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 2022

B Generation D Employer identification number Visition Doing business as 21-0683073 Weater Doing business as Room/suite E Telephone number Weater Doing business as Room/suite E Telephone number Weater State or province, country, and ZIP or foreign postal code E Telephone number Member France SAME AS C ABOVE Is a abordinates or pricipal officer. SANDRA TOUSSAINT-BURGHER Member France WWW. UWGMC.ORG H(b) Are at autordinates included? Yes X No Member of organization: X Soft(c)(3) Soft(c) ((insert no.) 4947(a)(1) or S27 H(c) Aroup exemption number I Brefly describe the organization's mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 2 Check this box I the organization's mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 3 11 4 11 State of independent voting members of the governing body (Part VI, line 1a) 3 11 5 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 17	Inte	rnal Rev	of the Treasury enue Service	Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la	test info	ormation.	Open to Public Inspection
Image: control of the second secon	<u>A</u>	For th	ne 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and endir	ng JU	N 30, 2023	
Doing business as 21-0683073 Interview Number and street (or P.0. box it mail is not delivered to street address) Room/suite Eflephone number Avenues 3444 QUXARERBRIDGE RD , BLDC 3 101 Avenues City or town, state or province, country, and ZP or foreign postal code G case receivs 1,331,615. Avenues FName and address of principal officer. SANDRA TOUSSAINT-BURGHER SAME AS C ABOVE G case receivs 1,031,615. I nacexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Webste: WW. UNCMC. ORG MW. UNCMC. ORG If 'No, 'attach a list. See instructions HGPArt Summary I Briefly describe the organization is mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. I More torting members of the governing body (Part Vi, line 1a) 3 11 5 Total number of independent voting members of the governing body (Part Vi, line 2a) 5 17 For total number of independent voting members of the governing body (Part Vi, line 2a) 5 17 6 Total number of independent voting members of the governing body (P	В	Check if applicat	f C Name of	organization	1	D Employer identificat	ion number
Doing business as 21-0683073 Interview Number and street (or P.0. box it mail is not delivered to street address) Room/suite E Telephone number Avenued 3444 QUAKERBRIDGE RD, BLDC 3 101 Avenued City or town, state or province, country, and ZP or foreign postal code G creas receips as 1,331,615. Avenued FName and address of principal officer. SANDRA TOUSSAINT-BURGHER G creas receips as 1,331,615. Avenued FName and address of principal officer. SANDRA TOUSSAINT-BURGHER G creas receips as 1,331,615. Yead SAME AS C ABOVE Wolk UNCOC. ORG Wf No, water a list. See instructions H(b) erait auxodinates muchater? Yes X No Yead 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 1 3 Number of independent voting members of the governing body (Part V, line 1a) 4 11 5 Total number of independent voting members of the governing body (Part V, line 2a) 6 1500 <td></td> <td>Addr</td> <td>ess TTTT m</td> <td>ED WAY OF OPENMED MEDGED COUNTY</td> <td></td> <td></td> <td></td>		Addr	ess TTTT m	ED WAY OF OPENMED MEDGED COUNTY			
Image: Second		Nam	e			21 0602072	
Image: Second		Initia					
City or town, state or province, country, and ZIP or foreign postal code HAMILLITON , NJ 08619 G cross receipts \$ 1,331,615. Periode P							110
Processed HallLITON, NJ 08619 Processed F Name and address of principal officer: SANDRA TOUSSAINT-BURGHER (SAME AS C ABOVE H(a) Is this a group return for subordinates? Ves X No I Tax:exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Website: WWW.UWGMC.ORG H(a) Resultantiantiantiantiantiantiantiantiantiant	L	retur termi	in-	·			
Segmestion F Name and address of principal officer: SANDRA TOUSSAINT-BURGHER SAME AS C ABOVE Ves X No H(b) Are all solutionitates ?		Ame	nded <u><u>u</u> א M</u>				
SAME AS C ABOVE 1 maxexempt status: X 501(c)(3) 501(c)(1) (inset no.) 4947(a)(1) or 527 Website: WWW.UWGMC.ORG H(b) Are all subordinates included? Yes No K Form of organization: X Corporation Trust Association Other L Year of formation: 1941 M State of legal domicile: NJ Part II Summary Summary I Briefy describe the organization's mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 2 Check this box 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) 4 11 5 Total number of uolunteers (estimate if necessary) 6 15000 6 15000 7 a Total number of volunteers (estimate if necessary) 6 15000 0. 0. 0. 0. 9 Program service revenue (Part VIII, line 12) 7a 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3.4, and 70) 30., 217. 21., 487., 927. 1., 280., 763.0. 1. 20., 954.		Appl				., .	
I Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions H(c) Group exemption number (K prom of organization: X Corporation Trust Association Other L Year of formation; 1941 M State of legal domicile; NV Part I Summary 1 Briefly describe the organization: S Corporation Trust Association Other Common State of Ly Year of formation; 1941 M State of legal domicile; NV Part I Summary 1 Briefly describe the organization: S mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 2 Check this box 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) 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, line 12) 9 Program service revenue (Part VIII, column Form 990-T, Part I, line 11 9 Prior Year 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must requal Part VIII, column (A), lines 5-10) 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 14 Benefits paid to or f	L						
J Website: WWW.UWGMC.ORG H(c) Group exemption number K Form of organization: Trust Association Other L Year of formation: 1941 M State of legal domicile: NJ Part I Summary MOBILIZING THE CARING POWER OF COMMUNITIES. IVES BY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of voting members of the governing body (Part VI, line 1a) 3 11 5 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 6 15500 6 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 6 15000 7 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 6 15000 7 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 6 176 0 7 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 6 176 0 76 7 Total number of undividuals employed in calendar year 2022 (Part V, line 2a) 0 0 0 0 0 0 0 </td <td>-</td> <td>Tax o</td> <td></td> <td></td> <td></td> <td></td> <td></td>	-	Tax o					
K Form of organization: X Corporation Trust Association Other L Year of formation: 1941 M State of legal domicile: NJ Part II Summary I Briefly describe the organization's mission or most significant activities: TO IMPROVE PEOPLE 'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITTIES. 3 11 4 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of individuals employed in calendar year 2022 (Part VI, line 2a) 6 15000 5 Total number of volunteers (estimate if necessary) 7a 0. 0. 0. 7a Total numelated business revenue from Part VIII, column (C), line 12 7b 0.							
Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. 2 2 Check this box 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 11 4 Number of voting members of the governing body (Part VI, line 1a) 4 11 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of volunteers (estimate if necessary) 6 1500 7 Total unrelated business revenue from Part VIII, column (Q), line 12 7a 0. 9 Program service revenue (Part VIII, line 1h) 1, 828, 427. 1, 280, 763. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 954. 19, 276. 12 Total revenue eadd lines 8 through 11 (must equal Part VII, column (A), lines 1-3) 48, 000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3)	_						
Image: Strain							tate of legal dofinitie.
MOBILIZING THE CARING POWER OF COMMUNITIES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voling members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 17 6 15000 7a Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 6 15000 7a Total number of volunteers (estimate if necessary) 7 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 b Net unrelated business revenue from Form 990-T, Part I, line 11 7 7a Total unrelated business exponse from Form 990-T, Part I, line 11 1, 828, 427. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 217. 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1, 879, 598. 1, 321, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48, 0000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 728, 595. 747, 012. 15 Salaries, other compensation, employee benefits (Part I	-	T	-	e the organization's mission or most significant activities: TO TMPR	OVE	PEOPLE'S LTV	ES BY
Set of the se	0	3					
Set of the se	200	2			more th	an 25% of its net assets	3.
Set 1	Jour Jour	3 3				1 1	
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 15000 7a Total number of volunteers (estimate if necessary) 7 6 15000 7a Total number of volunteers (estimate if necessary) 7 6 15000 7a Total number of volunteers (estimate if necessary) 7 6 15000 7a Total number of volunteers (estimate if necessary) 7 6 15000 7a Total number of volunteers (estimate if necessary) 7 0 0 0 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 30, 217 21, 487 1, 280, 763 9, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 276 19, 279, 598 1, 321, 526 14, 8, 000 41, 4265 19, 276 14, 879, 598 1, 321, 526 16 16 16 16 16 16 17 0, 6 0 0 0 0 0				o o y v <i>y y y y y y y y y y</i>			
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 217. 21, 487. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 954. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 48, 000. 41, 426. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 48, 000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 48, 000. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728, 595. 747, 012. 16a Professional fundraising fees (Part IX, column (D), line 25) 190, 172. 710, 861. 551, 264. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710, 861. 551, 264. 13, 487, 456. 1, 396, 230. 19 Revenue less expenses. Subtract line 18 from line 12 710, 861. 551, 264. 13, 483, 800. 1, 615, 725. 20 Total assets (Part X, line 16) 1, 483, 800. 1, 615, 725. <td>oi U</td> <td>5 5</td> <td></td> <td></td> <td></td> <td></td> <td>17</td>	oi U	5 5					17
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year Current Year 9 Program service revenue (Part VIII, line 1) 1, 828, 427. 1, 280, 763. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 217. 21, 487. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 954. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 48, 000. 41, 426. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 48, 000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 48, 000. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728, 595. 747, 012. 16a Professional fundraising fees (Part IX, column (D), line 25) 190, 172. 710, 861. 551, 264. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710, 861. 551, 264. 13, 487, 456. 1, 396, 230. 19 Revenue less expenses. Subtract line 18 from line 12 710, 861. 551, 264. 14, 483, 800. 1, 615, 725. 20 Total assets (Part X, line 16) 1, 483, 800.	itio	6					1500
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 217. 21, 487. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 954. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 48, 000. 41, 426. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 48, 000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 48, 000. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728, 595. 747, 012. 16a Professional fundraising fees (Part IX, column (D), line 25) 190, 172. 710, 861. 551, 264. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710, 861. 551, 264. 13, 487, 456. 1, 396, 230. 19 Revenue less expenses. Subtract line 18 from line 12 710, 861. 551, 264. 13, 483, 800. 1, 615, 725. 20 Total assets (Part X, line 16) 1, 483, 800. 1, 615, 725. <td>į</td> <td>7 a</td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	į	7 a					0.
8 Contributions and grants (Part VIII, line 1h) 1,828,427. 1,280,763. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,217. 21,487. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,954. 19,276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,879,598. 1,321,526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,000. 41,426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 728,595. 747,012. 16a Professional fundraising fees (Part IX, column (A), line 25) 190,172. 1 710,861. 551,264. 17 Other expenses (Part IX, column (A), line 25) 190,172. 1 710,861. 551,264. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 198.292,142. -74,704. 19 Rev	<	(b	Net unrelated				0.
9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 217. 21, 487. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 954. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 879, 598. 1, 321, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48, 000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728, 595. 747, 012. 16a Professional fundraising expenses (Part IX, column (D), line 25) 190, 172. 1 17 Other expenses (Part IX, column (D), line 25) 190, 172. 1 1, 487, 456. 1, 396, 230. 19 Revenue less expenses. Subtract line 18 from line 12 392, 142. -74, 704. 19 Revenue less expenses. Subtract line 18 from line 12 392, 142. -74, 704. 19 Revenue less expenses. Subtract line 18 from line 12 558, 859.						Prior Year	Current Year
11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 334. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 879, 598. 1, 321, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728,595. 747,012. 16a Professional fundraising fees (Part IX, column (A), line 25) 190,172. 0. 56,528. b Total expenses (Part IX, column (A), line 25) 190,172. 1,487,456. 1,396,230. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 10 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. 22 Net assets or fund balances. Subtract line 21 fro		, 8	Contributions	and grants (Part VIII, line 1h)		1,828,427.	1,280,763.
11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 334. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 879, 598. 1, 321, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728,595. 747,012. 16a Professional fundraising fees (Part IX, column (A), line 25) 190,172. 0. 56,528. b Total expenses (Part IX, column (A), line 25) 190,172. 1,487,456. 1,396,230. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 10 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. 22 Net assets or fund balances. Subtract line 21 fro		9	Program servi	ce revenue (Part VIII, line 2g)		÷ ·	0.
11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20, 334. 19, 276. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 879, 598. 1, 321, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,000. 41, 426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728,595. 747,012. 16a Professional fundraising fees (Part IX, column (A), line 25) 190,172. 0. 56,528. b Total expenses (Part IX, column (A), line 25) 190,172. 1,487,456. 1,396,230. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 10 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. 22 Net assets or fund balances. Subtract line 21 fro		10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,000. 41,426. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728,595. 747,012. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 56,528. b Total fundraising expenses (Part IX, column (D), line 25) 190,172. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710,861. 551,264. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,487,456. 1,396,230. 19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 19 Revenue less expenses. Subtract line 18 from line 12 558,859. 720,632. 20 Total assets (Part X, line 16) 558,859. 720,632. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. Part II Signature Block Signature Block 924,941. 895,093.	۵	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 728,595.747,012. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.56,528. b Total fundraising expenses (Part IX, column (D), line 25) 190,172. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710,861.551,264. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,487,456.1,396,230. 19 Revenue less expenses. Subtract line 18 from line 12 392,14274,704. 20 Total assets (Part X, line 16) 1,483,800.1,615,725. 21 Total liabilities (Part X, line 26) 558,859.720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941.895,093. Part II Signature Block Signature Block		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,879,598.	
11 Definite part to of infinition of (art N, obtaining (13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		48,000.	41,426.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 56, 528. b Total fundraising expenses (Part IX, column (D), line 25) 190, 172. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710, 861. 551, 264. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 487, 456. 1, 396, 230. 19 Revenue less expenses. Subtract line 18 from line 12 392, 142. -74, 704. 10 Total assets (Part X, line 16) 1, 483, 800. 1, 615, 725. 20 Total liabilities (Part X, line 26) 558, 859. 720, 632. 21 Total biabilities (Part X, line 26) 558, 859. 720, 632. 22 Net assets or fund balances. Subtract line 21 from line 20 924, 941. 895, 093. Part II Signature Block Signature Block 10.		14	Benefits paid	o or for members (Part IX, column (A), line 4)		* -	
17 Other expenses (Part IX, columit (A), lines Trainit, rin24e) 1710,0011 351,2041 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 1,487,456 1,396,230 19 Revenue less expenses. Subtract line 18 from line 12 392,142 -74,704 10 Total assets (Part X, line 16) 1,483,800 1,615,725 20 Total liabilities (Part X, line 26) 558,859 720,632 21 Total bilities (Part X, line 26) 924,941 895,093 22 Net assets or fund balances. Subtract line 21 from line 20 924,941 895,093	ų	15					
17 Other expenses (Part IX, columit (A), lines Trainit(A), mes t		2 16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	56,528.
17 Other expenses (Part IX, columit (A), lines Trainit, rin24e) 1710,0011 351,2041 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 1,487,456 1,396,230 19 Revenue less expenses. Subtract line 18 from line 12 392,142 -74,704 10 Total assets (Part X, line 16) 1,483,800 1,615,725 20 Total liabilities (Part X, line 26) 558,859 720,632 21 Total bilities (Part X, line 26) 924,941 895,093 22 Net assets or fund balances. Subtract line 21 from line 20 924,941 895,093	2	č b					
19 Revenue less expenses. Subtract line 18 from line 12 392,142. -74,704. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. Part II Signature Block Signature Block 1	Ц	¹ 17					
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. Part II Signature Block 558.859. 558.859.		18	•				
20 Total assets (Part X, line 16) 1,483,800. 1,615,725. 21 Total liabilities (Part X, line 26) 558,859. 720,632. 22 Net assets or fund balances. Subtract line 21 from line 20 924,941. 895,093. Part II Signature Block 1 1		_	Revenue less	expenses. Subtract line 18 from line 12			
Part II Signature Block	S OF	nces					
Part II Signature Block	sset	हुन्नू 20	-				
Part II Signature Block	et A	d 21					
						924,941.	895,093.
			-		tataman	and to the heat of my line	owladge and balief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign 🧪	Signature of officer		A D ate
Here	SANDRA TOUSSAINT-BURGHER,	PRESIDENT & CEO	
	Type or print name and title	$\rho \rightarrow l$	
	Print/Type preparer's name	Preparer's signation what	Date Check PTIN
Paid	MARQUS WHITE	MARQUS WWITE	05/14/24 self-employed P00053187
Preparer	Firm's name SAX LLP	/	Firm's EIN 81-2950760
Use Only	Firm's address 389 INTERPACE PARK	WAY; STE 3	
	PARSIPPANY, NJ 070	54	Phone no. 973 - 472 - 6250
May the I	RS discuss this return with the preparer shown abov	e? See instructions	X Yes No
232001 12-1	3-22 I HA For Paperwork Reduction Act Notice	e, see the separate instructions.	Form 990 (2022)

Public Disclosure Copy

Par	1990 (2022) UNITED WAY OF GREATER MERCER COUNTY 21-0683073 Page 2 t 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:
	THE MISSION OF UNITED WAY OF GREATER MERCER COUNTY (UWGMC) IS TO
	PROPEL INDIVIDUALS AND FAMILIES TO REACH THEIR FULLEST POTENTIAL,
	ESPECIALLY THOSE WHO HAVE BEEN TRADITIONALLY UNDER-SERVED OR
	MARGINALIZED, CREATING A THRIVING COMMUNITY. WE CARRY OUT OUR MISSION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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.
4.0	
4a	(Code:) (Expenses \$ 618,661. including grants of \$ 10,400.) (Revenue \$ BASIC NEEDS, EMERGENCY SERVICES & HEALTH:
	UWGMC IS MAKING A DIFFERENCE BY EXPANDING ACCESS TO HEALTH CARE,
	STOCKING UP LOCAL FOOD PANTRIES, GETTING FRESH PRODUCE INTO THE
	COMMUNITY, AND MAKING AFFORDABLE PRESCRIPTIONS MORE AVAILABLE. OUR GOAL
	IS TO ENSURE THE BASICS ARE COVERED AND FOR ALL MEMBERS OF THE
	COMMUNITY TO BE HEALTHY. OUR IMPACT INCLUDES:
	*338 HELPED TO APPLY FOR NJ SNAP TO RECEIVE FOOD ASSISTANCE
	*1, 568 HOUSEHOLDS RECEIVED NONPERISHABLE FOOD BAGS THROUGH UWGMC FOOD
	DRIVES
	*161 ASSISTED WITH HEALTH INSURANCE INCLUDING GET COVERED NJ, MEDICAID,
	AND THE CHILDREN'S HEALTH INSURANCE PROGRAM
	*850 HOUSEHOLDS RECEIVED FRESH PRODUCE
46	
4b	(Code:) (Expenses \$140,316. including grants of \$12,000.) (Revenue \$ FINANCIAL STABILIY AND MOBILITY:
	TO HELP MERCER COUNTY RESIDENTS NAVIGATE THE COVID-19 PANDEMIC AND
	INFLATION, UWGMC PROVIDES THE FOLLOWING PROGRAMS: FREE TAX PREPARATION
	SERVICES ALSO KNOWN AS VITA (VOLUNTEER INCOME TAX ASSISTANCE PROGRAM),
	FINANCIAL EDUCATION, AND COACHING. OUR GOAL IS TO HELP INDIVIDUALS AND
	FAMILIES LAND AND STAY ON THEIR FEET WITH A PATH TO A BRIGHTER
	FINANCIAL FUTURE. OUR IMPACT INCLUDES:
	<u>* 1,700 + FREE TAX RETURNS FILED AND PREPARED. MANY QUALIFY FOR EARNED</u>
	INCOME TAX (EITC) AND CHILD TAX (CTC) CREDITS. TAX REFUNDS HELP TO FILL
	A GAP IN A HOUSEHOLD BUDGET.
	* 80 ATTENDED FINANCIAL & CREDIT MANAGEMENT COURSES.
40	(Code:) (Expenses \$52,176. including grants of \$) (Revenue \$)
10	ACCESS TO EDCUATION:
	UWGMC IS MAKING BOOKS AND SCHOOLS SUPPLIES AVAILABLE TO LOCAL
	ELEMENTARY SCHOOLS AND COMMUNITY AND AFTER-SCHOOL PROGRAMS. FOR
	HIGH-SCHOOL STUDENTS, UWGMC IS ASSISTING FAMILIES NAVIGATE THE COLLEGE
	APPLICATION PROCESS BY PROVIDING ONE-ON-ONE CONSULTATION, WORKSHOPS,
	AND ASSISTANCE WITH COMPLETING THE FREE APPLICATION FOR FEDERAL STUDENT
	AID (FAFSA). OUR GOAL IS TO INCREASE EQUAL ACCESS TO QUALITY EDUCATION.
	OUR IMPACT INCLUDES:
	*1,000 BOOKS DISTRIBUTED TO SCHOOL AGERS AND YOUTH
	*127 COLLEGE BOUND STUDENTS ASSISTED THROUGH COLLEGE READINESS PROGRAM
	*1,138 STEM, LITERACY AND ANTI-BULLYING KITS DISTRIBUTED TO PROVIDE
	ADDITIONAL LEARNINGS AND FAMILY ACTIVITIES FOR CHILDREN.
4 d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ 99,975 · including grants of \$ 19,026 ·) (Revenue \$)
40	011 100
4e	Total program service expenses 911,128.
	Eorm MMU (2029
20000	see schedule o for continuation(s) 3 3 3 3 3 3 3 3 3 3 3 3 3

Form 990 (2022	2) UNITED	WAY	\mathbf{OF}	GREATER	MERCER	COUNTY
Part IV Ch	ecklist of Required Sc	hedule	es			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	x	
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	_ i ie		
	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>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21	Х	

232003 12-13-22

Form 990 (2022)

16250514 795584 2726 Public Diser 0590 Putre Way of greater Mer 27268.01

Form 990 (2022)	UNITED			
Part IV	Checklist of	of Required Sc	hedule	es _{(co}	ontinued)

			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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L. Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included on 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	х	

232004 12-13-22

Form 990 (2022)

Form	990 (2022) UNITED WAY OF GREATER MERCER COUNTY 21-0683	073	Р	_{age} 5
Par	t 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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Uu	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
U.		6b		
7	were not tax deductible?	40		
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise the provided to the particle of 0.75 mode particular and	7-	Х	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7h	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g k	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	00		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม		
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a 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:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	Teu		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
-				

232005 12-13-22

Form **990** (2022)

16250514 795584 2726 Public Disc220590 Peter Way of greater Mer 27268.01

Form 990	(2022)
----------	--------

UNITED WAY OF GREATER MERCER COUNTY

21-0683073 Page **6**

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

	Enter the number of voting members of the governing body at the end of the tax year 1a 11		Yes	No
та		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Enter the number of voting members included on line 1a, above, who are independent 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		х
3	Officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		- 23
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		- 23
b		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANDRA TOUSSAINT-BURGHER - 609-896-1912			
	3444 QUAKERBRIDGE RD, BUILDING 3, SUITE 101, HAMILITON, NJ 086	19		
	12-13-22		990	/00/

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector			the	organizations	compensation			
	hours for	or di	ated ated		organization	(W-2/1099-MISC/	from the			
	related	ustee	trust		ee	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		ploy	t con	~	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RITA RIBEIRO	4.00									
BOARD PRESIDENT		х						0.	Ο.	0.
(2) ERIN KIEBAUR	4.00									
BOARD V. PRESIDENT		Х						0.	0.	0.
(3) MICHAEL MANCINI	4.00									
TREASURER/FINANCE CHAIR		Х						0.	0.	0.
(4) MICHAEL T. SMITH	4.00									
SECRETARY		Х						0.	0.	0.
(5) JENNIFER WOODS	1.00									_
IMMEDIATE PAST BOARD PRESI		х						0.	0.	0.
(6) CHRISTINA SPINELLI	1.00									
TRUSTEE		х						0.	0.	0.
(7) DYNELL KELLYMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(8) SUZANNE TAME	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(9) CAITLIN HEYMANN	1.00								0	0
TRUSTEE	1 0 0	Х						0.	0.	0.
(10) ASSEMBLYWOMAN VERLINA-REYNOLDS	1.00								0	0
TRUSTEE	1.00	Х						0.	0.	0.
(11) JAMES VAN WYCK, PH.D.	1.00	v						0.	0	0
TRUSTEE (12) SANDRA TOUSSAINT	37.50	Х						0.	0.	0.
PRESIDENT & CEO	57.50			x				135,465.	0.	22,380.
FRESIDENT & CEO				^				155,405.	0.	22,300.
		1								
		1								
		1								
000007 10 10 00	1	1			-	1		I		Earm 990 (2022)

232007 12-13-22

Form 990 (2022)

16250514 795584 2726 Public Dis202 0590 Putre Way progreater Mer 27268.01

	990 (2022)	UNITED WA	Y OF GF	REA	TE	R	ME	RC	ER	R COUNTY	21-0	6830'	73	Page 8
Par	t VII Section A. Officer	s, Directors, Trust	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title		(B) Average hours per week (list any hours for related organizations below line)	Average nours per week (list any hours for ganizations below: unless person is both a officer and a director/trustee easy and the second part of t		an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d is (SC/	Estin amor ot compe fron organ and r	F) nated unt of her nsation n the ization elated zations			
				-		0	×	Ξ 0						
				-										
				-										
										135,465.		0.	22	,380.
С	Subtotal Total from continuation Total (add lines 1b and Total number of individua compensation from the c	a sheets to Part VII 1c) als (including but no	, Section A	·····					-	0. 135,465.	000 of reportable	0.		<u>, 380.</u> , 380. 1
3 4 5	Did the organization list a line 1a? <i>If "Yes," complex</i> For any individual listed of and related organizations Did any person listed on	te Schedule J for su on line 1a, is the su s greater than \$150 line 1a receive or a	uch individual m of reportab ,000? If "Yes, ccrue comper	le cc ," co nsati	ompe omple on fro	nsat ete S om a	tion Sche any	and edule unre	oth J fi late	ner compensation from the or such individual	ne organization lual for services		3 4 2	es No X X X
Sec	rendered to the organization B. Independent Con		plete Schedul	e J f	or su	ch r	bers	on .					5	X
1	Complete this table for years the organization. Report	compensation for t								the organization's tax ye		oensatio		
Name and business address Description of services Comp YOUR PART-TIME CONTROLLER LLC, 1500 WALNUT FINANCIAL AND Comp										(C)				
<u>STF</u>	LET, SUITE 12	200, PHILA	DEPLHIV	<u>,</u>	<u>PA</u>	<u> </u>	<u>15</u>	02		CONTROLLER SI	SKVICES			,270.
2	Total number of indepen \$100,000 of compensation			ot lir	nited	l to t	thos 1	se list	ed	above) who received mo	pre than	Fr	orm 9 9	90 (2022)

232008 12-13-22

232008 12-13-22 16250514 795584 2726 Public Dis20200590 Putre Way progreater Mer 27268.01

	n 990 (EATER	MERCER C	OUNTY	21-0683	073 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or not	e to any line	in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
s o	1 -	Federated campaigns 1a					
ants	I a						
JOL D	b		3,765.				
Contributions, Gifts, Grants and Other Similar Amounts	С		5,705.				
Gif Iar	d	Related organizations 1d	107				
ini.	е	Government grants (contributions) 1e 120),487.				
tior S	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 1,126	5,511.				
d Cr	g	Noncash contributions included in lines 1a-1f					
Col	h	Total. Add lines 1a-1f	1	1,280,763	3.		
			ness Code				
	2 a						
Program Service Revenue							
er.	b						
am Ser evenue	c						
lrar ≷e∖	d						
rog	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and	d				
		other similar amounts)		22,143	3.		22,143.
	4	Income from investment of tax-exempt bond proceed					
	5	Royalties					
	-		Personal				
	6 a	Gross rents					
	_						
	b						
	c			20,824	1		20,824.
	d	Net rental income or (loss)	1) Olle	20,024	•		20,024.
	7 a		i) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
en		and sales expenses					
evenue	С	Gain or (loss) 7c -656.					
	d	Net gain or (loss)		-656	5.		-656.
Other R	8 a	Gross income from fundraising events (not					
đ		including \$ 33,765. of					
_		contributions reported on line 1c). See					
			5,900.				
	b		,433.				
		Net income or (loss) from fundraising events	/	-3,533			-3,533.
		Gross income from gaming activities. See		5,555	•		5,555.
	5 9						
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory					
		Busi	ness Code				
snc	11 a	MISCELLANEOUS REVENUE 90	0099	1,985	5.		1,985.
nec	b			<u> </u>			
scellaneo Revenue	c						
Miscellaneous Revenue	о К	All other revenue					
Σ		Total. Add lines 11a-11d		1,985			
	<u>е</u> 12		1	1,321,526	5. O.	0.	40,763.
		Total revenue. See instructions		L, JZI, JZU		1 0.	Form 990 (2022)
23200	9 12-13-	-22					FORM 330 (2022)

16250514 795584 2726 Public Dis2020590 Putre Way progreater Mer 27268.01

UNITED WAY OF GREATER MERCER COUNTY 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).

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			······································	
	ot include amounts reported on lines 6b, 3b, 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	41,426.	41,426.		·
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,	100.000		-1	01 001
	trustees, and key employees	190,296.	97,377.	71,538.	21,381.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	451 004	200 225	0.0 0.1 1	
7	Other salaries and wages	451,924.	309,335.	82,911.	59,678.
8	Pension plan accruals and contributions (include	6 6 7 7	1 52	1 016	075
~	section 401(k) and 403(b) employer contributions)	6,627. 41,825.	4,536. 27,114.	<u>1,216.</u> 9,361.	875. 5,350. 7,795.
9	Other employee benefits	56,340.	41,677.	6,868.	7 7 95
10	Payroll taxes	50,540.	41,077.	0,000.	1,195.
11	Fees for services (nonemployees):	92,988.	70,331.	13,925.	8,732.
	Management	1,800.	70,551.	1,800.	0,152.
		107,338.	72,686.	22,738.	11,914.
	Accounting	107,550.	72,000.	22,750.	11,914•
	Lobbying Professional fundraising services. See Part IV, line 17	56,528.			56,528.
f	Investment management fees	3,541.		3,541.	50,520.
	Other. (If line 11g amount exceeds 10% of line 25,	0,0121		0,0111	
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	7,071.	6,479.	292.	300.
13	Office expenses	7,071. 8,846.	1,172.	7,262.	412.
14	Information technology	•			
15	Royalties				
16	Occupancy	116,140.	89,785.	16,970.	9,385.
17	Travel	7,864.	5,089.	2,117.	658.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,676.	6,409.	639.	1,628.
20	Interest	2,273.		2,273.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,345.		3,345.	
23	Insurance	29,074.		29,074.	
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 0.)				
а	EQUIPMENT EXPENSE	35,347.	31,388.	2,550.	1,409.
b	PROGRAM EXPENSES	24,931.	24,667.	72.	192.
с	SPECIAL EVENT EXPENSES	24,909.	24,909.		
d	TELECOMMUNICATIONS	19,313.	16,570.	2,567.	176.
е	All other expenses	57,808.	40,178.	13,871.	3,759.
25	Total functional expenses. Add lines 1 through 24e	1,396,230.	911,128.	294,930.	190,172.
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 if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form 990 (2022)

UNITED	WAY	OF	GREATER	MERCER	COUNTY
--------	-----	----	---------	--------	--------

21-0683073 Page 11

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			410,084.	1	302,466.
	2	Savings and temporary cash investments			52,194.	2	69,674.
	3	Pledges and grants receivable, net			143,171.	3	100,340.
	4	Accounts receivable, net			2,975.	4	28,578.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				31,483.	9	29,085.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	138,238.			
	b	Less: accumulated depreciation		124,217.	17,366.	10c	<u>14,021.</u> 742,057.
	11	Investments - publicly traded securities			696,176.	11	742,057.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		130,351.	15	329,504.	
	16	Total assets. Add lines 1 through 15 (must equ			1,483,800.	16	1,615,725.
	17	Accounts payable and accrued expenses		294,280.	17	315,644.	
	18	Grants payable		18			
	19	Deferred revenue	94,185.	19	0.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	ese perso	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties	150,000.	24	130,279.
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			20,394.	25	274,709.
	26	Total liabilities. Add lines 17 through 25			558,859.	26	720,632.
		Organizations that follow FASB ASC 958, ch	eck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			393,738.	27	367,218.
Ba	28	Net assets with donor restrictions		<u></u>	531,203.	28	527,875.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances	·····	924,941.	32	895,093.	
	33	Total liabilities and net assets/fund balances			1,483,800.	33	1,615,725.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Form	1 990 (2022) UNITED WAY OF GREATER MERCER COUNTY	21-06	83073	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,321		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,396		
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			41.
5	Net unrealized gains (losses) on investments	5	53	3,6	74.
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	- 8	3,8	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	895	5,0	<u>93.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				Ĺ
				uan	(2022)

Form **990** (2022)

232012 12-13-22 16250514 795584 2726 Public Diser 0590 protection of the second s

SCHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047	
(Form 990)				•					つりつつ
		Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
	of the Treasury			ttach to Form 990 or Fo					Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name of	the organizati	on							identification number
				GREATER MERCH				2	1-0683073
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The orgar	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general r	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			•	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: 11.)				
9	-			in section 170(b)(1)(A)(-	ed in conju	inction with a	land-grant	college
	-	-		ulture (see instructions).		-		-	-
	university:			(, , , , , , , , , , , , , , , , , , ,		, ,	,	Ũ	
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)	(····, ···.	,	
11			-	vely to test for public sat	etv. See	section 50)9(a)(4).		
12	-	•	-	vely for the benefit of, to	•			rry out the	purposes of one or
-	-	•	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	_	-	• ·	upervised, or controlled				-	aivina
u			-	gularly appoint or elect a	•	-			
		-	complete Part IV, Se		majonty o				pporting
b	7 -		-	or controlled in connect	ion with its	e cupporto	d organizatio	n(c) by boy	ing
			-				-		-
		-		anization vested in the sa	ane perso	ns that co	Introl of Inalia	Je nie supp	Joned
	¬		t complete Part IV,						al itila
с 🗌		-		g organization operated				ly integrate	a with,
	¬ ··	0). You must complete F					
d 🗌	_ ,	-	•	orting organization oper				Ũ	()
		-		ation generally must sati	•		-	an attentiv	eness
	- ·	-		nplete Part IV, Sections					
e		-		written determination from			Type I, Type	II, Type III	
				nally integrated supportir	ng organiz	ation.			
	er the number		•						
	vide the followi (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization		(1) 2.13	(described on lines 1-10	in your governi	Г	support (see i	-	support (see instructions)
	<u> </u>			above (see instructions))	Yes	No		,	
								i	
								ľ	
								ľ	

Public Disclosure Copy

1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022

1

Schedule A (Form 990) 2022 UNITED WAY OF GREATER MERCER COUNTY 21-0683073 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1518097.	1377757.	1406936.	1828427.	1280763.	7411980.				
2	Tax revenues levied for the organ-										
	ization'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	1518097.	1377757.	1406936.	1828427.	1280763.	7411980.				
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)						2247660.				
	Public support. Subtract line 5 from line 4.						5164320.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	1518097.	1377757.	1406936.	1828427.	1280763.	7411980.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	31,740.	46,112.	29,540.	41,066.	42,967.	191,425.				
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.)			9,826.	1,787.	1,985.	13,598.				
11	Total support. Add lines 7 through 10						7617003.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12					
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)					
	organization, check this box and stop	bhere									
Sec	ction C. Computation of Publi										
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	67.80 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	74.88 %				
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this boy	and				
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation							
17a	17a 10% -facts-and-circumstances test - 2022. 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 te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	b 10% -facts-and-circumstances test - 2021. 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-circu										
18	Private foundation. If the organization										

Schedule A (Form 990) 2022

232022 12-09-22 16250514 795584 2726 POUDIC DIS202 05890 PRITED WAY OF GREATER MER 27268.01

	A (Form 990				-	GREATER	-	
Part III	Support	t Schedule fo	or Organiza	tions [Desc	ribed in Sec [.]	tion 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
23202	23 12-09-22					Sche	dule A (Form 990) 2022

16250514 795584 2726 Public Disco 0590 per greater Mer 27268.01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

10b Schedule A (Form 990) 2022

21-0683073 Page 5 UNITED WAY OF GREATER MERCER COUNTY Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

Section D. All Type III Supporting Organizations
--

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	Test during the year	(see instructions).
-		satisfy the integral r art	rest during the year	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes

2

No

	dule A (Form 990) 2022 UNITED WAY OF GREATER ME	-		21-0683073 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	rganization (see
	instructions).	-		-

Schedule A (Form 990) 2022

232026 12-09-22

16250514 795584 2726 Public Discording of the way of greater Mer 27268.01

UNITED WAY OF GREATER MERCER COU	NTY
----------------------------------	-----

Par	t V 🛛	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Section	on D - D	Distributions			Current Year	
1	Amoun	ts paid to supported organizations to accomplish exer		1		
2	Amoun	ts paid to perform activity that directly furthers exemp				
	organiz	ations, in excess of income from activity		2		
3	Adminis	strative expenses paid to accomplish exempt purpose	S	3		
4	Amoun	ts paid to acquire exempt-use assets			4	
5	Qualifie	d set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
		istributions (describe in Part VI). See instructions.			6	
7	Total a	nnual distributions. Add lines 1 through 6.			7	
8	Distribu	itions to attentive supported organizations to which th	ne organization is responsive	•		
		e details in Part VI). See instructions.			8	
9	,	Itable amount for 2022 from Section C, line 6			9	
10	Line 8 a	amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Section	on E - C	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distribu	table amount for 2022 from Section C, line 6				
2	Underd	istributions, if any, for years prior to 2022 (reason-				
	able ca	use required - explain in Part VI). See instructions.				
3	Excess	distributions carryover, if any, to 2022				
<u>a</u>	From 2	017				
b	From 2	018				
с	From 2	019				
d	From 2	020				
е	From 2	021				
f	Total o	f lines 3a through 3e				
g	Applied	to underdistributions of prior years				
h	Applied	to 2022 distributable amount				
i	Carryov	ver from 2017 not applied (see instructions)				
j	Remain	der. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distribu	itions for 2022 from Section D,				
	line 7:	\$				
а	Applied	to underdistributions of prior years				
b	Applied	to 2022 distributable amount				
с	Remain	der. Subtract lines 4a and 4b from line 4.				
5	Remain	ing underdistributions for years prior to 2022, if				
	any. Su	btract lines 3g and 4a from line 2. For result greater				
	•	ro, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI	. See instructions.				
7	Excess	distributions carryover to 2023. Add lines 3j				
	and 4c.	-				
8		own of line 7:				
		from 2018				
		from 2019				
		from 2020				
		from 2021				
		from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Part VI	Form 990) 2022 Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4b,	4c, 5a, 6, 9	9a, 9b, 9c, ⁻	required b 11a, 11b, a	y Part II, line and 11c; Pa	rt IV, Section E	e 17a or 17 3, lines 1 an	b; Part III, line 12; d 2; Part IV, Sectio	Page 8 n C,
	line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	ines 2 and 3; F 3; and Part V, 5	Part IV, Sec Section E, I	tion E, line lines 2, 5, a	s 1c, 2a, 2 nd 6. Alsc	b, 3a, and 3 complete tl	b; Part V, line his part for any	1; Part V, S additional	ection B, line 1e; Pa information.	art V,
32028 12-09-22	95584 2726 8- 0				0.1			9	Schedule A (Form	990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

· · · · · · · · · · · · · · · · · · ·		
	UNITED WAY OF GREATER MERCER COUNTY	21-0683073
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X 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), 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 $_{nonexclusively}$ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Public Disclosure Copy

UNITEI	WAY OF GREATER MERCER COUNTY		21-0683073
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
1		\$\$00,00	Person Payroll Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$25,00	Person Payroll Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
3		\$10,00	Person Payroll X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
<u>4</u>		\$20,00	Person Payroll X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
5		\$67,73	Person Payroll X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
6_			Person Payroll X

223452 11-15-22

Employer identification number

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Pa

		\$63,131.	PersonPayrollXNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OCOMPLETE Person Payroll OCOMPLETE Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for

UNITED WAY OF GREATER MERCER COUNTY

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

noncash contributions.)

Schedule B (Form 990) (2022)

21-0683073

(c)

Total contributions

Name of organization

Part I

(a)

No.

223452 11-15-22

Page 2

Sche	dule B	(Form	990)	(2022)

Name of organization

UNITED WAY OF GREATER MERCER COUNTY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

21-0683073

me of organiz	m 990) (2022) zation		Pa
art III Excl from comp	AY OF GREATER MERCER (dusively religious, charitable, etc., contribution n any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, cha e duplicate copies of Part III if additional sp	s to organizations described in s nrough (e) and the following line er aritable, etc., contributions of \$1,000 or	21-0683073 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yeather http://for organizations less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ift Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ift Relationship of transferor to transferee
I No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ift Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ift Relationship of transferor to transferee
			Schedule B (Form 990) (

^{16430324 795584 2726} Public Disco 2020 0580 PETER WAY OF GREATER MER 27268.01

SCHEDULE D	SCHEDULE D	
------------	------------	--

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.



Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED WAY OF GREATER MERCER COUNTY

Employer identification number 21 - 0683073

		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		s held in donor adv	sed fund	s
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes 🛛 N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can b	e used or	וy
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose	e conferri	ng
	impermissible private benefit?				
Pa	rt II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation	of a histo	rically important land area
	Protection of natural habitat		Preservation	of a certi	ied historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation con	tribution in the forn	n of a cor	servation easement on the last
	day of the tax year.				Held at the End of the Tax Ye
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic structure	ucture included in (a)			2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, an	d not on a		
	historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by th	e organiz	zation during the tax
	year				
4	Number of states where property subject to conservation eas	-		-	
5	Does the organization have a written policy regarding the per		, c		
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing cor	iservatio	n easements during the year
-		lling of violations and		-+:	
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and	enforcing conserv	ation eas	sements during the year
0	Does each conservation easement reported on line 2(d) abov	a action the requirem	onto of postion 17)/h)///D)/	3
8					
^	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization	on's financial stater	nents tha	it describes the
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical 1	reasures or C	ther S	milar Assets
	Complete if the organization answered "Yes" on Form				
1-	· · · · · · · · · · · · · · · · · · ·			and hal-	nco shoot works
ia	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for put				
	service, provide in Part XIII the text of the footnote to its finar				-last second as a f
	If the organization elected, as permitted under FASB ASC 95	68, to report in its reve	nue statement and		
b					
b	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in fur	therance	of public service,
b	provide the following amounts relating to these items:	·			
b	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1				\$
	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	·····	· ······		\$\$
	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree 	asures, or other simil	ar assets for financi		\$\$
2	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A 	asures, or other simila SC 958 relating to th	ar assets for financi ese items:	al gain, p	\$\$ s
2 a	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 	asures, or other simil SC 958 relating to th	ar assets for financi ese items:	al gain, p	\$\$ provide
2 a b	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X 	asures, or other simil SC 958 relating to th	ar assets for financi ese items:	al gain, p	\$\$ \$ provide \$\$
2 a b	 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 	asures, or other simil SC 958 relating to th	ar assets for financi ese items:	al gain, p	\$\$ provide

		Y OF GREA					21-06			age 2
Par	t III Organizations Maintaining Coll	ections of Art,	Historical Tre	easures, or (Other S	imila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession,	and other records,	check any of the t	following that m	nake signi	ficant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	1					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explain	how they further th	ne organization'	s exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations of	art, historical treas	sures, or other s	similar as	sets				
	to be sold to raise funds rather than to be maint	ained as part of the	e organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrange							ine 9, or		
	reported an amount on Form 990, Part X		-							
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contribution	s or other asset	s not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII and									
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Form					,		Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch									
Par	Tt V Endowment Funds. Complete if th	e organization ans	wered "Yes" on Fo	orm 990, Part IV	', line 10.					
	(;	a) Current year	(b) Prior year	(c) Two years	back (d)	Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	878,721.	959,220.	758,	602.	9	15,701.	1	,403,	,222.
b	Contributions			6,	089.		6,089.		25,	,606.
с	Net investment earnings, gains, and losses	75,160.	-77,011.	197,	029.	-	35,688.		31,	,873.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	927,859.				1	.25,000.		542,	,500.
f	Administrative expenses		3,488.	2,	500.		2,500.		2	,500.
g	End of year balance	26,022.	878,721.	959,	220.	7	58,602.		915,	,701.
2	Provide the estimated percentage of the current	year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
с	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession	on of the organizat	on that are held ar	nd administered	for the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the org		ment funds.							
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X, line	e 10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Accu	umulate	ed	(d) Boo	k valu	ie
		basis (investme	ent) basis	(other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		13	8,238.	12	4,2	17.			21.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must equa</i>	al Form 990. Part X	column (B). line 1	0c.)				1	4,0	21.
							Schedule	D (Forr	n 990) 2022

232052 09-01-22

232052 09-01-22 16250514 795584 2726 Public Dis2020580 Preter way progreater Mer 27268.01

Schedule	D (Form 990) 2022			OF GREATER	MERCE	ER COUNTY	21-0683073 Page 3
Part VI							
	Complete if the org	anization answere	ed "Yes" c	on Form 990, Part IV	/, line 11b.	See Form 990, Part X,	
(a) Descr	ription of security or categ	JOIY (including name o	f security)	(b) Book value	•	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financ	cial derivatives						
	ly held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	. (b) must equal Form 990) Part X col (B) lin	e 12)				
Part VI	II Investments -	Program Rela	ated.				
		•		on Form 990, Part IV	/, line 11c.	See Form 990, Part X,	line 13.
	(a) Description of			(b) Book value			on: Cost or end-of-year market value
(1)				.,		()	,
(2)							
(3)							
(4)							
<u>(4)</u> (5)							
(6)							
(7)							
(8)							
(9)	(h)		. 10.)				
Part IX	(b) must equal Form 990 Other Assets.	J, Part A, CUI. (D) IIII	e 13.)				
T art ix		anization answer	ad "Vas" o	n Form 990 Part IV	/ line 11d	See Form 990, Part X,	line 15
				Description	, into 11d.		(b) Book value
(4) P	ENEFICIAL I				ארוש עכ	т	138,609.
	PERATING LEA				SI FDI	4	190,895.
	FERALING DEA	ASE KIGHI	USE	OF ASSEI			190,895.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							200 504
Total. (Co	lumn (b) must equal Fo	orm 990, Part X, c	ol. (B) line	<u>15.)</u>			329,504.
Part X					/ 15 -	116 0	
				on Form 990, Part IV	/, line 11e	or 11f. See Form 990,	-
1.	()	escription of liabil	ity				(b) Book value
	ederal income taxes						15 600
	ESIGNATIONS						15,692.
(3) O	PERATING LEA	ASE LIABI	LITY				259,017.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Co	lumn (b) must equal Fo	orm 990, Part X. c	ol. (B) line	25.)			
2. Liabili	ty for uncertain tax pos	sitions. In Part XII	, provide	the text of the footr	ote to the	organization's financia	I statements that reports the
organ	ization's liability for und	certain tax positio	ns under l	FASB ASC 740. Ch	eck here if	the text of the footnot	e has been provided in Part XIII $\dots X$

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNITED WAY OF GREATER MER				0683073 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,357,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	53,674.		
b	Donated services and use of facilities	2b	4,750.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		9,433.		
е	Add lines 2a through 2d			2e	67,857.
3	Subtract line 2e from line 1			3	1,290,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,541.		
b	Other (Describe in Part XIII.)	4b	27,844.		
с	Add lines 4a and 4b			4c	<u>31,385.</u> 1,321,526.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,321,526.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per R	letur	n.
Pa	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ments With E	xpenses per R	letur	n.
Pa 1	t XII Reconciliation of Expenses per Audited Financial State	ments With E ^{2a.}	xpenses per R	letur 1	n. 1,387,846.
	T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 13	ments With E ^{2a.}	xpenses per R		
1	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With E	xpenses per R		
1 2	T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With E 2a.	xpenses per R		
1 2 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	xpenses per R		
1 2 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a. 2a. 2b. 2c.	xpenses per R		
1 2 a	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	4,750. 9,433.		1,387,846.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	4,750. 9,433.	1	1,387,846.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	4,750. 9,433.	1 2e	1,387,846.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2b 2c 2d	4,750. 9,433. 3,541.	1 2e	1,387,846.
1 2 3 4	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2a 2b 2c 2d	4,750. 9,433.	1 2e	1,387,846.
1 2 3 4	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	xpenses per R 4,750. 9,433. 3,541. 19,026.	1 2e	<u>1,387,846.</u> <u>14,183.</u> <u>1,373,663.</u> 22,567.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	xpenses per R 4,750. 9,433. 3,541. 19,026.	1 2e 3	1,387,846. 14,183. 1,373,663.

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 V, LINE 4:

UNITED WAY OF GREATER MERCER COUNTY'S (UWGMC'S) BOARD OF TRUSTEES

ESTABLISHED THE ENDOWMENT FUND TO PROVIDE ONGOING SUPPORT TO VARIOUS

ASPECTS OF THE UWGMC'S COMMUNITY SERVICE PROGRAMS.

PART X, LINE 2:

UWGMC IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO

PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF

ACTIVITIES AND CHANGES IN NET ASSETS.

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN
232054 09-01-22 Schedule D (Form 990) 2022

16250514 795584 2726 Public Dis2020599 UNITED WAY DE GREATER MER 27268.01

AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD	NOT BE SUSTAINED
UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EV.	ALUATED THE
ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE OR	GANIZATION HAD TAKEN
NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO	THE FINANCIAL
STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDA	NCE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	9,433.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS	19,026.
PROVISION FOR UNCOLLECTIBLE PLEDGE	8,818.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	27,844.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	9,433.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS	19,026.
232055 09-01-22 50514 795584 2726 Public Diser 0590 PRETERIE	Schedule D (Form 990) 202

SCHEDULE G	Suppleme	ties	OMB No. 1545-0047							
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service	Go 1	Attach to Form 990 to www.irs.gov/Form990 for instru				n.		Open to Public Inspection		
Name of the organization	Name of the organization Employer identification									
		WAY OF GREATER MER					21-0683			
	complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E	Z filers are not		
•		sed funds through any of the followir	na activ	vities.	Check all that apply.					
a X Mail solicitat					overnment grants					
b X Internet and email solicitations f Solicitation of government grants										
c Phone solici		g X Special	l fundra	aising	events					
d In-person so			(in all us	ling of	ficare directore true	+	.			
· ·		or oral agreement with any individual art VII) or entity in connection with p		•		lees,		s X No		
		viduals or entities (fundraisers) pursu			•	ne fun				
compensated at le	east \$5,000 by the	organization.								
			(iii)	Did		(v)	Amount paid			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c	ustody	(iv) Gross receipts	tò (o	r retained by) undraiser	(vi) Amount paid to (or retained by)		
or entity (lunc	laiser)		or cor contrib	utions?	from activity		ed in col. (i)	organization		
JEFFREY SOBEL CONST	ULTING LLC	GRANT WRITING AND	Yes	No						
- 335 DARBY LN, MOU	UNTAINSIDE,	CONSULTING		x	56,528.		56,528	. 0.		
Total					56,528.		56,528			
		on is registered or licensed to solicit		utions		it is e				
or licensing.	0						•			
NJ										
•		ice, see the Instructions for Form	990 or	990-E	Z.		Schedul	e G (Form 990) 2022		
	PART IV	FOR CONTINUATIONS								
232081 10-27-22		22	,							

UNITED WAY OF GREATER MERCER COUNTY

21-0683073 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		(a) Event #1 BOARD EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	– col. (c))
	Gross receipts	39,665.			39,665
2	Less: Contributions	33,765.			33,765
3	Gross income (line 1 minus line 2)	5,900.			5,900
4	Cash prizes	150.			150
5	Noncash prizes				
	Rent/facility costs	3,000.			3,000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Food and beverages				
5 8	Entertainment				
g					6,283
1			•		9,433
1					-3,533
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
	Noncash prizes				
- 1					
2 4	Rent/facility costs				
1 1 5					
	Other direct expenses	Yes%	└── Yes % └── No	└── Yes % └── No	
5	Other direct expenses	Yes%		No	
6	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No	No	No	
5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes% No gh 5 in column (d) 7 from line 1, column (d)	No	No	
5 6 7 8 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line Inter the state(s) in which the organization conduct the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	No	<u>No</u>	
5 6 7 8 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line nter the state(s) in which the organization conc	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	No	<u>No</u>	
6 6 7 8 8 8 8 8 8 9 8 9 8 9 8 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line Inter the state(s) in which the organization conduct the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	□ No	YesN
5 6 7 8 8 8 8 1 8 9 1 9	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line nter the state(s) in which the organization cond the organization licensed to conduct gaming "No," explain: ////////////////////////////////////	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	□ No	Yes N

16250514 795584 2726 Public Discerte Way progreater Mer 27268.01

12	Does the organization conduct gaming activities with nonmembers?		Yes	No.
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	
	to administer charitable gaming?		Yes	
	The organization's facility	13a		(
	An outside facility	13b		(
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No.
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No
а	Mandatory distributions:	🗆	Yes	No.
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part			
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin		
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	art III, lin		N c 9b, 10b,
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin		
a b Par SCF	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER :	art III, lin		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	art III, lin		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par SCH	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER NAME OF FUNDRAISER: JEFFREY SOBEL CONSULTING LLC	s :		

Part IV	i (Form 990) Supplemental Info	rmation (con	tinued)				
						Schedule G (F	
32084 04-01-	²² 795584 2726 <mark>8</mark> .						

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1	1545-0047		
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		20	22		
Department of the Treasury	eenp.	ete il tile el guillatio	Attach to Form				Open to	Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspe	ection		
Name of the organization Employer iden										
		TER MERCER (COUNTY				21-06	83073		
Part I General Information on Grants a										
1 Does the organization maintain records t		Ũ	, ,	0 0 1	0	,	_			
criteria used to award the grants or assis	tance?						X Yes	No		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any			
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistanc			
NJ 2-1-1 PARTNERSHIP 114 ALGONOUIN PARKWAY										
WHIPPANY, NJ 07981	22-3338917	50103	10,400.	0.			INFORMATION & REF	ERRAL		
	22 3330917	50105	10,400.							
EAST WINDSOR TOWNSHIP										
16 LANNING BOULEVARD										
EAST WINDSOR, NJ 08520		501C3	12,000.	0.			COMPUTER LAB			

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

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

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

232102 10-31-22

UNITED WAY OF GREATER MERCER COUNTY Schedule I (Form 990) 2022

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

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 noncash assistance							

Page 2

21-0683073

38

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees		20	22	-
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	n	Employer i			mber
		UNITED WAY OF GREATER MERCER COUNTY	21-0	68307	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	°	nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
~						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•			<u>1b</u>		-
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	ladiaatakiala if a	a sa				
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Evolutive Director, but evolvin in Part III.				
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	a committee Written employment contract				
	·	ther organizations X Approval by the board or compensation c	ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			. 5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			6a		X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022

232111 10-18-22

^{232111 10-18-22} 16250514 795584 2726 Public Dis20200590 Putted way progreater Mer 27268.01

Schedule J (Form 990) 2022

21-0683073

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SANDRA TOUSSAINT	(i)	135,465.	0.	0.	6,354.	16,026.	157,845.	0
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

232113 10-18-22

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

UNITED WAY OF GREATER MERCER COUNTY

Schedule J (Form 990) 2022

41

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



21-0683073

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY IMPLEMENTING UNIQUE AND SUSTAINABLE PROGRAMS THAT USE EVIDENCE-BASED

BEST PRACTICES AND DELIVER MEASURABLE OUTCOMES. OUR WORK CENTERS ON

UNITED WAY OF GREATER MERCER COUNTY

DISRUPTING POVERTY IN THREE AREAS: EDUCATION, FINANCIAL EMPOWERMENT,

AND OVERALL HEALTH & WELLNESS.

HOW MANY PEOPLE DID UWGMC HELP? 21,165 IMPACTED FOR FY22-23.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

* 2,485 SAVED MONEY ON THEIR MEDICAL PRESCRIPTIONS WORKING WITH OUR

PARTNER SINGLECARE

*6, 696 RECEIVED BAGS OF NUTRITIOUS NON PERISHABLE SOUP FROM A

COMMUNITY-WIDE MEAL PACKING EVENT FACILITATED BY UWGMC

IN ADDITION, UWGMC ENSURES NJ 2-1-1, A MULTILINGUAL INFORMATION

REFERRAL HOTLINE IS AVAILABLE TO RESIDENTS OF MERCER COUNTY 24 HOURS A

DAY/7 DAYS A WEEK. LAST YEAR, 12,985 HELPED THROUGH NJ 2-1-1.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NON-PROFIT CAPACITY BUILDING

UWGMC PROVIDES CAPACITY BUILDING ASSISTANCE TO NON-PROFITS BY LENDING

EXPERTISE, ASSISTING WITH VOLUNTEER RECRUITMENT, FACILITATING WORKSHOPS

ON TOPICS AFFECTING THE NON-PROFIT SECTOR, AND PROVIDING SMALL GRANTS.

OUR GOAL IS TO ASSIST NON-PROFITS IN MEETING THEIR OPERATIONAL AND

PROGRAMMATIC GOALS. OUR IMPACT INCLUDES:

16250514 795584 2726 Public Dis2020590

UWGMC SERVES AS CHAIR OF THE LOCAL EMERGENCY FOOD AND SHELTER PROGRAM

BOARD AND ENSURED \$ 500,000+ FEDERAL FUNDS WERE DISTRIBUTED TO

MERCER COUNTY NON-PROFITS FOCUSED ON FOOD AND SHELTER SERVICES.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 42

UNITED

WAY OF GREATER MER 27268.01

Schedule O (Form 990) 2022 Page 2								
Name of the organization	D WAY OF GREATER MERCER COUNTY	Employer identification number 21-0683073						
	D WAT OF GREATER MERCER COUNT	21 0003073						
EXPENSES \$ 99,975.	INCLUDING GRANTS OF \$ 19,026. RE	VENUE \$ 0.						

FORM 990, PART I, LINE 5 & PART V, LINES 2A & 2B:

EXTENSIS GROUP, LLC(A PROFESSIONAL EMPLOYMENT ORGANIZATION) SERVES AS

THE ADMINISTRATIVE EMPLOYER OF RECORD FOR UWGMC EMPLOYEES. ALL FEDERAL

AND STATE EMPLOYMENT RETURNS ARE FILED BY EXTENSIS FOR UWGMC EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS PREPARED BY INDEPENDENT ACCOUNTANTS, DISTRIBUTED TO THE EXECUTIVE BOARD PRIOR TO THE BOARD MEETING. IT WAS PRESENTED AND REVIEWED BY THE INDEPENDENT ACCOUNTANTS AT THE BOARD MEETING PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT/DUALITY OF INTEREST POLICY AND DECLARATION DISCLOSURE STATEMENT IS REQUIRED OF ALL UWGMC STAFF AND VOLUNTEERS. THIS DISCLOSURE SHALL BE GIVEN ON AN ANNUAL BASIS AND/OR WHENEVER THE STATUS OF A VOLUNTEER CHANGES (I.E.INVOLVEMENT WITH AN AGENCY OR ORGANIZATION SEEKING SUPPORT FROM UNITED WAY). THE DISCLOSURE OF CONFLICT/DUALITY OF INTEREST OF VOLUNTEER IS INCLUSIVE OF THEMSELVES, THEIR SPOUSE OR SIGNIFICANT OTHER, FAMILY MEMBERS, RELATIVES, OR OTHER PERTINENT INDIVIDUALS.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE UWGMC CEO IS SET BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE OR TRUSTEES AS ASSIGNED BY THE EXECUTIVE COMMITTEE. THE CEO PRESENTS THE ACCOMPLISHMENTS OF THE ORGANIZATION AND THE WORK PLAN FOR REVIEW. THE COMMITTEE FROM TIME TO TIME RESEARCHES COMPARABLE ORGANIZATIONS 232212 10-28-22 16250514 795584 2726 PUBLIC DIS20200 PHILED WAY OF GREATER MER 27268.01

Schedule O (Form 990) 2022 Page 2									
Name of the organization Employer identification number UNITED WAY OF GREATER MERCER COUNTY 21-0683073									
TO ENSURE REASONABLE COMPENSATION. THE BOARD CHAIR INFORMS	THE CFO OF THE								
APPROVED EXECUTIVE COMPENSATION. THE UWGMC CEO SETS THE CO	MPENSATION FOR								
ALL OTHER STAFF MEMBERS WITHIN THE CONFINES OF THE APPROVE	D FINANCIAL PLAN								

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION BY ANYONE DURING NORMAL

BUSINESS HOURS UPON REQUEST.

FOR THE FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ADMINISTRATIVE OFFICE BY REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PLEDGE

-8,818.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A FINANCE/ AUDIT COMMITTEE WHICH ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THIS PROCESS IS UNCHANGED

FROM THE PRIOR YEAR.

232212 10-28-22

Schedule O (Form 990) 2022

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer identification number (TIN)				
print	UNITED WAY OF GREATER MERCE	R COU	NTY		21-068	3073		
File by the due date for filing your return. See 13444 QUAKERBRIDGE RD, BLDG 3, 101								
instructions	City, town or post office, state, and ZIP code. For a for HAMILITON, NJ 08619	oreign addi	ress, see instructions.					
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)					
Applicat	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation)	07	RGHER - 3444 QUAKER					
• If the • If this box 1 Ir th 2 If th 2	the tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I .ch a list with the names and TINs of X 15, 2024, to file return for: d ending	f this is fo all membe	r the whole gr ers the extens npt organizatio	oup, check this ion is for.		
	this application is for Forms 990 PF, 990 T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
b lft	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp			3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•						
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-1	TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	68 (Rev. 1-2022)		

16250514 795584 2726 Public Disco 20590 Putter way progreater Mer 27268.01