS WHO ALL HAVE THE COMMON GOAL TO SEE A THRIVING, HEALTHY HUNTERDON. THE PARTNERSHIP MOBILIZED ITS MEMBERS TO ADDRESS EMERGING COMMUNITY NEEDS DURING THE PANDEMIC.

PLANS FOR THE COMING YEAR:

UNITED WAY WILL CONTINUE TO EXPAND THRIVING COMMUNITIES TO ADDRESS THE NEEDS OF THE LATINO AND OTHER MARGINALIZED COMMUNITIES. FINANCIAL WELLNESS AND TECH LITERACY WILL BE TWO AREAS OF GROWTH.

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THE HUNTERDON DIAPER BANK WILL COLLECT DATA ON THE INCONTINENCE PRODUCT NEEDS BY SENIORS TO BETTER MEET THEIR REQUESTS.

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

FOSTERING LEADERSHIP:

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

CURRENT INITIATIVES:

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

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

Name of the organization

Employer identification number

UNITED WAY OF HUNTERDON COUNTY

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AS WAS THE TREND FOR MOST PROGRAMMING, UWHC'S LEADERSHIP PROGRAMS WENT VIRTUAL BEGINNING IN MARCH BUT CONTINUE TO IDENTIFY AND EMPOWER TOMORROW'S LEADERS.

LATINO COALITION

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

THE GOAL IS TO INCREASE AWARENESS /EDUCATION OPPORTUNITIES FOR IN DEMAND JOBS, WITH A LIVING WAGE AND POTENTIAL CAREER PATHS; INCREASE COLLABORATION BETWEEN HUNTERDON CENTRAL REGIONAL HIGH SCHOOL, HUNTERDON POLYTECH, HUNTERDON HEALTHCARE SYSTEM AND RARITAN VALLEY COMMUNITY COLLEGE AND TO REDUCE THE DISPARITY OF LATINOS NOT GRADUATING HIGH SCHOOL.

IN THE FALL OF 2019 THE LATINO COALITION HOSTED AN EDUCATIONAL WORKSHOP PRESENTING A COMPREHENSIVE REVIEW OF THE TYPES OF FINANCIAL ASSISTANCE AVAILABLE FROM THE FEDERAL GOVERNMENT, STATE AND SCHOOLS (SCHOLARSHIPS, GRANTS AND LOANS). IT ALSO PROVIDED ELIGIBILITY GUIDELINES BASED ON THE IMMIGRANT/NON-IMMIGRANT STATUS OF STUDENTS AND THEIR PARENTS, AN UPDATE ON CHANGES OF THE DREAMERS ACT, AND CLARIFIED ELIGIBILITY REQUIREMENTS FOR ADULT LEARNERS WANTING TO TAKE ESL CLASSES. ALSO INCLUDED WAS A PRESENTATION ON THE APPLICATION PROCESS TO RVCC FROM BEGINNING TO END. IN THE SPRING OF 2020, PRIOR TO THE SHUTDOWN, THE LATINO COALITION PARTNERED WITH RVCC'S WORKFORCE DEVELOPMENT CENTER TO CONDUCT A TOUR TO RVCC IN ORDER TO HAVE LATINOS GAIN A BETTER UNDERSTANDING OF EDUCATIONAL OPPORTUNITIES

Name of the organization

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THAT CAN LEAD TO LIVING WAGE JOBS, PROVIDING INCREASED INCOME FOR THE VERY DIFFICULT CHOICES THEY OFTEN NEED TO MAKE.

IN JANUARY 2020 UWHC HOSTED A VITA SUPER TAX DAY IN ORDER TO OUTREACH TO MORE LATINOS IN THAT AREA AS WELL AS PROVIDE ASSISTANCE IN SECURING ITINS, IF NEEDED.

THROUGHOUT THE YEAR MEMBERS OF THE LATINO COALITION SUPPORTED CENSUS ACTIVITIES AIMED AT LATINO FAMILIES GETTING COUNTED.

PLANS FOR THE COMING YEAR:

UWHC ACCELERATED EXISTING PLANS TO GIVE VOICE TO SYSTEMIC RACISM AND HAS JOINED UWW IN ITS COMMITMENT TO UNDERSTAND, RAISE AWARENESS OF AND DISMANTLE POLICIES THAT MARGINALIZE PEOPLE OF COLOR. UWHC IS COMMITTED TO TAKING A LEADERSHIP ROLE IN CREATING A MORE EQUITABLE COMMUNITY.

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

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
ANY VACANCY OCCURRING IN THE MEMBERSHIP OF THE BOARD OF TRUSTEES MAY BE FILLED BY THE BOARD OF TRUSTEES BY ELECTION OF A SUCCESSOR TRUSTEE FOR THE REMAINDER OF THE UNEXPIRED TERM. THE NOMINATING COMMITTEE SHALL SUBMIT

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE, WHICH IS COMPRISED OF BOARD MEMBERS WITH FINANCIAL EXPERIENCE. THE FINALIZED FORM 990 IS CIRCULATED VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT WITHIN A GIVEN TIMEFRAME. AFTER THE TIMEFRAME, FORM 990 IS FINALIZED, SIGNED AND FILED WITH THE IRS. THE BOARD IS ADVISED AT SUBSEQUENT BOARD MEETINGS OF DATE OF FILING AND ACCEPTANCE BY IRS, IF APPLICABLE.

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

Name of the organization

Employer identification number

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH WEBSITE, BOARD BINDER, AND UPON REQUEST.

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.

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	1,020,000
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	2,550,000
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 2018 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 2020. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,331

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 2019	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 2019 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 2019 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	34,331
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.

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year 43 60
44 Total. Add amounts in column (f). See the instructions for where to report 44 60

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Walter Foran Building	8/31/05	463,945			463,945	40 MO S/L	162,914	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500			292,500	40 MO S/L	37,173	7,313
3	Office Furniture	11/14/01	5,182			5,182	10 MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318			4,318	10 MO S/L	4,318	0
5	IBM Equipment	8/31/04	908			908	10 MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225			1,225	5 MO S/L	1,225	0
7	Canon MF6550	8/11/08	670			670	5 MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373			373	5 MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374			374	5 MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374			374	5 MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374			374	5 MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400			400	5 MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200			1,200	5 MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384			384	3 MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477			477	3 MO S/L	477	0
18	Samsung 923NW 19" monitor	2/10/09	280			280	3 MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043			3,043	5 MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617			617	5 MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617			617	5 MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767			767	5 MO S/L	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	869	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200			1,200	3 MO S/L	1,200	0
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526			1,526	3 MO S/L	1,526	0
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842			64,842	40 MO S/L	6,754	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842			64,842	40 MO S/L	6,619	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830			29,830	40 MO S/L	3,046	745
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300			2,300	40 MO S/L	236	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220			2,220	40 MO S/L	228	56
47	VOLUNTEER CENTER ARCHITECTURI	8/31/15	9,728			9,728	40 MO S/L	932	244
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172			2,172	40 MO S/L	208	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530			4,530	40 MO S/L	434	113
50	VOLUNTEER CENTER CHANGE ORDEI	8/31/15	32,644			32,644	40 MO S/L	3,128	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119			29,119	40 MO S/L	2,791	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319			1,319	3 MO S/L	1,319	0
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722			2,722	5 MO S/L	1,996	544
54	VOLUNTEER CENTER SEPTEMBER 201	9/30/15	64,842			64,842	40 MO S/L	6,214	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830			29,830	40 MO S/L	2,859	745
56	VOLUNTEER CENTER ARCHITECTURI	12/31/15	2,239			2,239	40 MO S/L	215	56
57	VOLUNTEER CENTER NOVEMBER 201	11/30/15	37,487			37,487	40 MO S/L	3,592	938
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500			7,500	40 MO S/L	719	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550			3,550	40 MO S/L	282	88
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900			8,900	40 MO S/L	705	223
61	Computer Equipment	2/01/18	11,990			11,990	3 MO S/L	7,815	3,996
63	Toilets	5/07/19	3,238			3,238	10 MO S/L	108	324
64	HP ProBook 6570B Laptops	2/02/19	706			706	3 MO S/L	137	236
65	Lenovo V330 Laptop	3/13/19	480			480	3 MO S/L	80	160
66	Sewer Line Replacement	7/04/20	14,583			14,583	40 MO S/L	0	61

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>1,346,762</u>			<u>1,346,762</u>		<u>310,747</u>	<u>34,331</u>
	Total ACRS and Other Depreciation		<u>1,346,762</u>			<u>1,346,762</u>		<u>310,747</u>	<u>34,331</u>
Amortization:									
62	Closing Costs - Fulper Road	8/31/14	<u>2,400</u>			<u>2,400</u>	40 MO Amort	<u>240</u>	<u>60</u>
			<u>2,400</u>			<u>2,400</u>		<u>240</u>	<u>60</u>
	Grand Totals		1,349,162			1,349,162		310,987	34,391
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,349,162</u>			<u>1,349,162</u>		<u>310,987</u>	<u>34,391</u>

AMT 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	162,914	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500				292,500	40	MO S/L	37,173	7,313
3	Office Furniture	11/14/01	5,182				5,182	10	MO S/L	5,182	0
4	Walter Foran Building (build out)	8/31/05	4,318				4,318	10	MO S/L	4,318	0
5	IBM Equipment	8/31/04	908				908	10	MO S/L	908	0
6	HP 4250 Laserjet printer	8/31/04	1,225				1,225	5	MO S/L	1,225	0
7	Canon MF6550	8/11/08	670				670	5	MO S/L	670	0
8	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
9	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
10	Dell Inspiron 530S/E2200	8/11/08	373				373	5	MO S/L	373	0
11	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
12	Dell Inspiron 530S/E2200	8/11/08	374				374	5	MO S/L	374	0
13	Dell Inspiron 530S/E2200	8/12/08	374				374	5	MO S/L	374	0
14	Hp LaserJet P4014n	8/27/08	400				400	5	MO S/L	400	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200				1,200	5	MO S/L	1,200	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384				384	3	MO S/L	384	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477				477	3	MO S/L	477	0
18	Samsung 923NW 19" monitor	2/10/09	280				280	3	MO S/L	280	0
19	Dell E6405 Server	2/19/09	3,043				3,043	5	MO S/L	3,043	0
20	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
21	Dell Inspiron 530S	8/31/09	617				617	5	MO S/L	617	0
22	HP LaserJet P4014N (2)	2/09/10	767				767	5	MO S/L	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	869	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200				1,200	3	MO S/L	1,200	0
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526				1,526	3	MO S/L	1,526	0
42	VOLUNTEER CENTER JUNE 2015	6/30/15	64,842				64,842	40	MO S/L	6,754	1,621
43	VOLUNTEER CENTER JULY 2015	7/31/15	64,842				64,842	40	MO S/L	6,619	1,621
44	VOLUNTEER CENTER HVAC	7/31/15	29,830				29,830	40	MO S/L	3,046	745
45	VOLUNTEER CENTER ENGINEERING	7/31/15	2,300				2,300	40	MO S/L	236	58
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220				2,220	40	MO S/L	228	56
47	VOLUNTEER CENTER ARCHITECTURI	8/31/15	9,728				9,728	40	MO S/L	932	244
48	VOLUNTEER CENTER ELECTRIC	8/31/15	2,172				2,172	40	MO S/L	208	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530				4,530	40	MO S/L	434	113
50	VOLUNTEER CENTER CHANGE ORDEI	8/31/15	32,644				32,644	40	MO S/L	3,128	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119				29,119	40	MO S/L	2,791	728
52	TOSHIBA SATELLITE C55C5268 LAPTC	2/18/16	1,319				1,319	3	MO S/L	1,319	0
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722				2,722	5	MO S/L	1,996	544
54	VOLUNTEER CENTER SEPTEMBER 201	9/30/15	64,842				64,842	40	MO S/L	6,214	1,621
55	VOLUNTEER CENTER HVAC	10/31/15	29,830				29,830	40	MO S/L	2,859	745
56	VOLUNTEER CENTER ARCHITECTURI	12/31/15	2,239				2,239	40	MO S/L	215	56
57	VOLUNTEER CENTER NOVEMBER 201	11/30/15	37,487				37,487	40	MO S/L	3,592	938
58	VOLUNTEER CENTER ALARM SYSTEM	11/30/15	7,500				7,500	40	MO S/L	719	188
59	VOLUNTEER CENTER ELECTRIC	6/30/16	3,550				3,550	40	MO S/L	282	88
60	VOLUNTEER CENTER HEATING/AC SY	6/30/16	8,900				8,900	40	MO S/L	705	223
61	Computer Equipment	2/01/18	0				0	0	HY	0	0
63	Toilets	5/07/19	0				0	0	HY	0	0
64	HP ProBook 6570B Laptops	2/02/19	0				0	0	HY	0	0
65	Lenovo V330 Laptop	3/13/19	0				0	0	HY	0	0
66	Sewer Line Replacement	7/04/20	0				0	0	HY	0	0

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>1,315,765</u>			<u>1,315,765</u>		<u>302,607</u>	<u>29,554</u>
	Total ACRS and Other Depreciation		<u>1,315,765</u>			<u>1,315,765</u>		<u>302,607</u>	<u>29,554</u>
	Grand Totals		<u>1,315,765</u>			<u>1,315,765</u>		<u>302,607</u>	<u>29,554</u>
	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>302,607</u>	<u>29,554</u>

6657 United Way of Hunterdon County

22-2431065

FYE: 8/31/2020

Depreciation Adjustment Report

All Business Activities

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

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Walter Foran Building	8/31/05	463,945	11,599	11,599
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500	7,312	7,312
3	Office Furniture	11/14/01	5,182	0	0
4	Walter Foran Building (build out)	8/31/05	4,318	0	0
5	IBM Equipment	8/31/04	908	0	0
6	HP 4250 Laserjet printer	8/31/04	1,225	0	0
7	Canon MF6550	8/11/08	670	0	0
8	Dell Inspiron 530S/E2200	8/11/08	373	0	0
9	Dell Inspiron 530S/E2200	8/11/08	373	0	0
10	Dell Inspiron 530S/E2200	8/11/08	373	0	0
11	Dell Inspiron 530S/E2200	8/11/08	374	0	0
12	Dell Inspiron 530S/E2200	8/11/08	374	0	0
13	Dell Inspiron 530S/E2200	8/12/08	374	0	0
14	Hp LaserJet P4014n	8/27/08	400	0	0
15	HP Color LaserJet CP3505dn	8/27/08	1,200	0	0
16	ACer Aspire One A150-1447 Notebook	12/17/08	384	0	0
17	APC Smart UPS 1000VA USB/Serial	2/03/09	477	0	0
18	Samsung 923NW 19" monitor	2/10/09	280	0	0
19	Dell E6405 Server	2/19/09	3,043	0	0
20	Dell Inspiron 530S	8/31/09	617	0	0
21	Dell Inspiron 530S	8/31/09	617	0	0
22	HP LaserJet P4014N (2)	2/09/10	767	0	0
23	Konica Minolta Printer/Copier	7/16/10	1,471	0	0
24	Computer Equipment	2/01/12	1,710	0	0
25	Computer Equipment	8/14/12	2,906	0	0
26	Computer Equipment	1/31/13	2,399	0	0
27	Computer Equipment	2/28/13	2,833	0	0
28	Computer Equipment	3/31/13	2,370	0	0
29	Misc Other	8/31/08	1,861	0	0
30	Nortel T7316E Handsets	10/13/09	540	0	0
31	ANDAR/MIP License	8/31/04	12,300	0	0
32	Network And Server softare	8/31/06	1,156	0	0
33	Backup Exec 12.5	3/04/09	117	0	0
34	Windows Vista	3/10/09	50	0	0
35	ANDAR MIG Module	7/01/10	900	0	0
36	MIP - Mcgovern Consulting Group	1/31/11	2,797	0	0
37	Land	8/28/14	97,500	0	0
38	Dell 2400MP DIP Projector	8/27/08	909	0	0
39	OFFICE Furniture	12/04/14	1,830	183	183
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200	0	0
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526	0	0
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	54	54
49	VOLUNTEER CENTER PLUMBING	8/31/15	4,530	113	113
50	VOLUNTEER CENTER CHANGE ORDERS	8/31/15	32,644	816	816
51	VOLUNTEER CENTER OTHER	8/31/15	29,119	728	728
52	TOSHIBA SATELLITE C55C5268 LAPTOPS	2/18/16	1,319	0	0
53	DELL POWEREDGE T110 II SERVER	12/27/15	2,722	182	182
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	179	0
63	Toilets	5/07/19	3,238	324	0
64	HP ProBook 6570B Laptops	2/02/19	706	235	0
65	Lenovo V330 Laptop	3/13/19	480	160	0
66	Sewer Line Replacement	7/04/20	14,583	364	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>1,346,762</u>	<u>30,450</u>	<u>29,188</u>
	Total ACRS and Other Depreciation		<u>1,346,762</u>	<u>30,450</u>	<u>29,188</u>
<u>Amortization:</u>					
62	Closing Costs - Fulper Road	8/31/14	<u>2,400</u>	<u>60</u>	<u>0</u>
			<u>2,400</u>	<u>60</u>	<u>0</u>
	Grand Totals		<u>1,349,162</u>	<u>30,510</u>	<u>29,188</u>

Tax Asset Detail 9/01/19 - 8/31/20

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
37	Land	8/28/14	97,500.00	0.00	0.00	0.00	0.00	0.00	97,500.00	Land	0.00
62	Closing Costs - Fulper Road	8/31/14	2,400.00	0.00	0.00	240.00	60.00	300.00	2,100.00	Amort	40.00
No Group											
Group: Building											
1	Walter Foran Building	8/31/05	463,945.00	0.00	0.00	162,914.26	11,598.63	174,512.89	289,432.11	S/L	40.00
2	20 Fulper Rd (Volunteer Center)	8/01/14	292,500.00	0.00	0.00	37,173.00	7,312.50	44,485.50	248,014.50	S/L	40.00
42	VOLUNTEER CENTER JUNE 201	6/30/15	64,842.00	0.00	0.00	6,754.10	1,621.05	8,375.15	56,466.85	S/L	40.00
43	VOLUNTEER CENTER JULY 201	7/31/15	64,842.00	0.00	0.00	6,619.10	1,621.05	8,240.15	56,601.85	S/L	40.00
44	VOLUNTEER CENTER HVAC	7/31/15	29,830.00	0.00	0.00	3,045.50	745.75	3,791.25	26,038.75	S/L	40.00
45	VOLUNTEER CENTER ENGINEE	7/31/15	2,300.00	0.00	0.00	236.00	57.50	293.50	2,006.50	S/L	40.00
46	VOLUNTEER CENTER PERMIT	7/31/15	2,220.00	0.00	0.00	228.00	55.50	283.50	1,936.50	S/L	40.00
47	VOLUNTEER CENTER ARCHITE	8/31/15	9,728.00	0.00	0.00	932.40	243.20	1,175.60	8,552.40	S/L	40.00
48	VOLUNTEER CENTER ELECTRI	8/31/15	2,172.00	0.00	0.00	207.60	54.30	261.90	1,910.10	S/L	40.00
49	VOLUNTEER CENTER PLUMBII	8/31/15	4,530.00	0.00	0.00	433.50	113.25	546.75	3,983.25	S/L	40.00
50	VOLUNTEER CENTER CHANGE	8/31/15	32,644.00	0.00	0.00	3,128.20	816.10	3,944.30	28,699.70	S/L	40.00
51	VOLUNTEER CENTER OTHER	8/31/15	29,119.00	0.00	0.00	2,790.96	727.98	3,518.94	25,600.06	S/L	40.00
54	VOLUNTEER CENTER SEPTMI	9/30/15	64,842.00	0.00	0.00	6,214.10	1,621.05	7,835.15	57,006.85	S/L	40.00
55	VOLUNTEER CENTER HVAC	10/31/15	29,830.00	0.00	0.00	2,858.50	745.75	3,604.25	26,225.75	S/L	40.00
56	VOLUNTEER CENTER ARCHITE	12/31/15	2,239.00	0.00	0.00	214.96	55.98	270.94	1,968.06	S/L	40.00
57	VOLUNTEER CENTER NOVEME	11/30/15	37,487.00	0.00	0.00	3,592.36	937.18	4,529.54	32,957.46	S/L	40.00
58	VOLUNTEER CENTER ALARM;	11/30/15	7,500.00	0.00	0.00	719.00	187.50	906.50	6,593.50	S/L	40.00
59	VOLUNTEER CENTER ELECTRI	6/30/16	3,550.00	0.00	0.00	281.50	88.75	370.25	3,179.75	S/L	40.00
60	VOLUNTEER CENTER ELECTRI	6/30/16	8,900.00	0.00	0.00	705.00	222.50	927.50	7,972.50	S/L	40.00
63	Toilets	5/07/19	3,238.00	0.00	0.00	107.93	323.80	431.73	2,806.27	S/L	10.00
66	Sewer Line Replacement	7/04/20	14,583.00	0.00c	0.00	0.00	60.76	60.76	14,522.24	S/L	40.00
Building			1,170,841.00	0.00c	0.00	239,155.97	29,210.08	268,366.05	902,474.95		
Group: Equipment											
3	Office Furniture	11/14/01	5,182.00	0.00	0.00	5,182.00	0.00	5,182.00	0.00	S/L	10.00
4	Walter Foran Building (build out)	8/31/05	4,318.00	0.00	0.00	4,318.00	0.00	4,318.00	0.00	S/L	10.00
5	IBM Equipment	8/31/04	908.00	0.00	0.00	908.00	0.00	908.00	0.00	S/L	10.00
6	HP 4250 Laserjet printer	8/31/04	1,225.00	0.00	0.00	1,225.00	0.00	1,225.00	0.00	S/L	5.00
7	Canon MF6550	8/11/08	670.00	0.00	0.00	670.00	0.00	670.00	0.00	S/L	5.00
8	Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
9	Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
10	Dell Inspiron 530S/E2200	8/11/08	373.00	0.00	0.00	373.00	0.00	373.00	0.00	S/L	5.00
11	Dell Inspiron 530S/E2200	8/11/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
12	Dell Inspiron 530S/E2200	8/11/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
13	Dell Inspiron 530S/E2200	8/12/08	374.00	0.00	0.00	374.00	0.00	374.00	0.00	S/L	5.00
14	Hp LaserJet P4014n	8/27/08	400.00	0.00	0.00	400.00	0.00	400.00	0.00	S/L	5.00
15	HP Color LaserJet CP3505dn	8/27/08	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	5.00
16	ACER Aspire One A150-1447 Noteb	12/17/08	384.00	0.00	0.00	384.00	0.00	384.00	0.00	S/L	3.00
17	APC Smart UPS 1000VA USB/Seri	2/03/09	477.00	0.00	0.00	477.00	0.00	477.00	0.00	S/L	3.00
18	Samsung 923NW 19" monitor	2/10/09	280.00	0.00	0.00	280.00	0.00	280.00	0.00	S/L	3.00

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: Equipment (continued)												
19	Dell E6405 Server	2/19/09	3,043.00	0.00	0.00	3,043.00	0.00	3,043.00	0.00	S/L	5.00	
20	Dell Inspiron 530S	8/31/09	617.00	0.00	0.00	617.00	0.00	617.00	0.00	S/L	5.00	
21	Dell Inspiron 530S	8/31/09	617.00	0.00	0.00	617.00	0.00	617.00	0.00	S/L	5.00	
22	HP LaserJet P4014N (2)	2/09/10	767.00	0.00	0.00	767.00	0.00	767.00	0.00	S/L	5.00	
23	Konica Minolta Printer/Copier	7/16/10	1,471.00	0.00	0.00	1,471.00	0.00	1,471.00	0.00	S/L	3.00	
24	Computer Equipment	2/01/12	1,710.00	0.00	0.00	1,710.00	0.00	1,710.00	0.00	S/L	3.00	
25	Computer Equipment	8/14/12	2,906.00	0.00	0.00	2,906.00	0.00	2,906.00	0.00	S/L	3.00	
26	Computer Equipment	1/31/13	2,399.00	0.00	0.00	2,399.00	0.00	2,399.00	0.00	S/L	3.00	
27	Computer Equipment	2/28/13	2,833.00	0.00	0.00	2,833.00	0.00	2,833.00	0.00	S/L	3.00	
28	Computer Equipment	3/31/13	2,370.00	0.00	0.00	2,370.00	0.00	2,370.00	0.00	S/L	3.00	
29	Misc Other	8/31/08	1,861.00	0.00	0.00	1,861.00	0.00	1,861.00	0.00	S/L	3.00	
30	Nortel T7316E Handsets	10/13/09	540.00	0.00	0.00	540.00	0.00	540.00	0.00	S/L	5.00	
31	ANDAR/MIP License	8/31/04	12,300.00	0.00	0.00	12,300.00	0.00	12,300.00	0.00	S/L	10.00	
32	Network And Server software	8/31/06	1,156.00	0.00	0.00	1,156.00	0.00	1,156.00	0.00	S/L	5.00	
33	Backup Exec 12.5	3/04/09	117.00	0.00	0.00	117.00	0.00	117.00	0.00	S/L	5.00	
34	Windows Vista	3/10/09	50.00	0.00	0.00	50.00	0.00	50.00	0.00	S/L	3.00	
35	ANDAR MIG Module	7/01/10	900.00	0.00	0.00	900.00	0.00	900.00	0.00	S/L	3.00	
36	MIP - Mcgovern Consulting Group	1/31/11	2,797.00	0.00	0.00	2,797.00	0.00	2,797.00	0.00	S/L	3.00	
38	Dell 2400MP DIP Projector	8/27/08	909.00	0.00	0.00	909.00	0.00	909.00	0.00	S/L	5.00	
39	OFFICE Furniture	12/04/14	1,830.00	0.00	0.00	869.00	183.00	1,052.00	778.00	S/L	10.00	
40	TOSHIBA C55-B5270 LAPTOPS	1/13/15	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	3.00	
41	DELL INSPIRON I3542 LAPTOPS	6/15/15	1,526.00	0.00	0.00	1,526.00	0.00	1,526.00	0.00	S/L	3.00	
52	TOSHIBA SATELLITE C55C5268	2/18/16	1,319.00	0.00	0.00	1,319.00	0.00	1,319.00	0.00	S/L	3.00	
53	DELL POWEREDGE T110 II SER	12/27/15	2,722.00	0.00	0.00	1,995.80	544.40	2,540.20	181.80	S/L	5.00	
61	Computer Equipment	2/01/18	11,990.00	0.00	0.00	7,814.67	3,996.67	11,811.34	178.66	S/L	3.00	
64	HP ProBook 6570B Laptops	2/02/19	706.00	0.00	0.00	137.28	235.33	372.61	333.39	S/L	3.00	
65	Lenovo V330 Laptop	3/13/19	480.00	0.00	0.00	80.00	160.00	240.00	240.00	S/L	3.00	
Equipment			78,421.00	0.00c	0.00	71,589.75	5,119.40	76,709.15	1,711.85			
Grand Total			1,349,162.00	0.00c	0.00	310,985.72	34,389.48	345,375.20	1,003,786.80			

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 09/01/19 , ending 08/31/20		

Name

Taxpayer Identification Number

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

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	1,287,202	1,357,771	70,569
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	23,224	15,005	-8,219
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	79,815	2,833	-76,982
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		108,000	108,000
	12. Total revenue. Add lines 1 through 11	1,390,241	1,483,609	93,368
E x p e n s e s	13. Grants and similar amounts paid	334,667	392,096	57,429
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	119,386	145,811	26,425
	16. Salaries, other compensation, and employee benefits	421,524	431,117	9,593
	17. Professional fundraising fees	11,000		-11,000
	18. Other professional fees	64,808	87,526	22,718
	19. Occupancy, rent, utilities, and maintenance	33,254	31,254	-2,000
	20. Depreciation and Depletion	34,243	34,295	52
	21. Other expenses	237,461	243,548	6,087
	22. Total expenses. Add lines 13 through 21	1,256,343	1,365,647	109,304
	23. Excess or (Deficit). Subtract line 22 from line 12	133,898	117,962	-15,936
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,390,241	1,483,609	93,368
	25. Total unrelated revenue			
	26. Total excludable revenue	103,039	125,838	22,799
	27. Total assets	2,693,695	3,028,787	335,092
	28. Total liabilities	405,377	575,250	169,873
	29. Retained earnings	2,288,318	2,453,537	165,219
	30. Number of voting members of governing body	21	22	
31. Number of independent voting members of governing body	20	21		
32. Number of employees	8	7		
33. Number of volunteers	1196	1196		

Name

UNITED WAY OF HUNTERDON COUNTY

Employer Identification Number
22-2431065

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants			1,285,571	1,287,202	1,357,771	
Membership dues						
Program service revenue						
Capital gain or loss			30,958	79,815	2,833	
Investment income			20,869	23,224	15,005	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					108,000	
Total revenue			1,337,398	1,390,241	1,483,609	
Grants and similar amounts paid			321,301	334,667	392,096	
Benefits paid to or for members						
Compensation of officers, etc.			116,475	119,386	145,811	
Other compensation			449,533	421,524	431,117	
Professional fees			69,638	75,808	87,526	
Occupancy costs			32,990	33,254	31,254	
Depreciation and depletion			32,933	34,243	34,295	
Other expenses			192,663	237,461	243,548	
Total expenses			1,215,533	1,256,343	1,365,647	
Excess or (Deficit)			121,865	133,898	117,962	
Total exempt revenue			1,337,398	1,390,241	1,483,609	
Total unrelated revenue						
Total excludable revenue			51,827	103,039	125,838	
Total Assets			2,694,317	2,693,695	3,028,787	
Total Liabilities			454,313	405,377	575,250	
Net Fund Balances			2,240,004	2,288,318	2,453,537	

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

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INVESTMENT INCOME	\$ 15,005		14			
TOTAL	<u>\$ 15,005</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES- BACKOFFICE	\$ 40,766		40,766	
PROFESSIONAL FEES- OTHER	4,384		4,384	
PROFESSIONAL FEES- OTHER	2,557			2,557
PROFESSIONAL FEES- OTHER	24,475	24,475		
TOTAL	\$ 72,182	\$ 24,475	\$ 45,150	\$ 2,557

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER OUTREACHES	\$ 2,923		2,923	
MISCELLANEOUS	2,375	2,375		
MISCELLANEOUS	876		876	
PROFESSIONAL DEVELOPMENT	141	141		
TOTAL	\$ 6,315	\$ 2,516	\$ 3,799	\$ 0

Schedule A, Part II, Line 1(e)

Description	Amount
CAMPAIGN GROSS LOCAL	\$ 849,489
CGL DESIG- AFFILIATED AGENCIES	-109,721
CGL DESIG- NON AFFILIATED AGENCIES	-8,527
CAMPAIGN COLLECTION PRIOR YEAR	666
OTHER GIFTS, GRANTS	94,275
OTHER DESIGNATIONS IN	93,881
GRANTS- NG FINANCIAL STABILITY	1,500
GRANTS - VOLUNTEER	10,250
GRANTS - TIRO PROGRAM	47,326
DAYS OF CARING	9,000
HOLIDAY HANDS	10,326
TOOLS FOR SCHOOL	7,760
COMMUNITY CONVERSATION	10,000

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
UNITED WAY RELIEF FUND	\$ 5,975
BOARD DEVELOPMENT	350
IRS VITA GRANT	27,500
BAD DEBT EXPENSE	-12,822
GIFTS INKIND	276,543
GRANTS - ARF REGIONAL	43,250
DIAPER BANK	750
TOTAL	\$ 1,357,771

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 15,005
TOTAL	\$ 15,005

Schedule A, Part II, Line 12 - Current year

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

Federal Statements**Cash - EOY**

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
	PETTY CASH	\$ 150	\$
	FULTON BANK- SWEEP	807	
	FULTON COMMUNITY BANK-OPERATIN	207,160	
	FULTON BANK - GAMES OF CHANCE	400	
	TD BANK - CHECKING	51,675	
	TD BANK - SAVINGS	4,948	
	PEAPACK GLADSTONE PAYROLL	66,041	
	UNITY BANK- CK #5457	1,700	
	UNITY BANK - CK#3969	33,654	
	PROVIDENT CHECKING	95,432	
	AFFINITY BANK - RELIEF FUND AC	16,900	
TOTAL		\$ 478,867	\$ 0

Savings - EOY

<u>Description</u>	<u>Amount</u>
AFFINITY SAVINGS ACCOUNT	\$ 5
AFFINITY - MM	226,819
PEAPACK GLADSTONE- MM	24,713
BANK OF PRINCETON MMA-8637	25,393
INVESTMENTS - ST CDS, TBILLS,	78,843
TOTAL	\$ 355,773

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PYBL PRIOR	\$ 490
ACCR EXPENSES	15,244
ACCR PAYROLL TAXES	2,924
ACCR PTO	36,546
WHLDG EE 401K DEFERRAL	877
ER 401K MATCH	1,680
WHLDG UWHC PRDS	279
EID LOAN PAYABLE	149,106
EID LOAN PAYABLE - SHORT-TERM	894
TOTAL	\$ 208,040